

**WEST HERTFORDSHIRE PRIMARY CARE TRUST
DISTRICT NURSING SERVICE**

Clinical Service Priorities

Priority 1 – Within 24 hours

- Diabetic patients on Insulin
- Bowel management
- Terminal care (symptom management including syringe drivers)
- Daily highly exuding wounds
- Blocked catheter and emergency catheterisation
- Daily medications for example Oral Warfarin and IV drugs
- Prevention of admission through provision of equipment
- Management of PEG tubes, setting up of feeds and administration of medications

Priority 2 – Within 36 hours

- Tissue viability assessment – including Doppler assessment, prescription of dressings and equipment e.g. pressure relieving aids
- Removal of sutures and clips
- Palliative Care
- Other equipment assessment
- Administration of medication
- Tunnelled line maintenance
- Routine catheterisation
- Nutritional assessment

Priority 3 – Within 7 days

- Vaccinations and immunisations
- Venepuncture
- Ear care assessment and management
- Provision of health education and advice
- Medication support for self administration
- Continence assessment
- Continuing Care assessment

Description of Service

Care Package	Service Descriptor	Links to other Services
<p>Assessment, care planning and care provision</p> <p>Patients with a need for a healthcare/ nursing assessment who are unable to access other primary care settings due to ill health or immobility</p>	<ul style="list-style-type: none"> • Comprehensive review of patient's healthcare needs • Care planning, co-ordination and the delivery of a care package within the home or residential care • Referral on to and liaison with other services 	<p>Ambulant patients to attend primary care clinics, practice nurses, walk in centres etc. where appropriate.</p>
<p>Care co-ordination / Case management</p> <p>Patients with complex healthcare needs including those with long term conditions and those who have life limiting illnesses and who require ongoing management to meet their care needs, and where possible to prevent unplanned, or inappropriate admission to hospital.</p> <p>Giving patients where possible the opportunity to decide to receive their care provision within the home environment and to make informed choices about their preferred place of death.</p>	<ul style="list-style-type: none"> • Provision of a comprehensive specialist review and plan of care which is evidence based and promotes self care and independence. • Co-ordination and delivery of a programme of care where there is an identified nursing need. • Acting in a key worker role, to pull together different aspects of the patients care package. • Identify circumstances following assessment where equipment is necessary to enable care to be given safely and to minimise the risk to patient, carer, health and social care staff e.g. the provision of hoists, specialist mattresses and beds. 	<p>The district nursing team work in close collaboration with other agencies such as Adult Care Services (ACS). <i>The nursing team cannot provide care packages that are the responsibility of other agencies (e.g picking up home care packages).</i></p>
<p>Provision of Care</p> <p>Care of Patients with diabetes</p>	<ul style="list-style-type: none"> • Ongoing assessment of care needs • Provision of teaching and support to promote self care 	

<p>Care of patients with wounds</p> <p>This includes patients with post operative and traumatic wounds, leg ulcers and pressure ulcers who require nursing input to enable their wound to heal.</p>	<ul style="list-style-type: none"> • Ongoing assessment of care needs • Wound care assessment, diagnosis and grading of wound, care planning and ongoing evaluation. Includes the use of Doppler for leg ulcer assessment • Provision of wound care, including the prescription of dressings and equipment e.g. pressure relieving aids • Removal of sutures and clips • Wound care, prescribing and application of dressings • Provision of health education and advice to promote healing, independence, and optimum health. 	<p>Where the patient is mobile and ambulant they should be encouraged to attend GP surgery / practice nurses.</p> <p>Link with dieticians as nutrition is a key part of wound healing</p>
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<p>Care of patients requiring medications</p> <p>Patients who as a part of their package of care require the administration of medication through a variety of different routes and are either housebound, unable to self administer due to a disease exacerbation or who need to develop the knowledge and skills themselves to be able to self administer.</p>	<ul style="list-style-type: none"> • Ongoing assessment of care needs, including the monitoring of side effects and ensuring that relevant blood test monitoring is taking place • Arrange for the administration of warfarin for patients with unstable INR results. • Administration of subcutaneous or intramuscular injections e.g. insulin, myocrisin etc. • Administration of medication via a syringe driver • Administration of implants (e.g. Zoladex) • Tunnelled line maintenance (e.g. Hickman lines) • Administration of medications through and maintenance of a peripheral cannula • Vaccinations and immunisations • Administration of medication through a 	<p>Ambulant patients can access practice nurses or other primary care clinics.</p> <p>The DN team is unable to undertake routine medicine administration, where there are no other nursing needs.</p> <p>Where appropriate, patients able to self-administer routine medications will be taught to do so.</p>
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	<p>central catheter</p> <ul style="list-style-type: none"> Administration of medication through a PEG tube. 	
<p>Bladder and Bowel Care</p> <p>Advise, educate and provide relevant nursing care to patients to manage urinary problems including incontinence, bowel problems and where possible promote continence and self management.</p>	<p>Assessment and provision of incontinence products and aids. Care of catheterised patients including routine and unplanned catheterisations, Care of stomas.</p>	<p>The DN team are unable to undertake routine toileting/stoma care where there are no other nursing needs. In these circumstances we liaise with ACS and other care agencies.</p>
<p>Care to patients who have a palliative illness</p> <p>Patients who are approaching the end of their life and who have a diagnosis of cancer or have a long term condition which has become palliative.</p>	<ul style="list-style-type: none"> Ongoing assessment of need, care planning and provision of care until death or onward referral Advice and support for patient, family and carers Referral to Macmillan nursing and hospice services. 	
<p>Care of patients requiring assisted nutrition</p>	<ul style="list-style-type: none"> Nutritional assessment Management of patients with PEG tubes including the setting up of feeds and administration of medications where the patient or carer is unable to do so. 	<p>Link with dieticians</p>
<p>Venepuncture</p> <p>Patients who are receiving care by the district nursing service and who require a blood test to be taken.</p>	<ul style="list-style-type: none"> Venepuncture 	
<p>Other</p> <p>Patients who require a visit for an episode of care or treatment that has not been mentioned above will be considered on a case by case basis.</p>	<ul style="list-style-type: none"> Nursing assessments for continuing care Ear care assessment and management. 	