

TELL ME ABOUT YOUR NURSING EXPERIENCE**How to answer:**

Prepare a short statement about your experience.

Only focus on your transferrable nursing skills: Skills that the employer can use in a care home/ elderly care unit. Remember: They are not looking for dental nurses or midwives, therefore it is important that you highlight your general nursing experience in the interview)

For example: *I have qualified as a nurse 6 years ago. In this time I worked in many different units including elderly/ medical and surgical wards. Currently I am working as a volunteer dental assistant.*

WHAT TO DO WHEN YOU GIVE THE WRONG MEDICATION TO A PATIENT? (Also called a DRUG ERROR)**How to answer:**

- *How you respond will depend on what the medication was that you gave the patient. For example if it was a cardiac tablet or insulin, you might need to call an ambulance / doctor. YOU MUST ALWAYS ATTEND TO YOUR PATIENT SAFETY FIRST!!*
- *You must also REPORT THE INCIDENT to your manager and write a STATEMENT about what happened*
- 1. *As a nurse it is important to try to avoid DRUG ERRORS at all costs (By DOING CHECKS for RIGHT patient, RIGHT dose, Right Time ETC)*
- *Afterwards it is good to evaluate and try to see what has caused you to make such a mistake – this way you can make sure it will not happen again.*
- *Follow the Companies Policies and Procedures*

HOW DO YOU KEEP YOUR NURSING SKILLS UP TO DATE: You must say that you know it is important to keep yourself up to date!! This is why you always:

1. **Attend nursing course when you can**
2. Read nursing journals (online or books)
3. Learn while you work from senior nurses/ doctors
4. Reflect on my own practice

HOW TO DO HANDLE EMERGENCY SITUATION**Examples**

- YOUR PATIENT FELL FROM HER BED
- CARDIAC ARREST / HEART ATTACK
- CARE ASSISTANT / STAFF MEMBER ABUSE A PATIENT
- PATIENT TAKE WRONG MEDICATION
- PATIENT GO MISSING (*in this case you 1st must try to find patient – look everywhere BEFORE you call manager/police/ family*)

If you get a question like this you must REMEMBER that the CARE HOMES do not have a doctor on site! So don't just answer "I will call the doctor!" It may take the doctor up to a few hours to get to the CARE HOME

How to answer:

1. ATTEND TO THE PATIENT FIRST!!
2. WILL NOT LEAVE THE PATIENT ALONE / I will make sure myself or someone stays with patient
3. I WILL RAISE ALERT/ GET HELP
4. REASSURE MY PATIENT THROUGHOUT
5. DEPENDING WHAT THE EMERGENCY IS you can also
Start CPR / Administer O2/ Monitor vital signs / follow ER's telephone instructions

Testing your management skills

Here is a few questions they can ask you about how well you will manage your team:

PATIENT OR FAMILY COMPLAINS about the CARE. What do you do?

1. I will take any complain very serious!
2. LISTEN TO THE PROBLEM
3. FIND WAYS TO SOLVE THE PROBLEM
4. MAKE THE MANAGER AWARE OF COMPLAIN
5. REASSURE THE PERSON WHO COMPLAINS THAT YOU WILL DO SOMETHING
6. RESOLVE THE PROBLEM
7. GO BACK and EVALUATE to see if your plan has worked and if they are now happy!

HOW WILL YOU HANDLE A SITUATION WHERE YOU COME ON DUTY AND YOU ARE SHORT OF STAFF DUE TO STAFF ABSENCE

- Check the off duties book to see who should have worked, contact the nurse to see if she / he will be coming in
- Act according to the company policy either arrange for agency nurse or see if we can get someone else in
- In the meantime I will prioritise the care such as giving out medication and allocate the staff on duty to the best of my ability
- I will report the staff shortage to the manager (if this is protocol)
- If the levels of staff is unsafe, I will write an report and make sure that my seniors are aware of the situation
- The most important thing is to keep the staff who are on duty positive and motivated to deliver the best care they can and to keep our patients safe.

HOW WILL YOU MOTIVATE A DIFFICULT STAFF MEMBER?

