

# Admiral Nursing

## *– a palliative care approach*

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# Widening the field of Palliative Care

## **AIMS OF ADMIRAL NURSING**

**Admiral Nursing is aimed at one or a combination of :**

- **Improving Family carer's well-being and QOL.**
- **Enhancing family carer's adjustment and coping with their caring role.**
- **Improving the well-being and QOL of the person with dementia.**
- **Enhancing the person with dementia's ability to adjust and cope with dementia.**
- **Enhancing colleague's knowledge and experience of working with family carers and people with dementia.**
- **Working in partnership with colleagues to achieve the above.**

## **ROLE OF ADMIRAL NURSES**

Admiral Nursing provides a wide range of interventions based around 2 core dimensions :

- 1. Collaborative working with colleagues and family carers of people with dementia (clinical , face to face working)**
- 2. Supportive education and strategic planning**

# Clinical interventions - examples

- 1. Developing relationships**
- 2. Assessment of carer needs and the impact of caring**
- 3. Assessment of the needs of the person with dementia**
- 4. Enhancing the carers understanding of dementia**
- 5. Practical advice and information giving and access to support**
- 6. Emotional support around loss and bereavement , transitions, feelings. Post bereavement support.**
- 7. Enabling the carer to have a voice , bringing carers together**
- 8. Supporting colleagues to work with family carers**
- 9. Promoting positivity in caring**
- 10. Enhancing the carers skill base**

# Supportive education – examples

1. Formal training
2. Awareness raising
3. Advisor to colleagues around casework
4. Clinical supervisor
5. Academic links
6. Conference presentations
7. Publications
8. Dementia care mapping
9. Strategic planning / support and co-facilitate change

# LOSS AND BEREAVMENT IN DEMENTIA CARE

## Losses for family carers Meuser and Marwit (2001)

**Loss which is self –focused such as loss of freedom, financial loss, loss of opportunity**

*Leading to underlying feelings of fear, helplessness, anger and jealousy*

**Loss focused on the person with dementia, missing and pining for what was**

*Leading to emotions which are raw, frustration, anger, guilt, wishing pwd would die*

**Loss of relationship , loss of intimacy**

*Emotions change from raw to reflective, longing, sadness, anger*

# LOSS AND BEREAVMENT IN DEMENTIA CARE

## Losses for family carers

### **Loss of companionship**

*The carer may be openly sad and anticipates grief to become worse*

### **Loss focused on self and aloneness**

*Emotions deeply felt but not raw, sadness, compassion, mild empathy*

### **Spousal carer may feel loss of identity within a couple and a distancing from friends**

*Increase in emotional intensity and rawness, anger at others for not helping, aloneness, worries about the new burden of caring for themselves*

# LOSSES AND BEREAVMENT IN DEMENTIA CARE

## Losses for people with dementia

**Loss of memory and cognition**

**Loss of identity**

**Loss of role**

**Loss of social contact**

**Loss of independence**

**Loss of ability across the spectrum / loss of control**

**Loss of relationships**

**Loss of self - esteem**

# Admiral Nursing and palliative care

# Admiral Nursing and palliative care

Supportive palliative care ..... Specialist palliative care



Diagnosis	Transitional points	Physical health deterioration	'End of life'
Education	Acceptance of services	Symptom control	Support to make decisions
Support	Changes in family	Support	Symptom control to achieve a 'dignified death'
- practical	Anticipatory grief	Liaison	Emotional support
- psychological	Facing prognosis	Collaboration	Post bereavement support
Symptom control	Symptom control	Skill acquisition	
Adjustment	Changing relationships		
	Proactive planning		

Admiral Nursing and palliative care, how does it work ?

**PARTENRSHIP WORKING WITH FAMILY CARERS**



## **CASE STUDY – Mary and John**

### **Background**

- **Mary and John were supported 10 years previously prior to admission by same person, Mary sought out a known face**
- **John familial AD , onset age 52 (now 64)**
- **Mary cared for John at home until it was no longer possible.**
- **John lived in continuing care, Mary visited daily for 8 years**
- **Mary distressed**

# CASE STUDY

## Assessment of need

- **John was physically frail, Mary needed to explore prognosis**
- **Mary's life revolved around daily visits "I must never miss", she had no life outside of this and no time for herself.**
- **Mary was depressed , not sleeping, experiencing severe headaches and high BP**
- **John was exceptionally well cared for in nursing facility**

# CASE STUDY

## Therapeutic interventions

### \* BUILDING A NEW LIFE

Identify Mary's daily routine, her hopes and interests .

Begin to slowly build a new life introducing new interests to help post bereavement and improve current QOL.

### \* MAKING DECISIONS

Meal assistance and bruising

Active treatment

Resuscitation

## CASE STUDY

### Therapeutic intervention

#### \* **ADVOCATING AND SUPPORTING CARER WITH MEDICAL & NURSING STAFF**

Facilitate discussions with Consultant around eating and drinking, agree management plan and gain support of medical staff .

Agree strategy with Consultant and set up meeting with nursing staff.

Support nursing staff to understand ethical dilemma around eating, drinking and active treatment decisions.

# CASE STUDY

## Therapeutic intervention

### \* **IMPROVE MARY'S MENTAL AND PHYSICAL HEALTH**

Support to try antidepressants and counselling to discuss emotions.

Encouragement to look after own physical health needs.

### \* **SUPPORTIVE UNDERSTANDING OF PROGNOSIS**

Discussions at a pace to reflect Mary's need

### \* **COLLABORATIVE WORKING WITH NURSING TEAM**

Enabling staff to come to terms with new treatment plan

Advising staff on nursing care (pain assessment for pwd, behavioural disturbance)

## CASE STUDY

### Therapeutic intervention

#### \* FACILITATE COLLABORATIVE WORKING

Referred ward staff and John to Macmillan Nurses for daily support around pain control and help in ethical decision making

#### \* SUPPORT MARY AT TIME OF DEATH AND POST BEREAVEMENT

Being available when she needed to talk and to answer questions as John's end of life approached

6 months post bereavement support for Mary .

## **CASE STUDY**

### **Outcomes**

- **Dignified and peaceful death for John**
- **No surprises for Mary as John reached the end of his life**
- **A step towards a new life for Mary**
- **Improved mood and physical health**
- **Supported staff**

**Thankyou for listening.**

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**For dementia**

**[www.fordementia.org.uk](http://www.fordementia.org.uk)**