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4 YEAR CERTIFICATION

I am very pleased to mention more facilities achieving
4 year certification.

My compliments and congratulations to:

All the best to all my friends, who have an audit this month.

If you are one of the very few achieving this then please let me know as it deserves a special place and recognition! If you don't let me know I can not publish it.

ADVANCE DIRECTIVES & EPOA

Advance Directive: Are legal documents with instructions given by individuals specifying what actions should be taken for their health in the event that they are no longer able to make decisions due to illness or incapacity. They provide a way to communicate wishes to families, friends and healthcare professionals and avoid confusion later on. Advance directive is a voluntary act of the resident.

A living will is one form of advance directive, leaving instructions for treatment. It tells families, friends and health professionals how the individual feels about care intended to sustain life and leaving instructions for treatment wishes. Individuals can accept or refuse medical care and there are many issues to address which may include;

- The use of dialysis and breathing machines
- Tube feeding
- Transfer to a public hospital
- Comfort cares in the event of deterioration

Enduring Power of Attorney (EPOA), where someone is appointed by the individual to make decisions on their behalf when they are incapacitated.

- a power that covers property – In this case, you can choose when the power can be used: either before you become mentally incapable, or after, or both.
- a power that covers your personal care and welfare – This can only come into effect after you have become mentally incapable.

Residents can have an Advance directive and POA. It is encouraged that people complete both documents to provide the most comprehensive guidance regarding their care.

If resident is not competent and no EPOA has been appointed, the family is advised to apply for a court appointed EPOA (see February 14 issue). If that is not an option the GP will be asked to have input if it concerns a medical issue and if the manager deems it necessary an independent organisation will be involved if related to other issues.

ADVANCE DIRECTIVES & EPOA cont'd

Ensure that there is a clear authority by the doctor that EPOA is activated. The donor (resident) might have this clearly identified on the EPOA ensuring that a Doctor has completed an assessment to establish mental capacity.

If you need a policy on this or the form for the GP to complete please drop me a line.

DIABETIC CARE PLANNING

I have had some feedback that it still occurs that there is no management regime documented in the care plan regarding a specific illness like for instance a resident who is a diabetic. Below an example. Ensure that you write as many symptoms down as you know the resident might present.

To prevent hypos: ensure the resident eats a good supper (sandwich and or biscuits and a hot drink.)

Current regime: Blood sugar level to be checked 2x day pre insulin, before breakfast and before diner.

When giving Insulin check sites and report any bruising or redness.

Change needle weekly, write in book.

Calibrate machine 6 monthly and record.

If observing any of the following symptoms: Clammy skin. Increased confusion, nervousness, anger, or irritability, complaints of headache, rapid heartbeat, difficulty speaking, **check BM and ensure the resident is safe.**

Crisis management plan if reading low (4 or less). **DO NOT GIVE INSULIN** alert senior staff and follow instructions.

A resident undergoing an episode of hypoglycaemia needs to bring blood glucose levels up quickly. Fast-acting carbohydrates, especially simple sugars, can accomplish this.

Juice, tea with sugar or honey, glucose tablets.

Take BM again after 10 minutes. If it's still too low, then give another 15 to 20 grams of sugar or carbohydrate.

If above 4 give sandwich or cracker with cheese or glass of milk (protein)

Observe and report any changes.

If intervention fails after 2 tries call GP or ambulance, unless RN is on site and able to give and emergency glucagon injection.

Staff to complete daily visual inspections of feet and ensuring that footwear fits comfortably and does not leave pressure areas.

Report any comment that the resident makes regarding their vision.

I also advise that the following sentence is printed and attached to the BM monitoring devices:

"if reading low (4 or less). DO NOT GIVE INSULIN alert senior staff and follow their instructions."

SPELLING

If we expect more professional writing in reports we need to give the staff as much help as possible to get it right. This can be accomplished by making dictionaries available or you can write out a list of most commonly used medical terminology. See below 2 examples that you can use and extent on. One with diseases and the other for the body parts.

This is just to get you started and not an exhaustive list. Personalise it as much as possible.

You can also put up a body picture and put the names with each part.