Handling people is all about communication and relationship building. I will try to understand why the person is not motivated. I will have regular chats with them and offer training where it may be needed. If the staff fail in their duties or their work are affected by their attitude. I will report it to my manager

STAFF MEMBER SWEARS/ TALK BAD LANGUAGE TO A PATIENT

Your patients are VULNERABLE elderly and it is your job to PROTECT them = YOU CAN NEVER ALLOW SOMEONE TO ABUSE YOUR PATIENTS IN ANY WAY and MUST TAKE THIS VERY SERIOUS

1. Get the staff member / carer away from the patient (ask her to wait for you in the staff room / office)
2. Now make sure your patient is ok – reassure and calm her
3. Talk to the carer about her behaviour
4. Write a report
5. Report to the HOME MANAGER (even if it was the 1st time – THIS MUST BE MONITORED)
6. Follow the Companies Policies and Procedures about abuse

Care assistant refuses to do something

If any of your staff do anything or refuse to do something THIS MEANS THE PATIENT will suffer for it

You must try to resolve the issue with the staff member and try to get their respect and understanding. IT is easier if everyone try to get on and work nicely together

BUT if you can't resolve the problem, you will have to get team leader or manager involved to follow a disciplinary with the care assistant

UNDERSTANDING YOUR ROLE?

To test that you understand your role in a care home - You can expect questions like

1. WHAT IS A CARE HOME?

Care home is where we provide nursing care to vulnerable adults (elderly people who need some general support or nursing care with their daily activities)

2. WHAT WILL YOUR RESPONSIBILITIES BE AS A NURSE in the UK?

- Follow the NMC code of conduct as well as policies of my employer
- I must ASSESS, PLAN, MONITOR & EVALUATE care provided to my patients
- I will be accountable for all my actions and make sure that I practise safe nursing
- I must PROTECT my patients from any kind of ABUSE and KEEP THEM SAFE
- I must keep improving my English so that I communicate with full confidence with my patients/ staff/ families (THERE ARE MANY COURSE)

3. WHAT WILL YOU NEED FROM YOUR EMPLOYER WHEN YOU 1ST START?

When I start I will need some training and support in the beginning - about things that are different from here. I believe basic nursing are the same everywhere in the world so I am sure it will not be too difficult I will be WILLING to work hard and learn quickly
If I do not feel safe in my practise I will make sure my manager knows

4. HOW WILL YOU MAKE SURE YOU FIT INTO THE TEAM?

I will work hard to earn their respect. I will be friendly and professional to all. I will also make an effort outside work to go to work functions and to also become part of the community where I live. I find it easy to get on with many people and never had problems before.

5. WHAT DO YOU KNOW ABOUT OUR COMPANY?

You should go to the employers website before the interview and make notes for yourself about why you think they will be a good employer. Read the career section on the website for information about development opportunities and benefits they offer their employees.

6. WHY HAVE YOU APPLIED FOR A JOB IN THE UK?

Show the employer your commitment, that you have done research about nursing in the UK and about their company in specific. Be truthful.

NURSING CARE QUESTIONS

How you can ensure or describe good care

- ✓ Make the care of people your first concern, treating them as individuals and respecting their dignity
- ✓ Work with others to protect and promote the health and wellbeing of those in your care, their families and carers
- ✓ Provide a high standard of practice and care at all times
- ✓ Be open and honest, act with integrity and uphold the reputation of your profession

GOOD CARE = MAKE SURE YOUR PATIENTS ARE HAPPY, THE ENVIRONMENT IS CALM, CLEAN AND FRESH, RESIDENTS ENGAGE WITH STAFF OR EACH OTHER, STAFF ARE INVOLVING RESIDENTS IN THEIR CARE, KEEP THE RESIDENTS ENTERTAINED AND BUSY

<http://www.nmc-uk.org/Publications/Standards/The-code/Provide-a-high-standard-of-practice-and-care-at-all-times/>

DEALING WITH DIFFICULT PATIENTS / DEMENTIA

If you are looking after someone who does, you will experience a range of practical issues.

- ▶ People with dementia can feel vulnerable as their condition progresses and they increasingly rely on other people to do things for them.
- ▶ It is important that people who have dementia **feel reassured and supported**, while [retaining some level of independence](#). Although some symptoms are common to many people with dementia, each person's experience of the disease will be different.
- ▶

PRACTICAL QUESTIONS TO THINK ABOUT

*Have you ever CARED FOR SOMEONE WITH DEMENTIA / ALZHEIMERS?
DESCRIBE A TIME WHEN YOU HAD TO DEAL WITH A DIFFICULT PATIENT?
HOW WILL YOU DEAL WITH A DIFFICULT PATIENT / PATIENT WITH DEMENTIA?*

**The employer needs to be assured that you will be calm and understanding to the needs of different patients and that you will always involve the patients and explain everything to the patient.
IN CARE HOMES IT IS ALSO IMPORTANT TO ALWAYS KEEP THE RELATIVES INFORMED AND INVOLVE THEM WITH DECISIONS AND THE CARE .*

INFECTION CONTROL

Infections, particularly are one of the biggest challenges facing health services throughout the world. Our job as health care workers is to do everything we can to reduce passing (or 'transmitting') infection to patients, and from one patient to another.

