

# The nursing role in PEM

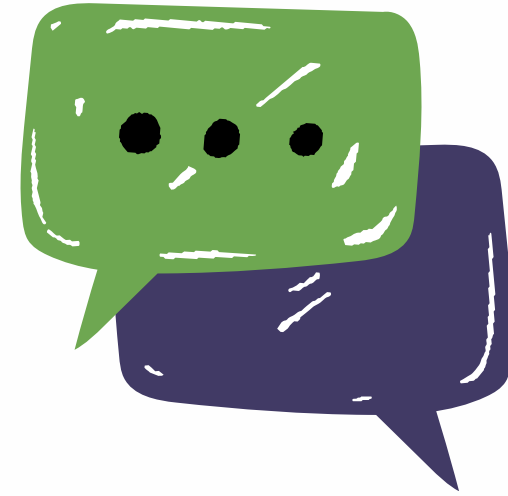
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**Molly Connolly  
Clinical Nurse  
Specialist and  
Education Nurse**



# Today's session



**The role of  
nurses**

**Top Tips from  
me**

**Q+A**







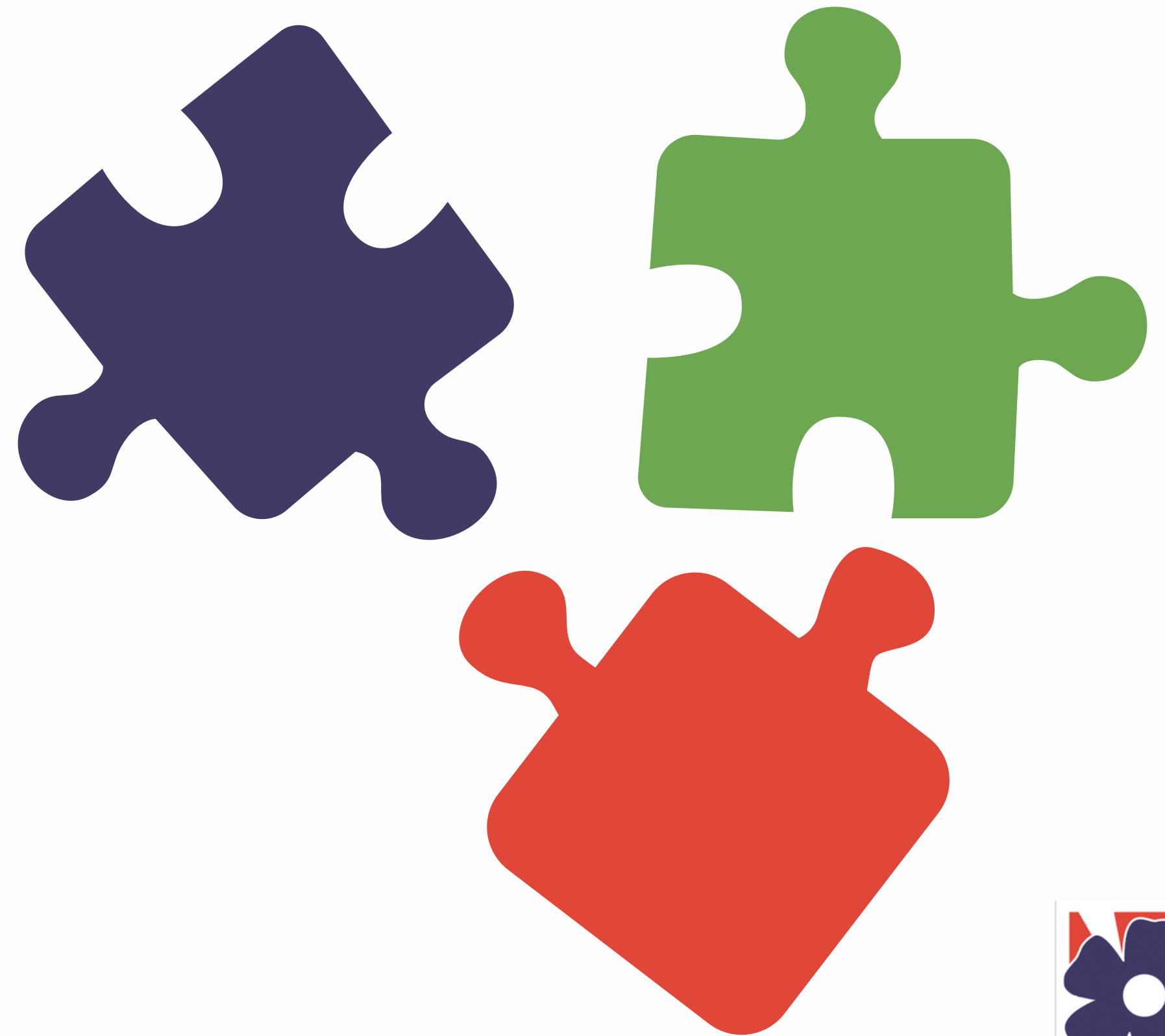
# Nurse's Roles in PEM





# Part of your team

Nurses make up an important part of your healthcare team and are usually involved throughout your health journey.







# **Nurses and support workers' roles**

- GP nurse or practice nurse
- Wound care nurse
- Phlebotomist
- Pharmacy tech
- Dental nurse or hygienist
- District nurse
- ...more!







# Specialist Nurses

**(like me!)**

We are nurses who have been trained to a high level, often helping assist patients with complex health needs.

Many specialist nurses are also non-medical prescribers, monitoring and facilitating treatments for a variety of conditions.

We can also act as a link between multiple teams and help patients navigate complex systems.



