#Text Joan Lock-ex Sister-Sultan-Thursday
#CODENC
Retied June 1999
#ENDCODE
#CODEC3
came in 1981 as s/n then sister on sultan. In those days just 2 wards and minor theatre
#ENDCODE
#CODEC4
Medial/postop/surgery
2 year some medial, ENT,GP patients/young/or respite/or terminal
#ENDCODE
#CODEC3
Then became medial/young disabled/respite
Changes
'we coped pretty well' with the change
#ENDCODE
#CODEC4
Then became medial/young disabled/respite
Changes
'we coped pretty well' with the change
#ENDCODE
#CODED1
Wide range of ages17-103 for example at GWMH#
#ENDCODE
#CODED1
looked after by own GP
In 1999-wide-range-cancer/terminal/tansfer from Haslar-Q/A-St mary's-SouthamptonCardiac/visitors from elsewhere,some respite,handicapped.
#ENDCODE
#CODEC4
looked after by own GP
In 1999-wide-range-cancer/terminal/tansfer from Haslar-Q/A-St mary's-SouthamptonCardiac/visitors from elsewhere,some respite,handicapped.
#ENDCODE
#CODENC
Her RGN training in Portsmouth,surgery then cardiothracic,cornoray care-
Did ENB 249-cardiothoracic, individual study days, often experienced in led ulcers
#ENDCODE
#CODEI2
yearly review of skills. Got talks on pain relief from Countess Mountbatten doctors and nurses-prompt response fro advice
#ENDCODE
#CODEI2
Study days on care of dying/leg ulcers/skin treatment
#ENDCODE
#CODEC4
Complexity of patients
Had a range of staff to manage G,F,SNs,Students
#ENDCODE
#CODEC1
'Good make up of staff'
good team spirit, staff would organise training

#ENDCODE
#CODED3
She was an NVQ assessor. Helped nurses on other wards to become assessors
#ENDCODE
#CODEI2
She was an NVQ assessor. Helped nurses on other wards to become assessors
#CODEC3
PT OT was also available
OT came daily (AHP) mixed in
#ENDCODE
#CODEG1
care of patients/pain relief-assessment
#ENDCODE
#CODED9
1998 one-sided, no reply to allegations
#ENDCODE
#CODEF1
Pain assessment
'pyramid-start at paracetamol and work your way up don't you'
#ENDCODE
#CODEG1
patients asked about any pain
being with them –all had their own way of indicating pain/serenity
if agitated? Find cause by asking
would discuss with doctors to find cause of pain
was there any protocol? General care plan ADL, assessment, all patients were different with different GPs
#ENDCODE
#CODEG3
was there any protocol? General care plan ADL, assessment, all patients were different with different GPs
#ENDCODE
#CODEG1
Agitation/confusion-how dealt with?
By talking to them, get someone to sit with them. Was it pain etc- how helped to maybe the judgement?
Says all patients were different.
#ENDCODE
#CODEG1
e.g. patient for breast cancer and mental health problem and therefore called in CPN-patient slapped CPN for not coming in sooner.
#ENDCODE
#CODEF1
Pyramid-how actually used?
Depend on response she says
Says all were individual
Took time for patients to get used to work
GP would choose drug
#ENDCODE
#CODEG1
Pyramid-how actually used?
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Took time for patients to get used to work
GP would choose drug
#ENDCODE
#CODEG3
Pyramid-how actually used?
Depend on response she says
Says all were individual
Took time for patients to get used to work
GP would choose drug
#ENDCODE
#CODEF1
pharmacist always involved, staff would phone pharmacist. Visited twice weekly-she would suggest changes to treatment
#ENDCODE
#CODEF2
did use syringe drivers-patients with ? facial cancer.
Some patients preferred injection e.g patients with facial cancer
#ENDCODE
#CODEF2
Old patients with stroke-paracetamol would not use injections-would expect recovery.
How to asses potential fro recovery or rehabilitation- geriatricians would visit.
#ENDCODE
#CODEG2
Discussion with Relatives
Talk or phone.
how to handle unrealistic expectations of relatives?
Went on about getting people home DN and specialist bed and keeping bed open-can come back
We believe she would tell relatives what had been done rather then negotiating/discussing options before they would be settled.
#ENDCODE
#CODEG2
Over-optimism of relatives
Would try and discuss. Try for another week then see
Can still be proposed by unexpected recovery and get relatives to do caring on the ward and see for themselves.
#ENDCODE
#CODEG2
Keeping relatives informed
Problem with infrequent visitors who do not understand. GPs would be involved
#ENDCODE
#CODEE8
Consent
Admission- tact consent to treatment
Most patients already transferred with treatment started elsewhere
Documentation for consent? Yes for surgery but not medical treatment
#ENDCODE
#CODEK2
Sultan
No complaints about treatment, which was already established. Complaints about loss of property and allied matters
She would reassure relatives after death that they had looked after their relative

well. that carers do a wonderful job and staff have tried to support them
#ENDCODE
#CODEG4
Some patients referred with over ambitious treatment
#ENDCODE
#CODEE1
Plans 'Do they really need this?'
Cites example of old person on lots of benzodiayepins which she and GP reduced
#ENDCODE