- Wear Protective clothes such as aprons gloves
- Stick to the Uniform codes
- Follow protocols on waste management
- Hand washing
- Antiseptic Wound cleaning
- Monitor and report any infectious outbreaks
- Isolation nursing where required

PRACTICAL QUESTIONS TO THINK ABOUT

DESCRIBE A TIME WHEN THERE WAS A BREACH OF INFECTION CONTROL?

Ensure your employer that you understand why breach of infection control has consequences and that it can be prevented by putting protocols and care plans in place to prevent this from happening again.

WHAT WILL YOU DO IF YOU NEED TO WORK IN AN AREA WHERE YOU HAVE LIMITED SKILLS OR NO EXPERIENCE?

- *Be flexible to help out,*
- *always keen to learn new skills,*
- *see it as an opportunity to do something new and develop yourself*
- *If you ever feel unsure of anything you must ASK my manager for help or to show you.*
- *At the same time always make sure that you maintain a safe nursing practice and only work within your scope of practice to protect yourself and your patients.*

MISTAKES: GIVE US AN EXAMPLE OF A TIME YOU MADE A MISTAKE AT WORK?

- Employer wants to know that you will admit mistakes when it happens, that you will learn from them, that you will report your mistakes to your manager and put plans in place that they do not happen again.

IF YOU ARE LOOKING AFTER A PATIENTS WITH DEMENTIA, WHAT WILL YOU INCLUDE IN THEIR NURSING PLAN or HOW WILL YOU CARE FOR SOMEONE WITH DEMENTIA?

1. **Help with everyday tasks** When a person with dementia finds that their mental abilities are declining, they're likely to feel anxious, stressed and scared. They may be aware of their increasing clumsiness and inability to remember things, and this can be very frustrating and upsetting for them.
If you are looking after someone with dementia, you can help them feel more secure by creating a regular daily routine in a relaxed environment where they're encouraged and not criticised. **Involving the person** you look after in everyday tasks may make them feel useful and improve their sense of self-worth. They could help with the shopping, laying the table or sweeping leaves in the garden, for example. As the illness progresses, these tasks may become harder for them to manage independently, and you may need to give them more support.
2. **Helping with their personal hygiene** People with dementia can become anxious about certain aspects of **personal hygiene and may need help with washing**. For example, they may be scared of falling when getting out of the bath, or they may become disorientated in the shower. The person you care for may not want to be left alone or they may resist washing because they find the lack of privacy undignified and embarrassing. **Try to do what's best for them**.
3. **Keeping up hobbies and interests when someone has dementia** Many people with dementia will still **enjoy their hobbies or interests**. For example, if they like cooking, they may be able to help make a meal. Going for a walk or gardening can provide exercise and fresh air. Or they may prefer listening to music or playing a board game. Caring for a pet cat or dog can bring a lot of pleasure to some people.
If the person you care for was very sociable and outgoing, or if they have a large family, they may really enjoy visits from one or two family members or friends. But remember that they may struggle to keep up with conversations if they have a lot of visitors at the same time.
4. **Maintaining good health and nutrition in someone with dementia** It's important that the person you care for **eats healthily** and gets some exercise. The longer they **stay fit and healthy**, the better their quality of life will be. If the person you care for doesn't eat enough or eats unhealthy food, they can become susceptible to other illnesses. People with dementia can become more confused if they get ill.
Common problems for people with dementia include: (IMPORTANT)
 - o not recognising foods
 - o forgetting what food they like
 - o refusing or spitting out food
 - o resisting being fed
 - o asking for strange food combinationsThis behaviour is usually due to confusion, or irritation in the mouth caused by dental problems, rather than wanting to be awkward. If you're concerned about the person's eating behaviour, speak to your GP or dietician.
5. **Manage behaviour changes** Dementia can have a big impact on a person's behaviour. It can make them feel anxious, lost, confused and frustrated. Although each person with dementia handles these feelings in their own way, certain behaviour is common in people with the disease. This includes:
 - o **repeating questions or carrying out an activity over and over again**
 - o **walking and pacing up and down**
 - o **aggression, shouting and screaming**
 - o **becoming suspicious of other people**It's important to remember that this is an attempt to **communicate** how they're feeling and that they are not being deliberately difficult. **If you stay calm and work out why they're expressing themselves in this way, you may be able to calm them down**

