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Prescribing guidelines for pregnancy ppt

A set of guidelines for multiple sclerosis (MS) and pregnancy has been produced for the UK, supported by the Association of British Neurologists. The first of its kind, the guidance covers all aspects of care related to pregnancy for those living with MS, from pre-pregnancy support to the management of drugs during pregnancy, birth-related guidance and postpartum advice. It is common for women to be diagnosed with MS in early adulthood before they have started, or finished, their family. But so far there has not been enough evidence to support much-needed discussions around family planning and management of their MS and pregnancy at the same time. This invaluable guidance provides the information needed for clinicians to have informed discussions and for patients to make informed decisions about their lives, their families and their MS. Fig. Fig. Fig. Fig. Fig. Fig. Fig. Consider the possibility of pregnancy when prescribing to all women with MS of childbearing age. The relapse rate decreases naturally during pregnancy, and so many women with MS choose to discontinue disease-modifying drugs when they become pregnant—however, for those with highly active MS, treatment throughout pregnancy should be considered. If relapse occurs, corticosteroids may be given during pregnancy and during lactation. Taking MS does not automatically make pregnancy high risk and should not in itself limit childbirth options. Fig 2: Infographic describes disease-modifying treatments during pregnancy and breastfeeding In addition to the valuable evidence that this work is brought together, the responsible steering group requires the establishment of an MS pregnancy registry to ensure meaningful collation and learning data can begin from here onwards. They also recommend creating common neuro-obstetric clinics to optimally manage people with MS throughout pregnancy and after subtotal travel. Really happy to see this in print – lots of work to try to reach a meaningful consensus. Hopefully useful for both clinicians and patients @BartsMSBlog @GavinGiovannoni @nelson_piercy @PoojaDassan @MSTrust @mssocietyuk — Ruth Dobson (@druthdobson) 6 January 2019 For more information Page 2 At the Multiple Sclerosis (MS) service variance event on November 2, David Martin, CEO of MS Trust, began his conversation with an apology. This brilliant report has been buried on the MS Trust website, he said. David spoke to the room about the variance in the provision of MS specialist nurses, and the report he refers to is The MS Forward View (2016). The report is an in-depth evaluation of the image of MS services in 2016 from both a qualitative and quantitative point of view, and subsequent series of recommendations to: if we are going to provide a reasonable service to people living with MS in the future. At the Way Forward event, we heard time and time again the clear mandate we have to do things differently, and the report evaluates the situation in the same way. Looking forward to the future of MS in the UK, David stressed the report's statement that the increased workload will be a challenge, if not impossible, for us to do if we do not work differently. Specialist nurse: reality So many people living with MS refer to their specialist nurse as their main contact, but David stressed that the variance in access to a specialist nurse worsens from year to year, even though the physical number of specialist nurses has increased slightly. The increase in the number of MS nurses has not been fast enough to counteract the already overloaded caseloads of existing nurse specialists alongside the increase in the number of people with MS. Each MS specialist nurse saves the NHS an estimated £77,000 through reductions in GP appointments, time in A&E, the number of hospitalizations and length of stay for patients, the room heard from David. The number of reports describing evidence in support of specialist nurses is numerous, not only in MS but in Parkinson's, epilepsy, and non-neurological conditions like cancer as well. Fig 1: MS Trust – Variance in MS service supply (2018) Despite this proven benefit, many people living with MS are assigned a nurse who already has an unsustainable caseload (Fig. 1). 7 out of 10 people live in areas where their MS nurses caseloads are above a sustainable caseload figure, David announced. This sustainable number has been calculated as 358 according to ms trust's brand new report MS Specialist Nursing in the UK 2018: Results from the 2018 MS Trust Nurse Mapping Survey (Oct 2018). The MS Trust funds more nurses each year, but the estimated UK deficit is 66 nursing posts, and this cannot be connected through charity alone. As we heard from the audience at the end of David's speech, when considering this information alongside the increase in the variation and uptake of disease-modifying treatments (DMTs) and the level of monitoring required for these treatments (often performed by specialist nurses), reduces the amount of responsive or holistic care that can be offered quickly. But as one specialist nurse in the audience put it: We are overwhelmed, but we know that there is a need to look at the person as a whole and we need to stick to the specialisation of being a specialist nurse. We've lost some of it, but I feel we can get it back. Improve Services MS Trust way There are eight recommendations listed in the MS Trust report The MS Forward View and David as if to share these with the room. Number 1, were more MS nurses. Unsurprisingly, especially when he had already noted that 66 post deficits in the UK are calculated, but their location detailed as well. Quoting another MS Trust Trust Released at the same time as Ms. Forward View, David put the emphasis on more community-based specialist nurses who are better at supporting those with advanced MS, and are less likely to manage trips to hospitals or clinics to get the nurse-led support they need. Link well with Recommendation 5, to have Advanced MS masters to support and manage people's care as it becomes both more complex, and requires care ever closer, or at home. The report Improving services for people with advanced MS (2016) noted Vital symptom management and [multidisciplinary team] MDT services are patchy or unavailable