E-NEWSLETTER FOR LINK NURSES AND PROJECT LIAISONS

7 MAY, 2010

Reminders

******REMINDER: PLEASE TRY TO FINALISE RECRUITMENT OF RESIDENTS TO THE cebparac PROGRAM BY END OF MAY 2010 AT THE LATEST**
(Remember we hope to recruit 10 residents per facility)****

Reminder: We are on the web: **www.caresearch.com.au/caresearch/CEBPARAC.aspx**
All project documents and assessment tools can be downloaded from the website.
All link nurses and project liaisons have been given password access. If you cannot remember your password just click on the Forgot password link at the login page and an automatic email will be sent to your email address. If you can't remember your username email Karen Hughes at cebparac@uq.edu.au and your user name will be emailed to you.

Reminder: We encourage you to invite junior staff to case conferences and monthly reviews. This is an excellent mentoring/educational opportunity.

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Focus on evidence-based assessment: Oral Health Assessment Tool and Care Plan

The Oral Health Assessment Tool and Care Plan (in your Link Nurse Training Manual and Implementation Folder) was developed as part of the first round of Evidence Based Practice in Residential Aged Care (EBPRAC) funding, Department of Health and Ageing. The current study – cebparac – is part of the second round.

The Oral Health Assessment Tool and Care Plan are currently being rolled out nationally (as part of The Better Oral Health in Residential Care training project – flyer attached) to all residential aged care facilities. The project aims to provide an increased awareness of oral hygiene issues for the staff in daily contact with residents.

One aspect of the Plan is the *Better Oral Health in Residential Care Training* project which commenced in December 2009 and will continue throughout 2010. The training aims to provide an increased awareness of oral hygiene issues for the staff in daily contact with residents. It is important to note that the training is not a replacement for professional dentistry services.

A number of registered training organisations have been selected to deliver the training. Using a train-the-trainer approach, the intention is to train up to two registered nurses or dedicated trainers in each Australian Government funded residential aged care facility, multi-purpose service and Indigenous flexible residential aged care service as trainers, so that they in turn, can train and

support aged care workers in ensuring residents' daily oral hygiene is maintained. In addition, registered nurses will be provided with the tools to enable them to undertake oral health assessments and oral health care planning. All training materials and resources to support the training will be provided by the Department of Health and Ageing.

In addition to the face-to-face training, the Aged Care Channel has developed a complementary oral health program that is to be aired in June 2010. This program provides the opportunity for members of the Aged Care Channel to reinforce what they have learned at the face-to-face training. It will also enable those staff from services who are unable to attend the face-to-face training to view the training in another format.

For more information go to:
http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-betterpractice-nursing-home-oral-dental-training.htm

If you haven't tried these assessment and management tools, give them a go with the residents enrolled on the cebparac project.

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Therapeutic Guidelines Ltd is pleased to announce a new version of the popular *Palliative Care* title. (See brochure attached)

Palliative Care 3 is an essential guide for practitioners and carers involved in management of terminally ill patients. An emphasis is placed on the need for a holistic approach to palliative care, and guidance is provided on the treatment of an extensive range of symptoms that may be present. Aspects of emotional and spiritual care are discussed, and the value of a team approach and the role of carers and family members emphasised.

Includes:
Guidance on managing severe acute pain, incident pain, and pain in patients with substance abuse disorders

Discussion on paediatric medications, patient autonomy and patient transition into adulthood

New information on use of tramadol, buprenorphine, fentanyl lozenges, pregabalin, venlafaxine, duloxetine, ibandronate and methylnaltrexone

Expanded discussion on management of heart failure, deactivation of implantable cardiac devices, and patients with renal failure

Updated information on patients with HIV/AIDS with discussion of highly active antiretroviral therapy and HIV-related chronic pain syndromes

Approaches to management of gastrointestinal symptoms, genitourinary symptoms**,** and urinary incontinence

Enteral administration of drugs and updated information on recommended syringe drivers

Endorsements:
Australasian Chapter of Palliative Medicine, RACP

Australian and New Zealand Society of Palliative Medicine

Australian Pain Society

Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists

National Prescribing Service Limited

The Royal Australian College of General Practitioners

Royal College of Nursing, Australia

The Society of Hospital Pharmacists of Australia

For more information or to purchase, contact Therapeutic Guidelines on www.tg.org.au or freecall 1800 061 260.