How to deal with outbursts If you recognise early warning signs, you may be able to prevent behavioural outbursts. For example, if the person with dementia becomes anxious or agitated in large groups, you could arrange for them to be in a smaller group or have one-to-one support. Some people find that a distraction can focus a person's energies elsewhere and prevent them from displaying challenging behaviour.

Your doctor may recommend **behavioural therapies** to help the person you care for. These therapies can be straightforward. For example, the person you care for may behave in a particular way because they're bored and have built up too much energy. A routine involving regular exercise could help solve both of these issues.

Repetitive behaviour in dementia People with dementia often repeat questions or carry out certain actions over and over again. This may be due to: memory loss **boredom** anxiety **side effects of medication** If you think they're bored, **try engaging them in an activity** they enjoy, such as listening to music. Most people with dementia feel anxious at some point and will **need to be reassured of your love and support**.

If you're concerned about the medication the person you care for is taking, contact their GP for advice.

Walking or pacing is a common behaviour in people with dementia. It is very common for people at certain stages of dementia to pace up and down or leave their homes for long walks. **This is usually a phase and doesn't normally continue for a prolonged period.**

6. Maintain a good diet & good health

- **Involve the person you care for.**
For example, if you feed them, you could put the cutlery in their hand and help guide it to their mouth. You could also involve them in preparing food if they are able to.
- **Try to stay calm.** If you feel stressed at mealtimes, the person you care for will probably be stressed too.
- **Make sure you have plenty of time for meals** so you can deal with any problems that arise. Plan your staff's schedule to have everyone involved during meal times
- **Try to accommodate behaviour changes.** It's likely that the person you care for will change their eating patterns and habits over time. Being aware of this and trying to be flexible will make mealtimes less stressful for both of you.
If you think the person you **care for may have health or dental problems**, get help from your GP or dentist.

7. How to deal with Incontinence

Incontinence can be difficult to deal with and can be very upsetting for the person you care for. It's common for people with dementia to experience incontinence. This can be due to [urinary tract infections](#), [constipation](#) causing added pressure on the bladder, or medication. A person with dementia may also simply forget to go to the toilet, or may forget where the toilet is. They may also have lost the ability to tell when they need the toilet. It's important to be understanding, retain a sense of humour and remember that it's not their fault.

You may also want to try the following:

- Put a **sign on the toilet door**, such as a **photo of the toilet** keep the toilet door open.
- **Make sure that the person you care for can access it easily** make sure they can remove their clothes – some people with dementia can struggle with buttons and zips
- **Look out for signs that they may need to go to the toilet**, such as fidgeting and standing up and down
- If you're still having problems with incontinence, you can use things **like waterproof bedding or incontinence pads**.

8. **Helping someone with dementia sleep well** People with dementia often experience disturbed sleep. They may wake up during the night or be restless. These problems may get worse as the illness progresses. People with dementia may also have painful illnesses such as [arthritis](#) that cause, or contribute to, sleep problems.
Some medication can cause sleepiness during the day and interfere with sleep at night. Sleeping pills can be used with care in people with dementia. However, "sleep hygiene" measures are best for people with dementia – for example, no naps during the day, regular bedtimes and avoiding alcohol or caffeine at night.

How to prevent regular falls in a CARE HOME

- ❖ **Assess the risk of fall in each resident**, supervise depending on the risk they have. In some cases they need walking aids
- ❖ Create a **safe environment** – do not move furniture around or have things lying around
- ❖ Make sure they wear comfortable shoes that fit properly and are not slippery
- ❖ Keep the residents occupied, they wander more when they are bored
- ❖ Monitor side effects of medication – some medication causes dizziness
- ❖ Monitor vital signs blood pressure and blood glucose and take extra care of residents that suffers conditions relating to the above.
- ❖ Make sure the staff know the risk factors and what to do if a resident falls
- ❖ Have staff assisting patients with putting on shoes, going to the toilet or high risk activities like climbing stairs
- ❖ If a resident DID fall – YOU MUST ASSESS to see why and how can you make sure it does not happen again.

