



Charlbury Patient Participation Group Newsletter Issue No.7 January 2020

CHARLBURY MEDICAL PRACTICE PATIENT PARTICIPATION GROUP

Welcome to the winter newsletter from the Charlbury Patient Participation Group (CPPG). In this edition we focus on support for carers and their caring role. We also include:

- Information about Lasting Power of Attorney and Advance Decisions
- Who is entitled to a free flu jab?
- Social Prescribing comes to Charlbury Medical Centre
- NHS Winter Pressures – how can patients help?
- Pressure sores and ulcers: the causes; their treatment; and prevention
- Sepsis – what is it?

Caring for Someone

To Care for someone sounds such a privilege, however, it may also become a tremendous burden on the carer. Caring is individual, complicating the amount of support and guidance necessary for both the carer and the person they care for. Those caring for people with mental health issues often face particular difficulties as their role is sometimes invisible to others and doesn't fit into the traditional role of supporting people with physical problems.

The caring role will be dependent on the age, strength and past experience of the carer. It may well mean their own health is seriously affected: a detrimental effect, frequently seen by close friends and specialists. However, the carer themselves may be so determined in their role, seeing it as a real privilege, they are in self-denial. Whilst others feel they do not matter, the 'cared for' is all important, all consuming.

NHS England definition of a carer: A carer is anyone, including children and adults who look after a family member, partner or friend, who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

There are organisations to help support & nurture carers, if they are able to access them and have the opportunity to benefit - not always easy.

Published in June 2019 NHS England and NHS Improvement has drawn up a document “**Supporting carers in general practice: a framework of quality markers**”. This document will hopefully help to

- Improve carers' health and promote positive wellbeing;
- Reduce carer crisis and family breakdown;
- Reduce unwarranted variations in carer support, and;
- Meet demand more appropriately and better manage demand on service.

It will take time for general practices to implement all the recommendations, but a real step forward at this time of longer living.

A carer may be referred via their Doctor to 'Talking Space' where the carer can access various courses and treatments, for example counselling sessions over a six or twelve week period.

It is also extremely important not to view carers as only those looking after the elderly or infirm, there are thousands of young people and children registered as carers.

Carers Oxfordshire provide many services within our County for carers and should possibly be the first point of call, when a carer is identified. Their role is to provide 'Free support for carers in Oxfordshire'.

In a recent survey of Carers three most important areas mentioned were:
Respite; Finding paid carers for packages of care; Feeling Tired.

Action for Carers Oxfordshire:

"Caring is such an important part of life. No matter what race, religion or society, caring will cross most of our paths at some point. Carers are the glue that keeps families together. Whether caring for a disabled child, partner, parent or even a friend, the way they unselfishly dedicate themselves to enabling loved ones to get the most out of life is truly awe-inspiring.

While most carers would say the pleasures and rewards of caring are completely fulfilling and they wouldn't have it any other way, there are often challenges and hardships to be faced.

Caring will touch all of us at some point in our lives. Right now there are 6.5 million carers in the UK, saving the state more than a hundred billion pounds each year. Carers face new challenges every day, but they cannot do this alone. Action for Carers Oxfordshire supports these special people in our society to feel less lonely and more able to cope. We help them to look after themselves, by providing specialist support from somebody who genuinely cares about caring for carers.

Action for Carers Oxfordshire is an independent charity whose sole purpose is to support the unpaid carers of Oxfordshire. We have expert staff who support carers in the community. This includes a specialist team sitting within Health Integrated Locality Teams.

Every week we see first-hand the impact of caring can have on individuals and families in Oxfordshire. Over half of the people who responded to the Action for Carers feedback survey said that their caring role impacted negatively on their mental and physical wellbeing.

There are risks associated with caring and keeping healthy and well. The strain of lifting and moving people, the stress of providing round-the-clock care, finding time to exercise, get enough sleep or get to the shops to buy and prepare a healthy and nutritious meal is not always possible.