Cardiovascular Diseases

Arrhythmia
Heart failure
Heart valve disorders
Hypertension
Ischemic heart disease (IHD)
Peripheral vascular disease
Thromboembolic disease

Dermatological Diseases

Eczema and dermatitis
Psoriasis

Endocrine and Metabolic Diseases

Adrenal dysfunction
Diabetes mellitus
malnutrition
Obesity
Pituitary problems
Thyroid dysfunction

Gastrointestinal Diseases

Diarrhoea
Gastritis,
Gastroesophageal reflux disease (GORD)
Inflammatory bowel disease (IBD)
Malnutrition
Noro virus
Oesophageal cancer
Peptic ulceration
Viral hepatitis

Haematological Diseases

Anaemia
Leukaemia
Lymphoma
Myeloma
Sickle-cell disease

Infectious Diseases

Human Immunodeficiency Virus (HIV)
disease/Acquired Immune Deficiency
Syndrome (AIDS)
Immunisation

Respiratory Diseases

Asthma
Bronchitis
Chronic obstructive pulmonary disease
(COPD)
Lung cancer
Pneumonia
Pulmonary tuberculosis (TB)

Musculoskeletal & Connective Tissue Diseases

Back pain
Gout
Lupus
Osteoarthritis
Osteoporosis
Rheumatoid arthritis

Psychiatric Diseases

Anorexia nervosa
Anxiety disorders
Bipolar affective disorder
Bulimia nervosa
Depression
Schizophrenia

Renal And Urological Diseases

Prostate cancer
Renal failure
Urinary tract infection (UTI)

Reproductive Diseases

Breast cancer
Cervical cancer
Ovarian cancer
Testicular cancer

Others

Appendicitis
Diverticulitis
Pancreatitis
Bowel obstruction
Haemorrhoids

**Never allow
someone to be
your priority
while you're
just their
option**

HUMAN BODY VOCABULARY WORD LIST

Never regret
something
that made you
smile

<p>A</p> <p>abdomen Adam's apple adenoids adrenal gland anatomy ankle anus appendix arch arm artery</p> <p>B</p> <p>back ball of the foot belly belly button big toe bladder blood blood vessels body bone brain breast buttocks</p> <p>C</p> <p>calf capillary carpal cartilage cell cervical vertebrae cheek chest chin circulatory system clavicle coccyx collar bone</p> <p>D</p> <p>diaphragm digestive system</p>	<p>E</p> <p>ear ear lobe elbow endocrine system esophagus eye eyebrow eyelashes eyelid</p> <p>F</p> <p>face fallopian tubes feet femur fibula filling finger fingernail follicle foot forehead</p> <p>G</p> <p>gallbladder glands groin gums</p> <p>H</p> <p>hair hand head heart heel hip humerus</p> <p>I</p> <p>immune system instep index finger intestines iris</p> <p>J</p> <p>jaw</p> <p>K</p> <p>kidney knee</p>	<p>L</p> <p>larynx leg ligament lip liver lobe lumbar vertebrae lungs lymph node</p> <p>M</p> <p>mandible metacarpal metatarsal molar mouth muscle</p> <p>N</p> <p>nail navel neck nerves nipple nose nostril</p> <p>O</p> <p>organs ovary</p> <p>P</p> <p>palm pancreas patella pelvis phalanges pharynx pinky pituitary pore pupil</p> <p>R</p> <p>radius rectum red blood cells respiratory system ribs</p>	<p>S</p> <p>sacrum scalp scapula senses shin shoulder shoulder blade skeleton skin skull sole spinal column spinal cord spine spleen sternum stomach</p> <p>T</p> <p>tarsal teeth tendon testes thigh thorax throat thumb thyroid tibia tissue toe toenail tongue tonsils tooth torso trachea</p> <p>U</p> <p>ulna ureter urethra urinary system uterus uvula</p> <p>V</p> <p>vein vertebra</p> <p>W</p> <p>waist white blood cells wrist</p>
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CONGRATULATIONS SEVEN OAKS

LETTERS TO EDITOR IN THE DOMINION POST 9 JULY 2014

OPINION: One has to agree with Patrick Hussey, who wrote recently of the profit-driven approach of many of New Zealand's aged care facility companies (Letters, July 5).