in many parts of the UK with more than half of all patients reporting problems in accessing support and services that they need. Recommendations 2 and 3 were met with varying appreciation from the room: widespread nurse prescribers and more nurses ordering MRI would, David shared, increasing the effectiveness and timeliness of disease-modifying treatment reviews and further referrals. Nurse prescribers in attendance, however, noted the challenges they face both practically, to cover their own personal liability insurance – not paid by their Trusts as it is for other professionals, until their time is increasingly addressed with administration related to these tasks rather than personal support directly to people with MS. Sarah White, MS Specialist Nurse at St. Georges, briefly it put that: there is a great value in being really responsive [to the patient's needs] but sitting and ordering scans and signing prescriptions takes a lot of it off. We must use the skills we have wisely. Some of these concerns would be taken care of with Recommendation Number 4: having a non-clinical DMT coordinator within each MS team to manage the administration and coordination of treatments, and a DMT nurse to perform reviews, monitoring and reviewing blood panels, freeing up specialist nurses to manage the more specialized parts of the work and being upskilled to, in turn, taking some of the burden from neurologists. Number 6, holding smaller face-to-face meetings can also respond to room concerns. While this may initially sound like another area where personal patient contact is declining, David pointed out that it would serve for where appointments are for routine blood tests or prescribing or monitoring appointments where a lack of a nurse or neurologist would not compromise safety. The 2016 report found that only 32 out of 148 prescribing and monitoring centres can schedule blood tests without the need for a nurse or neurologist appointment. Citing a real need to share best practices and to learn from each other, David pointed out that St. George's has a virtual DMT monitoring clinic to allow for smaller face-to-face meetings where they aren't really needed – which therefore frees up space for more appointments there interaction is really needed. Numbers 7 and 8 are both watching better use of data and better sharing of best practices. At the time of the report, just two years ago, only 28 out of 107 centers use an IT system or database to track DMT monitoring. Highlighting the problems of reliance on a white board that can so easily be manipulated or accidentally erased, MS Trust CEO recommendation 8 noted as an example of 7. Salford has a system that does this. We can learn from them, let us not reinvent the wheel. Practical challenges The room largely agreed with much as David said, and the clear, practical steps to improve care were well supported – not only by MS Trust's research in 2016 – but by many other speakers during the two-day conference. However, the challenge is to put learning into practice without creating other shortcomings. A number of the specialist nurses who attended shared their support, in theory, for specialist nurses to have more autonomy around prescribing and referrals, but stressed the difficulties of administrative tasks to remove from the specialist care that their call requires. In addition, both the types of services offered, and how they are delivered, are changing with more and more disease-modifying treatments available to help manage MS, and one participant pointed out that the increase in DMT use and monitoring associated has meant a change in the roles and responsibilities of staff in recent years. Do the figures really reflect reality?, they asked David. I feel that there is so much monitoring that the ability to care has almost disappeared. The answer couldn't just be to add more nurses to the workforce either, as a nurse shared from the audience. One difficulty we have is that the more nurses we have will be absorbed through DMTs that leave them with more advanced MS or those who can't get to the hospital alone. They asked an unanswered question: Is there any way we can get nurses specifically into the community to support those who are outside of a hospital setting? It is clear that the responsibility of the MS nurse, which is already overstretched in most cases – cannot be asked to change her mind in isolation – in order for the role to be extended to include more prescribing responsibilities, there must be accountability built into their staff costs and more administrative support to ensure that they still have time for the individual care for which they are so valued. In the new treatment landscape, DMT monitoring needs to be planned for and funded – as we heard from Rachel Dorsey-Campbell in her speech about the true cost of DMTs. Dedicated staff trained to specialize in DMTs and their administration and monitoring was an idea presented, perhaps overseen by specialist nurses. Another suggestion came from one of the pharmacists in the room: I would like to add a number 9 to your list, he began. Use the pharmacist! Many of us really want to be we want to be part of the team, and we can really help. The role of the pharmacist is one that in Rachel's speech as well, and neurology academy has recently launched its first Neuropharmacist MasterClass, in recognition of the existing and often untapped skillset already available within Trusts, as well as the need to ensure that there is practical applicable training available for those pharmacists who want to better equip themselves to support neurology teams through their prescribing and monitoring. David's presentation was clear and succinct on the areas of change that are required, but as with much of what was heard at the Way Forward event, it is not as simple to put in place as it may seem. The implications for improving care for people with MS through their MS nurses reach much broader than the MS nurse role itself. Finally, and perhaps simply, it seemed obvious throughout this session that for our nurses to better support their patients, we need to better support our nurses. Watch this presentation: – More videos from this event Listen to this presentation: – More podcasts from this event More information

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