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Clinical corner (with Peter Jenkin)

I've been asked recently by RACF nurses and GPs about what to do when a resident has been on regular buprenorphine patches and now needs opioid breakthrough doses.
Specifically there is some literature that suggests that buprenorphine can partly negate/cancel out some of the positive effects of other opioids being administered to a resident. This is because it is an agonist and antagonist of opioid receptors in the body.

Mr Tony Hall from Griffith University (Pharmacy) **is a member of our expert reference group. He** provided the following response **in which I have highlighted the important points**. :

There is a lot of misunderstanding about the complex pharmacology of Buprenorphine.
At the doses being used in the Norspan patch it acts as a pure agonist rather than a partial agonist at the opioid mu receptor and antagonism of opioid effect does not significantly occur until doses of >10mg/day are being taken.
An opioid agonist ***(e.g. morphine, oxycodone, fentanyl)*** **can therefore be used without concern.**
(see 'Buprenorphine Chapter 12' by Mellar Davis in Opioids in Cancer Pain 2nd edition. 2009. Editors Davis M, Glare P, Quigley C and Hardy J Oxford University Press, New York .)

There is no known opioid equivalent dose for a Norspan patch although a conversion ratio of morphine to Buprenorphine of 100:1 is recommended. So a 20mcg/hr patch is considered to be equivalent to ~ 48mg morphine/day or 12mcg/hr Fentanyl patch.(see Therapeutic Guidelines Palliative Care 2nd edition)
Therefore, using a traditional estimate of 1/6th-1/12th of total daily opioid dosing for breakthrough pain, for the 20mcg/hr Norspan patch doses of only 4mg Morphine or 2.5 Oxycodone q 2hrly PRN should be utilised. These doses should, of course, only be considered as a starting point for further individual patient titration. Since many patients are on much smaller dose patches than the 20mcg/hr opioid breakthroughs may not be necessary at all.

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From the literature

Even As Memory Fades, Emotions Linger

Finding underscores the need to treat Alzheimer's patients with dignity and respect, researchers say

TUESDAY, April 13 (HealthDay News) -- People with memory loss can still "remember" feelings associated with happy and sad experiences, a new study has found.

University of Iowa researchers showed clips of happy and sad movies to five patients with memory loss. The patients couldn't remember what they had watched, but they did retain the emotions triggered by the movie clips.

"Sadness tended to last a bit longer than happiness, but both emotions lasted well beyond [the patient's] memory of the films," lead author Justin Feinstein, a student in the graduate programs of neuroscience and psychology, said in a university news release. "With healthy people, you see feelings decay as time goes on. In two patients, the feelings didn't decay; in fact, their sadness lingered."

The findings, published in the this week's online edition of the Proceedings of the National Academy of Sciences, have implications for Alzheimer's disease patients, their families and caregivers.

"A simple visit or phone call from family members might have a lingering positive influence on a patient's happiness even though the patient may quickly forget the visit or phone call. On the other hand, routine neglect from staff at nursing homes may leave the patient feeling sad, frustrated and lonely even though the patient can't remember why," Feinstein said in the news release.

"What this research suggests is that we need to start setting a scientifically informed standard of care for patients with memory disorders," Feinstein added. "Here is clear evidence showing that the reasons for treating Alzheimer's patients with respect and dignity go beyond simple human morals."

URL of this page: http://www.nlm.nih.gov/medlineplus/news/fullstory_97542.html

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Calendar alert

It is National Palliative Care Week 2010 from 23 May – 29 May. I have attached Palliative Care Australia's most recent e-bulletin. You may wish to pin to noticeboards etc.

Palliative Care Australia has produced a postcard set with tips and information to help people to think about how they would like their end of life to be. These new materials are supported by the existing and popular consumer resource set that includes information about palliative care, what to say when someone you know is living with a terminal illness and understanding grief.
To coincide with National Palliative Care Week, **PCA is releasing three of its most popular consumer resources in 21 languages: *What is palliative care?*, *Facts about morphine*, and *Asking questions can help*.**

Visit www.palliativecare.org.au to download or order these materials.