Among all the bad news though, it is pleasing to note that there are operators around with genuine motives and well-run facilities and they deserve recognition. My mother-in-law was fortunate enough to be a resident at one of these facilities until her recent passing and I can only marvel at the care in a villa, then apartment, and latterly in the hospital wing.

Maybe it is because it is run by a trust that encourages staff to stay on for some years and create a warm environment where staff know each other, and importantly, take a personal interest in their charges.

Long-serving staff means also that a relationship is built up with visiting family, which is comforting.

It was obvious that the staff attitude extended right through the organisation inside and also the care taken in making the grounds a brilliant addition to the buildings.

Take a bow, Seven Oaks Retirement Village, Paraparaumu.

RON DALY
Churton Park

The real art of conversation is not only to say the right thing at the right time, but also to leave unsaid the wrong thing at the tempting moment

1 JULY 2014 CHANGES TO PRESCRIBING

posted by [HIIRC Admin](#) on 1 July 2014

From 1 July 2014, the Medicines Amendment Act 2013 and Misuse of Drugs Amendment Regulations 2014 come into effect.

These amendments:

- name nurse practitioners and optometrists as authorised prescribers
- create a new delegated prescriber category
- change the definition of medicines and medical devices
- change the restrictions on nurse practitioners' prescribing of controlled drugs
- change the controlled drugs that midwives can prescribe
- allow for controlled drug prescriptions to be generated electronically.

For details of the changes, go to:

<http://www.health.govt.nz/our-work/regulation-health-and-disability-system/1-july-2014-changes-prescribing>

DAFFODIL DAY



Daffodil Day is the Cancer Society's annual flagship event and one of the most important fundraising and awareness campaigns in the country. As well as providing an opportunity to raise awareness of cancer in New Zealand, **Daffodil Day** is a major funding source for the Cancer Society.

The Cancer Society of New Zealand's **Daffodil Day** symbolises hope for 1 in 3 New Zealanders affected by cancer.

Since 1990, this iconic event has inspired people to come together and support the Cancer Society's work. As well as providing an opportunity to raise awareness of cancer in New Zealand.

Your donations will go towards vital scientific research into the causes and treatment of all types of cancer, as well as providing a wide range of support services, education and awareness campaigns / programmes for people affected by cancer in your area.

Whether it's buying daffodils / donating to our street collectors, purchasing our merchandise, or making a donation by text / phone / online, every gift counts.

How a donation can make a difference

There are many ways a donation makes a difference for people with cancer: \$10 will enable us to provide people affected by cancer with important support and information resources \$15 will help fund our volunteer driving service: transporting people to their cancer treatments and hospital appointments

\$20 will contribute to our free Cancer Information Helpline – Any Cancer Any Question 0800 CANCER (226 237)

\$50 will help us offer counselling and support to people with cancer and their caregivers

\$100 will help us make schools SunSmart and work towards a Smokefree New Zealand

\$150 will assist us in supporting people with their accommodation and travel while undergoing treatment away from home

\$500 will help fund vital research into the causes and treatment of cancer

Choose Your Challenge

A new initiative for Daffodil Day. Choose Your Challenge - invites people to do exactly that – choose a challenge and fundraise to support people with cancer. It will have a focus of online fundraising, aimed at peer to peer and lots of social media support to get the word out and inspire people to participate. This new campaign is target to encourage community fundraising and counter the increasingly cashless society. There will be heavy promotion of Choose Your Challenge on Trade Me.

www.challenge.daffodilday.org.nz

But any donation, no matter how large or small, will make a difference in the life of someone living with cancer

With your help, there is hope. Please support us by [making a donation](#) now.

We still need people to help with collections on the day. If you have a couple of hours to spare drop us a line!

**The truth
might hurt for
a little while
but a lie hurts
forever.**

2014 SELWYN GERONTOLOGY NURSES CONFERENCE

On 13th August 2014 in Waipuna Conference Centre
7:30am – 5:00pm
Mt Wellington, Auckland

Join us for an information filled, full day professional development conference specifically for Clinical Coordinators, RNs and ENs working in the field of Gerontology. Use this time to share ideas and network with colleagues from within the sector.