Action for Carers Oxfordshire has a clear and simple vision of improving lives for carers. Often a carer is so focused on helping their friend or loved one that they pay no attention to their own needs. The support we offer, allows carers to consider their own wellbeing and not to feel guilty that they have to also think of themselves.

- We support groups for any carer that would like to be with others with similar life experiences.
- We have co-created a bespoke Carers' Journey – a three-phased approach to carer learning.
- We provide a range of volunteer services, from helping carers to get a break to calling regularly to make sure all is well. Carers' Champions support carers in our communities.
- Digital resource to help carers to have access to support and information as they need it.
- Our newsletter Care Matters reaches over 10,000 carers in Oxfordshire.
- We organise events and days out for carers.
- Giving carers a voice – voices of experience influence local health and social care policy.

Many people may find it surprising that carers can feel lonely and isolated from their friends and family, as they always have the person they care for nearby. However as a carer you are often unable to have time away to socialise. If you do go out with friends and work colleagues you may feel unable to join in conversations because there is little understanding of what it is like to be a carer. This increases the gap between carers and their family and friends.

While we are able to have a direct impact on the carers we support, it remains a constant challenge for us to reduce this most impactful part of being a carer. We are constantly talking with carers facing loneliness and do as much as we can to enable them to feel less lonely.

If this article has made you recognise that you, or somebody you know is a carer please do not hesitate to find support. It is important to recognise that as a carer you may benefit from support to stay well, and know where to turn when you need help. You can talk to your GP Practice, Nurse or Social Worker, but just as importantly and if you prefer, you can refer yourself by ringing **0345 050 7666** filling out the leaflet often found in the GP surgery or local library or emailing carersoxfordshire@oxfordshire.gov.uk.

Some other organisations supporting areas of care:

Action for Carers Oxfordshire: Free on-line help visit: carersdigital.org and use free access code DGTL482

Carers Oxfordshire: Tel: 0345 050 7666. Web: www.carersoxfordshire.org.uk

Carers Voice Oxfordshire: Tel: 01235 424715. Email: voice@carersoxfordshire.org.uk

Mind (National Association for Mental Health): Tel: 020 8519 2122. Web: mind.org.uk

Oxfordshire County Council Young Carers Team: 07919 298263

Oxfordshire Mind: Tel: 01865 247788

Trans Carers Support Group: Tel: 07784 956904. Web: www.transawarenessproject.org.uk

CarersUk: www.carersuk.org

Source: Care Matters Spring / Summer 2019

Benefits Advice for Carers and the Person they Care for. It is important to be sure that you are receiving all the benefits you are entitled to.

For a benefit check, contact Citizens Advice West Oxfordshire in Chipping Norton and Witney by calling **0300 3309 049**.

Planning for the Future

Lasting Power of Attorney and Advance Directives

Although it can be difficult to talk about, it is important to consider who we would like to make decisions – sometimes very important decisions – on our behalf if we are unable to do so. This may be for a relatively short period of time, perhaps during a serious illness, or after an accident, or it may be for longer for example if someone has dementia.

The following information is from www.gov.uk

A lasting power of attorney (LPA) is a legal document that lets you (the ‘donor’) appoint one or more people (known as ‘attorneys’) to help you make decisions or to make decisions on your behalf.

This gives **you** more control over what happens to you if you have an accident or an illness and cannot make your own decisions (you ‘lack mental capacity’).

You must be 18 or over and have mental capacity (the ability to make your own decisions) when you make your LPA.

You do not need to live in the UK or be a British citizen.

There are 2 types of LPA:

- health and welfare
- property and financial affairs

You can choose to make one type or both.

Health and welfare lasting power of attorney

Use this LPA to give an attorney the power to make decisions about things like:

- your daily routine, for example washing, dressing, eating
- medical care
- moving into a care home
- life-sustaining treatment

It can only be used when you’re unable to make your own decisions.