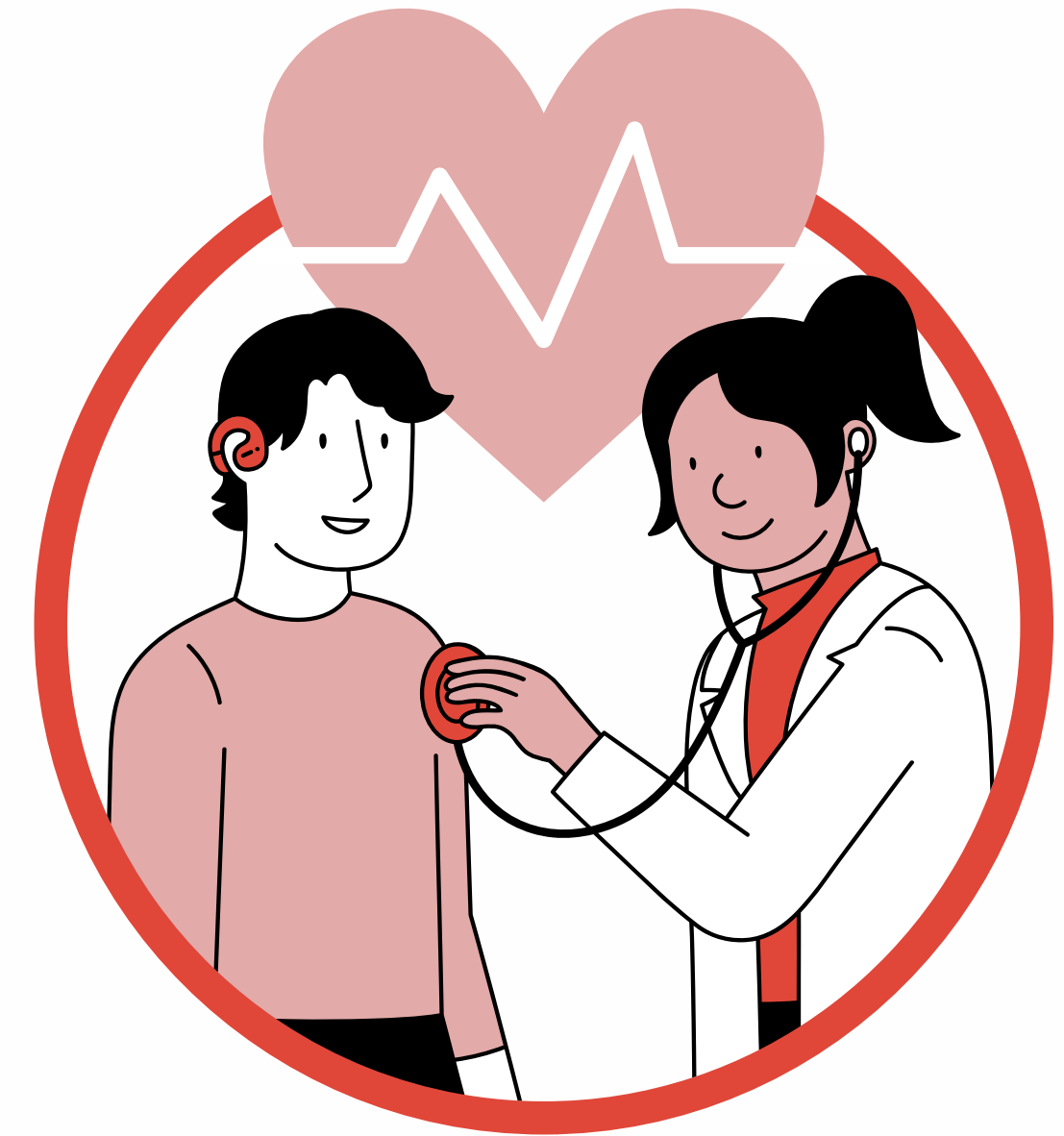


# How do I get involved?

- direct referral from consultants, resident doctors or registrars
- district or practice nurse queries looking for advice
- direct referral or advice from inpatient ward nurses

## What do I do?

- provide a direct contact for patients or NOK about treatments, dressings etc
- help arrange DN/ Practice Nurse appointments
- teach or provide advice to GP and Pharmacies regarding treatments
- if able, go and see inpatients admitted into our ward



# The aims of the BDNG

- Promote the development of the highest standard of care for the patient receiving dermatological care;
- Promote the development and recognition of the nurse's role in dermatology, for the benefit of the patient;
- Promote and support education of nurses for their role in dermatology;