We have a great line up of speakers, with fascinating perspectives on a range of pressing issues.

The outline for the day is as follows:

7.30 – 8.30am Registrations & Coffee/ Tea

8.30 – 8.45am Karakia Marianne Hornburg, Spiritual Coordinator, The Selwyn Foundation

8.45 – 9.00am Opening address & welcome

9.00 - 10.30am "Phinicky Pharma: Common Medication Issues for Older People"
Dr Michal Boyd RN, NP, ND, Nurse Practitioner, Waitemata DHB

10.30 -11.00am Morning tea

11.00 - 12.30pm "Withdrawing and withholding food and fluids in palliative care: an ethical perspective" Jackie Robinson RN, NP, Nurse Practitioner, Auckland DHB

12.30 - 1.30pm Lunch

1.30 – 3.00pm "Striving Through Change" Linda Hutchings

3.00 - 4.30pm "End of life with COPD - What are the Issues?" Diana Hart NP, MN, BA, ACAT, Nurse Practitioner Respiratory

4.30 – 5.00pm "Closing address" Garry Smith, CEO, The Selwyn Foundation

5.00pm End of conference

Take advantage of our early bird offer for just \$120 or pay full price of \$150 (incl. GST) when you book after 15 July 2014. Spaces are strictly limited so hurry to reserve your place. **To register: www.selwyncare.org.nz**

"You can close your eyes to things you don't want to see, but you can't close your heart to the things you don't want to feel."

ABBREVIATIONS

Abbreviations should generally be avoided. However, it is appropriate to use standard/approved abbreviations in report writing. The use of abbreviations other than those should be avoided and discouraged.

Ensure that there is a list of approved abbreviations easily accessible to staff. It is important to train staff in good documentation and the understanding that it is not acceptable that they make up their own abbreviations.

BOUQUET



This month's bouquet is dedicated to all the people and animals killed in the MH17 and their loved ones, family and friends left behind.



<p>Good friends help you to find important things when you have lost them.... your smile, your hope, and your courage Doe Zantamata</p>	<p>TRAINING SESSIONS</p>
	<p>If you need training provided on site please let me know as I am available to provide this on non clinical topics such as: Cultural safety, Spirituality, Sexuality, Privacy, Rights, Confidentiality, Communication and documentation, Abuse and neglect prevention, Restraint minimisation and safe practice, Behaviour management, Complaints and risk management, open disclosure, EPOA, Advance directive, informed consent and resuscitation, Health and Safety, Ageing process, mental illness.</p> <p>If you are looking for a topic not listed here please drop me a line. I am happy to facilitate different times to suit evening and night staff. References available on request.</p>
	<p>NEWSLETTERS BACK ISSUES</p>
	<p>Remember there is an alphabetical list of topics from all my newsletters available on my website which refers to the related issue. This website is available to everybody: www.jelicatips.com No password or membership required.</p> <p>I believe in having the data available to everybody as it is important that as many people as possible get the information and that we help each other as much as possible in this very challenging sector. I don't mind sharing this information but I don't agree anybody making financial gain from this information!</p>

Some interesting websites:

www.careassociation.co.nz; www.eldernet.co.nz, www.insitenewspaper.co.nz, www.moh.govt.nz;
www.healthedtrust.org.nz, www.dementiacareaustralia.com; www.advancecareplanning.org.nz
<http://www.bpac.org.nz/Public/admin.asp?type=publication&pub=Best>, <http://www.open.hqsc.govt.nz>;
www.learnonline.health.nz

Please note these sites are not necessarily endorsed by Jelica nor is it responsible for the contents within them. The information contained in this publication is of a general nature and should not be relied upon as a substitute for professional advice in specific cases.

REMEMBER!

Send your feedback, suggestions and articles showcasing your local, regional and workforce activities for publication in future issues.

This brings me to the end of this issue. I hope you enjoyed reading it and welcome any feedback you have. With your help I hope to keep this a very informative newsletter with something for everyone.

Signing off for now.

Jessica

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