Property and financial affairs lasting power of attorney

Use this LPA to give an attorney the power to make decisions about money and property for you, for example:

- managing a bank or building society account
- paying bills
- collecting benefits or a pension
- selling your home

The property and financial affairs LPA can be used as soon as it's registered, with your permission.

Choose your attorney

You can choose one or more people to be your attorney. If you appoint more than one, you must decide whether they'll make decisions separately or together.

Who can be your attorney?

Your attorney needs to be 18 or over. They could be:

- a relative
- a friend
- a professional, for example a solicitor
- your husband, wife or partner

You must appoint someone who has the mental capacity to make their own decisions.

Your attorney does not need to live in the UK or be a British citizen.

When choosing an attorney, think about:

- how well they look after their own affairs, for example their finances
- how well you know them
- if you trust them to make decisions in your best interests
- how happy they will be to make decisions for you

You cannot choose someone who is subject to a Debt Relief Order or is bankrupt if you're making a lasting power of attorney (LPA) for property and financial affairs.

If there's more than one attorney

If you're appointing more than one person, you must decide if they'll make decisions:

- separately or together - sometimes called 'jointly and severally' - which means attorneys can make decisions on their own or with other attorneys
- together - sometimes called 'jointly' - which means all the attorneys have to agree on the decision

You can also choose to let them make some decisions 'jointly', and others 'jointly and severally'.

Attorneys who are appointed jointly must all agree or they cannot make the decision.

Advance decision

What is an advance decision to refuse treatment?

The information that follows is from www.nhs.uk

An advance decision to refuse treatment lets your family and healthcare team know your wishes if you are not able to communicate them.

An advance decision (sometimes known as an advance decision to refuse treatment, an ADRT, or a living will) is a decision you can make now to refuse a specific type of treatment at some time in the future.

It lets your family, carers and health professionals know your wishes about refusing treatment if you're unable to make or communicate those decisions yourself.

The treatments you're deciding to refuse must all be named in the advance decision.

You may want to refuse a treatment in some situations, but not others. If this is the case, you need to be clear about all the circumstances in which you want to refuse this treatment.

Is an advance decision legally binding?

An advance decision is legally binding as long as it:

- complies with the [Mental Capacity Act](#)
- is valid
- applies to the situation

If your advance decision is binding, it takes precedence over decisions made in your best interest by other people.

An advance decision may only be considered valid if:

- you're aged 18 or over and had the capacity to make, understand and communicate – your decision when you made it
- you specify clearly which treatments you wish to refuse
- you explain the circumstances in which you wish to refuse them
- it's signed by you (and by a witness if you want to refuse life-sustaining treatment)
- you have made the advance decision of your own accord, without any harassment by anyone else
- you have not said or done anything that would contradict the advance decision since you made it (for example, saying that you've changed your mind).

People sometimes decide to draw up an Advance Decision at the same time as the Lasting Power of Attorney. Many organisations such as AgeUK, Alzheimer's Society and Compassion in Dying are here to help. The government office: Office of the Public Guardian can also be contacted for helpful information, telephone: 0300 456 0300

Some people choose to draw up the Power of Attorney themselves, and not use the services of a lawyer. The government website www.lastingpowerofattorney.service.gov.uk gives an online step by step guide to completing the forms. The fee for registering each power of attorney document is £82. People with low incomes and in receipt of certain benefits may be entitled to a reduced fee, or the fee may be waived. Full details are on www.gov.uk

Sources of more information include:

AgeUk: Telephone: 0345 450 1276, www.ageuk.org.uk/oxfordshire

Alzheimer's Society: T: 0300 222 11 22, www.alzheimers.org.uk

Compassion in Dying: T: 0800 999 2434, www.compassionindying.org.uk

Are You Entitled to a Free Flu Jab?