- Promote and support research into all aspects of dermatology nursing and dermatological nursing care;
- Provide a source of expertise for nurses facing clinical and managerial challenges in the field of dermatology nursing;
- Provide a forum for the dissemination of developments and knowledge in the field of dermatology nursing.







# Education Nurses

We help create, implement and lead several educational projects like:

- e-learning
- podcasts
- webinar
- face-to-face workshops







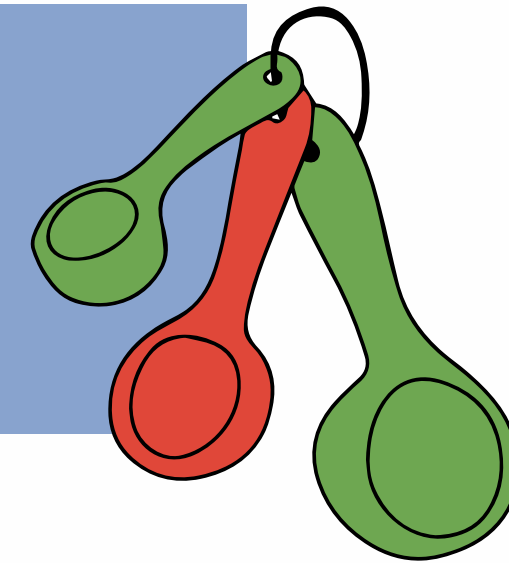
# Top Tips from me



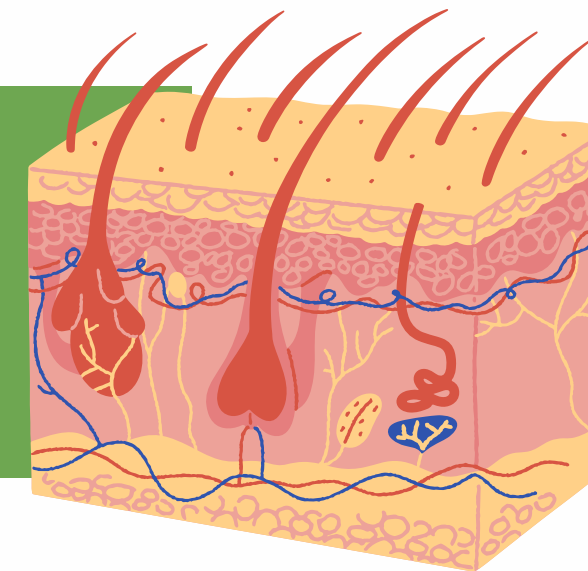




**P**rioritize your spoons



**P**rotect your skin



**E**ngage!









# Spoon Theory

Spoon theory is a way to help explain and manage your energy needs.

Imagine a spoon equals a unit of energy you need to undertake a daily task.

You are allocated about 12 spoons of energy per day.