WHAT IS DIGNITY

To treat someone with dignity is to **treat them as being of worth**, in a way that is respectful of them as valued individuals. Everyone has **equal worth as human beings and must be treated** as if they are able to feel, think and behave in relation to their own worth or value. The nursing team should, therefore, **treat all people in all settings and of any health status with dignity, and dignified care should continue after death.** (RCN 2008)

How to maintain the dignity of your residents

1. Choice and control. **Enabling people to make choices** about the way they live and the care they receive.
2. Communication. **Speaking to people respectfully and listening** to what they say; ensuring clear dialogue between workers and services.
3. **Pain management.** Ensuring that people living with pain have the right help and medication to reduce suffering and improve their quality of life.
4. **Personal hygiene.** Enabling people to maintain their usual standards of personal hygiene.
5. **Eating and nutritional care.** Providing a choice of nutritious, appetising meals that meet the needs and choices of individuals, and support with eating where needed.
6. Practical assistance. **Enabling people to maintain their independence by providing “that little bit of help”.**
7. Privacy. **Respecting people’s personal space**, privacy in personal care and confidentiality of personal information.
8. Social inclusion. Supporting people to keep in contact with family and friends, and to participate in social activities.

Recordkeeping

- ❖ Keeping good records is **part of the nursing care we give to our patients**. It is nearly impossible to remember everything you did and everything that happened on a shift.
- ❖ **Without clear and accurate nursing records for each patient, our handover to the next team of nurses will be incomplete.** Needless to say, this can affect the wellbeing of patients.
- ❖ Another important consideration is **the legal significance of nursing records**. If a patient brings a complaint, your nursing records are the only proof that you have fulfilled your duty of care to the patient. According to the law in many countries, if care or treatment due to a patient is not recorded, it can be assumed that it has not happened. Poor record keeping can therefore mean you are found negligent, even if you are sure you provided the correct care - and this may cause you to lose your right to practise. **‘Keeping good nursing records allows us to identify problems that have arisen and the action taken to rectify them’**

Types of nursing charts:

MEDICATION CHARTS, VITAL SIGNS CHARTS, FOOD CHARTS, FLUID CHARTS, WOUND CHARTS, CARE PLANS, TURNING CHART, WEIGHT CHART, BLOOD GLUCOSE etc

***PRACTICAL QUESTION: what types of charts do you use in your current job?
or why do you keep record as a nurse?***

What does Safeguarding in care mean?

Safeguarding means protecting vulnerable adults from abuse or neglect and putting systems in place to prevent abuse or neglect from happening in the future. Safeguarding is part of everyday nursing and midwifery practice in whatever setting it takes place. You should have the skills to confidently recognise and effectively manage situations where you suspect a person in your care is at risk of harm, abuse or neglect, including poor practice.

TO PRACTICE ACCORDING TO THE NMC CODE OF CONDUCT YOU WILL

1. Make the care of people your first concern, treating them as individuals and respecting their dignity
2. Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community
3. Provide a high standard of practice and care at all times
4. Be open and honest, act with integrity and uphold the reputation of your profession

HOW TO DELIVER GOOD STANDARD OF NURSING CARE?

How to answer:

In the UK nurses use what we call the NURSING PROCESS. You can use the steps of the NURSING PROCESS for any nursing problem and it is very important that you make sure in your interview you use these words:

2. I WILL **ASSESS THE NEEDS** of the resident/patient
3. I WILL **PLAN CARE** that I give to my patients (In UK the nurses will write a care plan listing their actions to take)
4. I WILL **MONITOR** the care we provide
5. I WILL **EVALUATE** the care delivered