Flu is not the same as getting a cold. It can seriously affect your health and the risks of developing complications are greater for people within the 'at-risk' groups. Healthy individuals usually recover within two to seven days, but for some the disease can lead to a stay in hospital, permanent disability or even death.

NHS flu vaccination

People 'at-risk' of flu are encouraged to have a free NHS flu vaccination. These include:

- People aged 65 years and over
- Patients aged from six months to 65 years in clinical 'at risk' groups
- Pregnant women
- **All children aged two to ten (but not 11 years or older) on 31 August 2019**
- People in long-stay residential care homes
- **Carers**

Flu can be serious for young children, but a simple nasal spray vaccine can help protect them. It is free, fast and painless. Children are also super-spreaders of flu; by vaccinating them it reduces the risk of spreading flu to frail and 'at-risk' groups.

Long term conditions:

The free flu vaccine is available to patients who have one of the following conditions:

- a heart problem,
- bronchitis,
- emphysema or severe asthma,
- kidney disease,
- liver disease,
- had a stroke or a transient ischaemic attack (TIA),
- diabetes,
- neurological condition e.g. multiple sclerosis (MS),
- morbid obesity (BMI over 40),
- cerebral palsy
- learning disability.

For more information on the flu vaccination visit:

<https://www.nhs.uk/conditions/vaccinations/flu-influenza-vaccine/>

If you are entitled to a free NHS flu vaccination and haven't already had one, please book an appointment for the vaccine.

Social Prescribing comes to Charlbury Medical Practice

Social prescribing is designed to support people with a wide range of social, emotional or practical needs, and can focus on improving mental health and physical well-being. People who could benefit from social prescribing include people with mild or long-term mental health problems, vulnerable groups, people who are socially isolated, and those who frequently attend either primary (GP surgeries, care in the community) or secondary (hospitals) health care.

Social prescribing can involve a variety of activities which are usually provided by voluntary and community organisations. Examples might include arts activities, healthy eating advice and a range of sports and exercise classes.

At time of writing, we understand that social prescribing will be provided by AgeUk Oxfordshire. A community navigator, or link worker will work with the practice, patients and community organisations to bring social prescribing to Charlbury patients. If you think social prescribing would help you, please ask about social prescribing when you see a member of staff at the surgery.

How can we help the NHS during this very busy time?

Dr Ed Capo-Bianco, GP and urgent care lead, writes:

Self-care is the best choice for minor illnesses and injuries – a range of common winter ailments can be treated at home with a well-stocked medicine cabinet. Having a winter plan – such as keeping stocked up on medicines, keeping your home warm, and looking out for neighbours – can also be beneficial.

Local pharmacies can give advice on several conditions, such as coughs, headaches, upset stomachs, and skin conditions, as well as advise on stopping coughs and colds from getting worse.

NHS 111 has call handlers who can help you choose the right health services for your needs, as well as a website. NHS 111 can put you in touch with a clinician, a GP, book you an appointment at your nearest minor injuries unit.

Minor injuries units can treat deep cuts, small burns, sprains, sports injuries, and infected wounds. (Our nearest Minor Injuries Unit is in Witney Community Hospital).

Most importantly, only attend Emergency Departments when there is a genuine emergency, such as loss of consciousness, suspected heart attack or stroke, severe breathing difficulties, or severe bleeding that cannot be stopped.

Call 999 for an ambulance if your child:

- stops breathing
- won't wake up
- has a spotty, purple-red rash anywhere on the body that doesn't fade when you press a glass against it – this could be a sign of blood poisoning (septicaemia)
- is under 8 weeks old and you're very worried about them
- has a fit for the first time, even if they seem to recover
- has a severe allergic reaction (anaphylaxis)

The Care and Treatment of Chronic Wounds

Normally wounds heal without difficulty. If we cut ourselves even quite seriously we expect the wound to heal within a few days or weeks. If you need advice on how to clean and dress a wound the best place to go is your pharmacy who will tell you if you need to see a nurse or a doctor.