The Spoon Theory is a creative way to explain to healthy friends and family what it's like living with a chronic illness. Dysautonomia patients often have limited energy, represented by spoons. Doing too much in one day can leave you short on spoons the next day.

**If you only had 12 spoons per day, how would you use them?** Take away 1 spoon if you didn't sleep well last night, forgot to take your meds, or skipped a meal. Take away 4 spoons if you have a cold.



get out of bed



bathe



make & eat a meal



go to work/school



get dressed



style hair



make plans & socialize



go shopping



take pills



surf the internet



light housework



go to the doctor



watch TV



read/study



drive somewhere



exercise

The Spoon Theory was written by Christine Miserando, which you can check out on her website [www.butyoudontlooksick.com](http://www.butyoudontlooksick.com).



# Examples



Go bags



Low energy BUT  
high in nutrients!



Max your  
treatments



resting places



snacks





# Protect your skin

1

prevent  
infection

2

promote  
wound  
healing

3

stop skin  
breakdown

4

micro-  
nutrients







**T**reat skin gently

**E**ase pain

**X**marks the spot

**A**ssess skin daily

**S**upplies

# Prevent infection

## Know the signs

- 1.increased redness
- 2.increased tenderness
- 3.increased pain
- 4.increased drainage or smell





# To pop or not pop?

There is insufficient evidence available on whether popping blisters improves wound healing.

However, I will pop blisters if they are:

- 1) large and uncomfortable
- 2) on sites that prevent mobility (hands, feet)
- 3) will breakdown eventually through mechanical movement (hands, feet, buttocks)

This is done using a sterile needle after cleansing the skin (for example, after a shower).





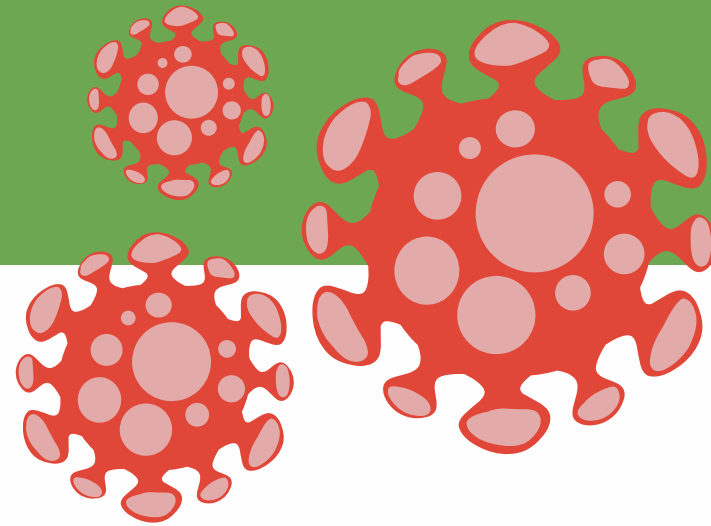
# Promote wound healing

## Reduce Bacteria/ Prevent Infection

Potassium Permanganate Bath or soaks

Dermol 500

Oilatum Plus



## Promote wound healing

Appropriate dressings (non-adherent, semi-absorbent dressings), secured with garments or tubular bandages

Often light layer compression on lower-legs





# MY SKIN – A REMINDER CARD FOR ALL HEALTH PROFESSIONALS



## DO NOT

- Use sticky plasters, dressings or tape on my skin.
- Use **anything** that might rip or damage my skin.



## DO

- **Help me** with my treatment creams and emollients.
- **Check** or **ask** about if there are any changes with my skin, especially if there is infection.
- **Ask me** about what I do to look after my skin.



## Info

- Please contact: \_\_\_\_\_ for any information or questions about how to help treat my skin.





# Baths, showers, washing

1. Apply your emollient before going into the bath or shower
2. If you prefer a basin wash, soap balls can be used.
3. Some emollients can be used as shampoos or to help soften crust on the scalp.







# Protect your skin to stop breakdown





# Why micro-nutrients?

Not only do micro-nutrients like iron, calcium and other minerals help power your body and mind, but they are essential to wound healing.

Protien is also necessary for growth and repair.





health team

**You are not alone!**

local services

charity



# Engage

- Specialist Nurses (wound, dermatology)
- GP services (Mental Health nurses, Social Prescribers)
- Local council (meal making services, gym passes, taxi discounts)
- Library services (internet, cafe, resources)
- Charity or Faith services (hot meals, days out, transport, chaplains)