Some examples below

NURSING PROBLEM	PLAN OF ACTION	HOW TO MONITOR?	DID IT WORK? Evaluate
Patient lose weight	<ol style="list-style-type: none"> 1. Undergo a general health assessment – looking at co-morbidities, medication, health of the mouth, ability to chew, swallow, eat independently ,a nutritional assessment along with MUST (Malnutrition Universal Screening Tool) 2. Weight patient weekly 3. Encourage a fortified diet with a high calorific value based on the resident's preferences and believes 4. Monitor daily food, fluid intake and output 5. Supervise/ assist with meals 6. Monitor vital signs 7. Review after 7 days 8. Refer to GP, dietician 	<p>Nurses will write down the weight on a weight chart You start a food and fluid chart to see how much the resident has eaten, ETC Documenting will help you to MONITOR this problem</p>	<p>NOW after 7 days, you want to see IF YOUR PLAN WORKED, so you check if the weight went up or if the problem got worse. AT this point you might decide to call other healthcare professionals like the doctor or dietician</p>
Patient has a wound	<ol style="list-style-type: none"> 1. Assess general health/co-morbidities – nutritional status, medication, mobility, skin condition, continence 2. Assess the wound, map and record as per local policies; if it is a pressure ulcer, I use EPUC (European Pressure Ulcer Classification) 3. Wound management based on the phase of the healing process and the condition of the wound –GP referral for prescribing the appropriate dressings and analgesia 4. Ensure effective pain management 5. Encourage an enriched protein diet with and adequate fluid intake 6. Monitor for signs of infection locally and generally 	<p>Wound chart Food/Fluid chart Repositioning chart if appropriate Vital signs chart</p>	<p>Look if the wound is getting better and that there are no signs of infection. Request a referral the Tissue Viability Specialist Nurse if the wound does not improve in the timescale set by you</p>
Patient has regular falls	<ol style="list-style-type: none"> 1. Falls Risk Assessment review 2. Follow local policies and procedures, ensure an Accident form is completed each time a fall occurs 3. Close supervision 4. Provide assistance when the patient mobilises 	<p>Staff have to write every time patient fell, where it happened how it happened and what caused the fall to help identify reasons</p>	<p>REVIEW the number of falls and discuss problem with physiotherapist, consider moving their room etc</p>

	<p>5. <i>Make sure patient is wearing comfortable safe shoes</i></p> <p>6. <i>Consider mobilisation support such as zimmer frame</i></p> <p>7. <i>Keep the environment clutter free</i></p> <p>8. <i>Document all incidents</i></p>		
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CLINICAL THINGS TO KNOW

<p><u>Types of Diabetes</u> (Type 1 Type 2 either insulin dependant or not insulin dependant)</p>	<p><u>Signs of heart attack</u> (anxiety, shortness breath, chest pain etc)</p>	<p><u>Types of pressure sores bedsores/ ulcers</u> Nurses MUST prevent bedsores by assessing, planning/ monitor and evaluate. For example turn patient 2 hrly/ good diet etc PRESSURE SORES Is signs of bad nursing a grade 4 pressure ulcer is seen as neglect and it is a legal requirement to be reported to CQC</p>
<p><u>Signs of depression</u> Loss of energy, patient sleep a lot, tearfulness, no appetite for food, withdrawn,etc</p>	<p><u>Accountability</u> As a nurse you answer to your nursing board in UK you will answer to the NMC and as a nurse you will have to answer for your actions or if you have not taken action where you should have. You are accountable for the acts you may delegate to the carers, so think if they are competent to undertake the task you delegate to them beforehand.</p>	<p><u>CLINICAL SUPERVISION</u> You will work with junior staff / untrained staff carers etc and you have to supervise their actions. To deliver the care is YOUR responsibility and you have to know everything about your patients</p>
<p><u>CHALLENGING BEHAVIOUR</u> like dementia /learning disorders– THIS TYPE OF PATIENTS need a LOT OF PATIENCE and KINDNESS and EMPATHY from the nurses who care for them</p>	<p><u>TYPES OF ABUSE</u> Various types like physical abuse, emotional, financial abuse etc. NEGLECTING A PATIENT is also a form of abuse for example if you ignore your patient or leave her in a wet bed etc THAT is also abuse</p>	<p><u>VULNERABLE ADULTS</u> People who needs to be protected from abuse</p>
<p><u>ANTICOAGULANT</u> An anticoagulant is a substance that prevents clotting of blood like wafarin or heparin</p>	<p><u>NMC code of conduct</u> Professional standards for nurses and midwives. You have a duty of care at all times and people must be able to trust you with their.</p>	

WHAT IS A WATERLOW SCORE?

The **Waterlow score** gives an estimated risk for the development of a [pressure sore](#) in a given patient. The following areas are assessed for each patient and assigned a point value.

- Build/weight for height
- Skin type/visual risk areas
- Sex and age
- Malnutrition Screening Tool
- Continence
- Mobility

Additional points in special risk categories are assigned to selected patients.