A deep wound may need to be stitched to promote quicker healing in which case you may need to go to the minor injuries unit or A&E.

The younger and healthier we are the quicker a wound will heal. Conversely if we are seriously ill or poorly nourished, or the wound becomes infected, the wound will have difficulty in healing. In order for a wound to heal there has to be a good blood supply, not too many bacteria and not too much inflammation. A wound may be described as chronic when it has shown no sign of healing within six weeks.

Pressure ulcers pose particular problems in healing as they tend to occur in people who already have health problems. It is rare that pressure ulcers occur as a result of neglect in patients being looked after by carers in their own homes. However, sometimes at the end of life pressure damage is impossible to avoid. The important thing for carers to remember is to look for early warning signs of damage (see below) and if worried or not sure, seek professional help.

If you or the person you are looking after needs regular dressings these will be done by the Practice Nurse at the Medical Centre. Carers can be taught how to do dressings which will save frequent visits to the surgery and this can be very helpful when the Medical Centre is closed for Bank Holidays.

If you or the person you are looking after is housebound a District Nurse will come to your home to do the dressings.

1. Pressure Ulcers

Why are they important?

Pressure ulcers are also known as pressure sores or bed sores and sometimes decubitus ulcers. They are often painful and may lead to extended hospital stay. They can become infected and in extreme cases lead to blood poisoning and even become life-threatening.

The cost to the NHS has been estimated at between **£1.4 and 2.2 billion** annually. Prevention very important but can be a challenge for patients with reduced mobility and for those looking after them.

What are they?

Pressure ulcers are areas of damage to the skin and the tissues below the skin as a result of being under pressure. Pressure damage can occur very quickly, (**in less than two hours**) and be very difficult to heal. A healthy person who is able to move will constantly be changing position even while asleep, whereas a person who is unable to move themselves may stay in the same position for many hours. Similarly people with full sensation will shift their position

when uncomfortable, whereas people who have lost sensation will not have that trigger to alter their position.

What Causes Pressure Ulcers?

Pressure. From body weight pressing against a hard surface. The pressure shuts off the blood supply to that area.

Friction. This may occur as a result of sliding down in the bed or chair or being dragged across the sheet

Incontinence. Faeces and urine can damage the skin making it more prone to pressure damage.

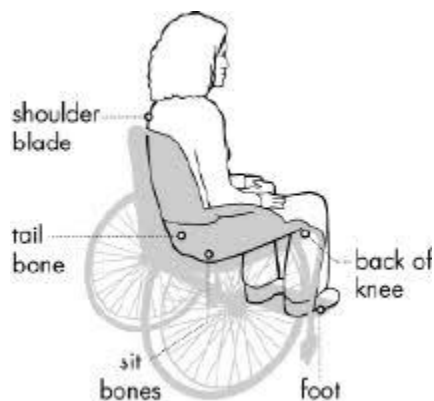
Where do they occur?

Commonly over bony prominences in contact with the bed or chair: Base of spine (sacrum), hips, buttock and heels. They may also occur on knees, elbows, ankles, ears and head.

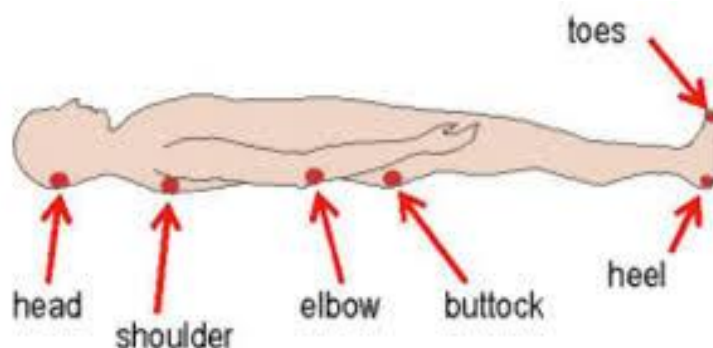
They may also occur under medical devices such as tubing, oxygen masks and anti-embolitic stockings used to treat certain conditions.

Common site for pressure ulceration

In a wheelchair



In Bed



Categories

For documentation purposes pressure damage to the skin is categorised into 4 grades: The grade of ulceration will be documented in the patient's notes together with photographs and tracing of the wound area to monitor progress or deterioration.

Grade 1. Discoloured area on skin. This may look harmless but damage to underlying structures has already been done. It is important to institute pressure relief in vulnerable patients before this damage has occurred, but if noted urgent action should be taken by the nurse.

Grade 2. Open wound or blister. This may be caused by friction or incontinence as well as pressure.

Grade 3. Deep wound involving all the layers of the skin.

Grade 4. Very deep wound reaching muscle or bone

Risk factors and Prevention

Immobility. People who are wheel chair bound or who are unable to move themselves are particularly at risk. People can develop pressure ulcers while in bed or while seated in a chair for any length of time. If possible, people in wheel chairs should be taught how to change position at regular intervals. If this is not possible carers must do this for them. In addition, special cushions and mattresses must be provided. In cases where it is impossible to move the patient high technology pressure aids and lifting devices should be made available.

Reduced sensation: Normally discomfort or pain is a trigger to alter position. People with poor circulation and poor sensation to their legs and feet are particularly prone to heel ulceration and this is particularly common in patients with diabetes. Sitting in a chair with heels resting on a foot stool without pressure-relieving equipment is particularly dangerous. Try sitting for even 15 minutes in such a position and feel how uncomfortable it is!

Ill health: Patients who are severely unwell are particularly at risk and pressure damage can occur very quickly.

Surgery: Patients undergoing long operations are at risk of pressure damage. Theatre staff must ensure that pressure-relieving mattresses are used when necessary.

Obesity: This puts added strain on the tissues compromising blood circulation. It also makes it very difficult for carers to help to change position. Dieticians should be involved in management.

Emaciation: Where there is little flesh protecting a bony prominence, for example hips or base of spine, there is an increased risk of a pressure ulcer forming. Patients will need to see a dietician for prescription of a suitable dietary regime as well as being provided with pressure-relieving equipment.

Incontinence: Urine and faeces will damage the skin and may result in ulceration. It is important that patients should be kept clean and dry.

Action :

Anyone at risk of pressure damage should be seen by the district or practice nurse who may then refer to the Tissue Viability Team or for further medical advice. Pressure-relieving equipment should be supplied. There is a wide range of pressure-relieving equipment which should be correctly used.

If an ulcer has occurred the wound should be measured and photographed so that its progress can be monitored and suitable dressings prescribed.

Dressings.

Your nurse will advise on appropriate dressings. There is a wide range of dressings available and the choice of dressing will depend on the depth of the wound, how much it is leaking and whether there is any infection.

If you are recovering from illness or surgery at home or are caring for someone confined to a bed or wheelchair, contact your GP surgery if you think you or the person you are caring for might be at risk of developing a pressure sore. Get medical advice immediately if you notice red swollen skin on any of the pressure points.

Useful sites

<https://www.nhs.uk/conditions/pressure-sores/>

<https://www.nhs.uk/conditions/pressure-sores/treatment/>

www.stopthepressure.com

www.your-turn.org.uk

Leg Ulcers

In a healthy person who has no problems with veins or arteries, a wound on the leg should heal within a few days or weeks depending on its severity. If healing does not take place within a period of six weeks it can be categorised as an ulcer, although this is an arbitrary definition. A cut on a leg which is showing signs of healing within this period is not necessarily an ulcer, conversely a wound which occurs on a leg with damaged circulation or previous history of leg ulceration should be treated as an ulcer as soon as it occurs.

What Causes a Venous Ulcer?