- Tissue malnutrition
- Neurological deficit
- Major surgery or trauma

Potential scores range from 1 to 64

- A total Waterlow score ≥ 10 indicates risk for pressure ulcer.
- A high risk score is ≥ 15 .
- A very high risk exists at scores ≥ 20 .

Types of PRESSURE ULCERS

Pressure ulcers, also known as **decubitus ulcers** or **bedsores**, are localized injuries to the skin and/or underlying tissue that usually occur over a [bony](#) prominence as a result of pressure, or pressure in combination with shear and/or friction. The most common sites are the [sacrum](#), [coccyx](#), [heels](#) or the [hips](#), but other sites such as the [elbows](#), [knees](#), [ankles](#) or the back of the [cranium](#) can be affected.

Severity of pressure ulcers Healthcare professionals use several grading systems to describe the severity of pressure ulcers. The most common is the European Pressure Ulcer Advisory Panel (EPUAP) grading system. The higher the grade, the more severe the injury to the skin and underlying tissue.

Grade 1	A grade one pressure ulcer is the most superficial type of ulcer.
Grade 2	Layer of skin is damaged, leading to skin loss. The ulcer looks like an open wound or a blister.
Grade 3	Skin loss occurs throughout the entire thickness of the skin. The underlying tissue is also damaged. However, the underlying muscle and bone are not damaged. The ulcer appears as a deep, cavity-like wound.
Grade 4	The most severe type of pressure ulcer. The skin is severely damaged and the surrounding tissue begins to die (tissue necrosis). The underlying muscles or bone may also be damaged.

People with grade four pressure ulcers have a high risk of developing a life-threatening infection.

Treatment for pressure ulcers can vary depending on the grade of a pressure ulcer. Treatment options may include regularly changing your position or using special mattresses and dressings to relieve pressure or protect the skin. In some cases, surgery may be necessary.

1. **Involve the Care Team** Pressure ulcers are a complex health problem arising from many interrelated factors. Therefore, your care may be provided by a team made up of different types of healthcare professionals. This type of team is sometimes known as a multidisciplinary team (MDT). Your MDT may include: a tissue viability nurse (a nurse who specialises in wound care and prevention) a social worker, physiotherapist, occupational therapist, dietitian medical and surgical experts with experience in pressure ulcer management
2. **Changing position** It is important to avoid putting pressure on areas that are vulnerable to pressure ulcers or where pressure ulcers have already formed. Moving and regularly changing your position helps prevent pressure ulcers developing and relieves the pressure on the ulcers that have developed. After your risk assessment is completed, your care team will draw up a "repositioning timetable", which states how often you need to be moved. For some people, this may be as often as once every 15 minutes. Others may need to be moved only once every two hours.
3. **Mattresses and cushions** There are a range of special mattresses and cushions that can relieve pressure on vulnerable parts of the body. Your care team will discuss the types of mattresses and cushions most suitable for you. Those thought to be at risk of developing pressure ulcers, or who have pre-existing grade one or two pressure ulcers, usually benefit from a specially designed foam mattress, which relieves the pressure on their body. People with a grade three or four pressure ulcer will require a more sophisticated mattress or bed system. For example, there are mattresses that can be connected to a constant flow of air, which is automatically regulated to reduce pressure as and when required.
4. **Dressings** Specially designed dressings and bandages can be used to protect pressure ulcers and speed up the healing process. Examples of these types of dressing include: **hydrocolloid dressings** – these contain a special gel that encourages the growth of new skin cells in the ulcer while keeping the surrounding healthy area of skin dry **Alginate dressings** – these are made from seaweed and contain sodium and calcium, which are known to speed up the healing process Creams and ointments **Topical preparations**, such as cream and ointments, can be used to help speed up the healing process and also prevent further tissue damage.
5. **Antibiotics** are not routinely be prescribed antibiotics. Antibiotics are usually only prescribed to treat an infected pressure ulcer and prevent the infection from spreading. Antiseptic cream may also be applied directly to pressure ulcers to clear out any bacteria that may be present.
6. **Nutrition** Certain dietary supplements, such as protein, zinc and vitamin C, have been shown to accelerate wound healing. If your diet lacks these vitamins and minerals, your skin may be more vulnerable to developing pressure ulcers. As a result of this, you may be referred to a dietitian so that a suitable dietary plan can be drawn up for you.
7. **Pain Management**
8. **Reassuring patient**