Veins in the legs take the blood back up to the heart. Leg veins have valves which prevent blood flowing backwards. In addition, when we walk, the muscles in our calves pump against the veins assisting the blood to flow back up the leg. The most common cause of leg ulcers is damage to the valves causing blood in the veins to flow back down the leg. This causes increased pressure in the veins so that fluid leaks into the tissues beneath the skin causing swelling (oedema), thickening and damage to the skin leading to ulceration.

Risk Factors

1. Obesity: Puts extra pressure on the valves in the veins
2. Immobility: When we walk or run the muscle in the calf muscle pumps against the veins squeezing the blood up the leg. People who are immobile or just 'shuffling' to get about will not be activating this 'pump mechanism', making them more prone to fluid accumulating in the legs (oedema) and subsequent ulceration
3. History of deep vein thrombosis, leg fracture or leg surgery which can damage the veins or previous history of leg ulceration. Once you have had an ulcer the risk of having another one is increased.

Prevention

- Maintain healthy weight.
- Stop Smoking.
- Keep walking! If this is not possible ankle (dorsiflexion) exercises, or standing on tiptoe and returning to putting your feet flat on the floor will activate the calf muscle. You will feel your calf muscle tightening as you do these exercises.
- Avoid long periods of standing or sitting: If you must take a long trip and will be sitting for a long time, flex and extend your legs, feet, and ankles about 10 times every 30 minutes to keep the blood flowing in the leg veins.
- Wear compression stockings if legs are swollen or if there is a history of ulceration (see below).

Management

1. Diagnosis

This should be done by your GP or nurse. The ulcer should be examined as the position and appearance of the ulcer will aid diagnosis. You may be referred to the vascular department for a venous duplex scan.

Doppler Examination. Before applying compression bandaging, (see below) it is essential that the nurse is sure that there is a good blood supply to the feet. This can be done by feeling for foot pulses and carrying out a Doppler examination. It is necessary to rest with legs elevated for 15 minutes prior to this examination taking place. The blood pressure will be taken in your arm and feet using a Doppler ultrasound and the 2 pressures are compared. The foot pressure should be the same or slightly higher than the pressures in the arm.

2. Treatment

Leg ulcers can be very painful and you should discuss pain management with your nurse or doctor.

Wound Cleansing: Your nurses will clean the wound using tap water. It is perfectly safe to bathe or shower the leg just before dressing changes.

Care of the skin. The area around the wound can become very dry and scaly and emollient creams should be applied, if there is eczema present steroid ointment should be prescribed.

Wound Measurement. Your nurse will measure and photograph the wound so that there is a record of its progress.

Dressing. Your nurse will choose a dressing depending on the amount of leakage from the wound (exudate), the amount of dead tissue in the wound (slough) and the condition of the surrounding skin.

Compression bandaging. Bandaging supports the veins, enhances the calf muscle pump and reduces oedema and is the mainstay in the treatment of venous ulcers. Without it, venous ulcers will not heal and may become rapidly worse. Bandages should be applied by a nurse who has had specialist training although carers and relatives can also be trained to bandage. If properly applied, this bandaging should not be painful and may reduce pain and discomfort, although it is often not popular with patients especially in hot weather. Sometimes compression stockings may be used instead. These should be properly fitted.

If the ulcer shows no sign of improving within a few weeks your nurse will seek further advice from the Tissue Viability Team or the GP who may refer you to the Vascular Service or to Dermatology for further specialist advice.

Other types of Leg Ulcer.

Arterial. An ulcer which is caused by arterial blockage will need rapid referral to the Vascular Unit and surgery will be necessary to unblock the arteries. Compression Bandaging is contra-indicated, even light bandaging can cause damage. In the first instance this will be diagnosed by Doppler examination (see above).

Mixed. Sometimes both the arteries and the veins are damaged. You may need to be referred for specialist advice.

Insect Bites. (Blandford Fly and some spiders) can result in unpleasant and painful ulceration to acute inflammation response. Your nurse and/or doctor will advise on treatment. They may prescribe a steroid ointment to reduce the inflammation. Compression is not normally indicated unless there is significant oedema.

Some diseases such as rheumatoid arthritis and systemic lupus erythematosus (SLE) can result in ulceration. Compression is not normally indicated unless there is significant oedema.

Adverse response to medication. This is rare and compression is not normally indicated.

Frequently asked questions.

- **How long will it take my ulcer to heal?** The majority of venous ulcers will heal within 3 months if treated with compression bandaging. However, this may take longer if there are other health problems such as obesity, or complicating factors such as infection. You may need to be referred to the vascular unit for further advice/intervention.
- **Is it alright if I wash my leg?** It is important to keep the leg clean and washing the leg with tap water unless otherwise advised is fine. When bandages are in place, they

need to be kept dry but the leg can be washed when the bandages are due to be changed.

- **Is it OK to remove the bandages?** Once in place the bandages should be left in place until the next dressing change. Pressure in the veins can build up quite quickly once the bandages are removed or if they have slipped which may slow down healing. If the bandages are causing pain, slip down, or there are changes in the foot (cold or blueish toes) then they can be removed. Inform your nurse/doctor as soon as possible when this happens.
- **Once the ulcer has healed how do I prevent another ulcer?** Once the ulcer has healed the area is very vulnerable to re-ulceration but there are several ways you can help to prevent this. You will be given advice by your nurse.
 1. Keep skin in good condition by regular moisturisers.
 2. Wear prescribed compression stockings.
 3. Elevate legs when sitting down.
 4. Keep walking
 5. Keep weight down

Useful websites:

www.rcn.org.uk

www.legulcerforum.org.

www.circulationfoundation.org.uk

www.nhs.uk>conditions>leg-ulcer

Remember pressure damage can occur very quickly in people who are at risk, and take a long time to heal. If you have any doubt about an area of skin, however small, contact the nursing team at the Medical Centre.

Sepsis

Sepsis (blood poisoning) has been in the news recently as the number of cases has risen dramatically.

What is sepsis?

Sepsis is a life-threatening reaction to an infection.

It happens when the immune system overreacts to an infection and starts to damage the body's own tissues and organs.

You cannot catch sepsis from another person.

Sepsis is sometimes called septicaemia or blood poisoning.

Symptoms - Sepsis

Sepsis is life threatening. It can be hard to spot.

Immediate action required:

Call 999 or go to A&E if a baby or young child has any of these symptoms of sepsis:

- blue, pale or blotchy skin, lips or tongue
- a rash that does not fade when you roll a glass over it, the same as meningitis
- difficulty breathing (you may notice grunting noises or their stomach sucking under their ribcage), breathlessness or breathing very fast
- a weak, high-pitched cry that's not like their normal cry
- not responding like they normally do, or not interested in feeding or normal activities
- being sleepier than normal or difficult to wake

They may not have all these symptoms.

Immediate action required:

Call 999 or go to A&E if an adult or older child has any of these symptoms of sepsis:

- acting confused, slurred speech or not making sense
- blue, pale or blotchy skin, lips or tongue
- a rash that does not fade when you roll a glass over it, the same as meningitis
- difficulty breathing, breathlessness or breathing very fast

They may not have all these symptoms.

Sepsis can be hard to spot. There are lots of possible symptoms.

Symptoms can be vague. They can be like symptoms of other conditions, including flu or a chest infection.

If in doubt call 111. They can tell you what to do, arrange a phone call from a nurse or doctor, or call you an ambulance.

(source www.nhs.uk)

Blood Pressure Kits

None of the 20 Blood Pressure kits lent to patients by the practice to monitor their blood pressure at home has been returned. This represents a loss of £400:00 to the practice. If anyone has a blood pressure kit at home belonging to the practice, please return it.