The Role of The Enrolled Nurse in The Community

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Dunedin is divided into Three teams which are based at Wakari Hospital at the ISIS Centre.

We have two satellite areas.

There is a Registered Nurse based in Middlemarch who works as required and there are two Registered Nurses who job share that work in Palmerston Mon to Fri. This area is covered at the weekend by the nurses in Dunedin.
Areas

**East Coast**: Covers The Peninsula, South Dunedin, St Clair and St Kilda as well as part of Corstorphine.

**West Harbour**: Covers Part of Central Dunedin to Port Chalmers over the hill to Waitati, Pinehill, along Highgate to Mornington and Kaikorai Valley including Wakari.

- **Taieri**: Covers Corstorphine to Taieri Mouth including Green Island and Brighton and then across the plains to Mosgiel up to Hindon and Lake Mahinarangi and down past the airport to Henley and Berwick.
There is a swing shift which is from 1.30 p.m. to 10.00 p.m. A Registered Nurse works alone until 6.00 p.m. If help is required the nurse can contact our A.C.N/Clinical Coordinator or with a nurse from the day teams until 4.45 p.m. A H.S.W. joins her to assist with cares and for safety from 6.00 p.m.

We also have students on a regular basis. These are 2\textsuperscript{nd} and 3\textsuperscript{rd} year. They go out mainly with the R/N they have been assigned to but usually spend a day with an E/N.
Teams

- Hours are 8.00 a.m. until 4.45 p.m.
- We have an early bird clinic that starts at 7.30 a.m. and is run by one R/N for patients going to work.
- Within each team we have the full time equivalent of three Registered Nurses and two Enrolled Nurses Monday to Friday.
- At the weekend there are a total of five Registered Nurses and two Enrolled Nurses for the three areas combined including Palmerston.
I work in the Mosgiel team and my specific area is Concord, Green Island, Abbotsford, Brighton to Taieri Mouth and across to Henley down to Momona, East Taieri and part of Mosgiel.

I have two R/N’s that delegate work to me. These are patients who have been admitted to the service and are predictable and meet my scope of practice.

Patients are reviewed on a regular basis with both the R/N and E/N present.
All the Enrolled Nurses have completed portfolios of either level three or four to meet the requirements of the service. We have to be proficient at wound care and also have to completed a competency for compression therapy as this is used widely in the community.

Bowel care is also undertaken which often involves giving enemas then leaving for the carers to take over the cleaning up. We do manual evacuations on some patients who are stable.
We give injections for Vitamin B12, EPO, Clexane and Insulin.

BSL monitoring is also done as we teach patients how to do this for themselves.

We assist the R/N with Palliative Care when required.

Patients are taught how and when to change their catheter bags.
Before leaving the office, my daily schedule is checked and I make any changes that may have come in since I left the day before. If a review is required, a time is arranged with the R/N. Collect any products that may be needed for the day. Leave the number of visits on the board.
On My Way
On the road
Be Road Happy

- Each area is assigned their own car which you have to look after by keeping it fuelled up and clean as well as the boxes in the back supplied with dressing products. Each car has a map and mileage sheet which is filled out each day.
- Once in the car I check that my own kit has everything I need as well as any gear that was needed. I also have the patient list, diary and cell phone and then I am off.
The Fleet
I try to do my area geographically to minimise travel time.

I arrive in Green Island at my first visit at 8.15 to an 80 year old lady Mrs A, who has had surgical debridement for skin cancer (SCC) and the wound is being cared for until it is suitable for skin grafting. Mrs A has showered and wrapped the wound in glad wrap to keep it clean. Her wound care is Aquacel Ag and Mesorb. Coban 2 Lite is applied. Wound continues to improve. This is done twice a week.
I go around the corner to Mr B who is 65 with M.S. and has a small broken area on his calf.

All that is required is a simple dressing of cuticerin and gauze which he wears under his stocking.

Mr B has showered independently prior to my arrival. Mr B is seen weekly.

I then travel into Mosgiel to meet up with another E/N to do a patient that takes two nurses for the transfers.
Mr C

- We meet at 9.00 and assist Mr C who is in his 50’s with M.S. We are here to do his bowel care before his carer arrives.
- Mr C is in a hospital bed. We get ourselves organised with the commode and sling before we move him.
- We roll Mr C on his side to put the sling in for the hoist and make sure this is correctly positioned and then give two micofleet enemas and then hoist him onto the commode. Before leaving we make sure he is wearing his medical alarm. We visit three times a week.
Next I visit an elderly couple who both require my services.
Mr D has a small ulcer on each leg which we dress weekly.
He has mesorb on his left shin and cuticerin to his right leg.
Coban 2 Lite is applied to both legs.
Mr D showers before I arrive.
Mrs E has a very nasty SCC which has had a failed skin graft on her left leg. This can have an offensive odour at times.

She is showered before my arrival and is ready for her care. Mrs E also takes regular paracetamol for pain.

A betadine soak is applied and this is quickly taken up.

Iodosorb is applied then a large mesorb as the wound has moderate exudate.

A padded crepe bandage is then applied.

This is redressed three times a week.
Next is his wife Mrs D who has a nasty wound which is quite odorous.

The wound has a diluted betadine soak applied which is taken up quickly. Iodosorb is then applied with a large mesorb to help contain the exudate which is moderate. The surrounding skin is kept in good condition using fatty cream.

A padded crepe bandage is applied.

Mrs D takes regular paracetamol for pain.

This wound care is three times a week and has a shower prior to the dressing change.
Mrs E attends vascular clinic regularly but nothing is able to be done. Radiotherapy has been discussed but not suitable as this would make the wound worse. The only solution is amputation so keeping the wound free from infection is vital and looking after her surrounding skin very important. We use fatty cream for the skin. Mrs E wears a grade 1 compression stocking on her right leg.
By this time it’s well after 10 and I am in desperate need of a coffee and toilet stop so off to a local café to buy a take away coffee and to use the facilities.

I then hop back into the car and am off to Waldonville.

Mr F is an 80+ who has been troubled with severe eczema which was infected.

He has been on a course of antibiotics which is now completed and worked well.
Icthopaste Bandage
An Icthopaste bandage is being used. This has been pleated as it has been applied to allow for any swelling.

The skin was much improved today and his next visit is with the G.P. in three days time. I will phone him after this visit to find out what has been suggested next for Mr F.
Now on to Abbotsford to see patient G who is a 90+ lady who has a wound on each shin. Her right shin is an ACC wound. This was caused by her leg being hit against a door frame causing a laceration. Conveniently she was on her way to the G.P. when this happened so it was attended there and the paperwork sent to us for ACC. The wound is healing well with xeroform and gauze, and fixed with hyperfix using skin prep to protect the skin.
Because of this wound being ACC her notes in the home are kept in a red folder and each visit is counted. When the visit count gets near the amount of visits allocated by ACC we have to apply for more visits.

All other notes in the home are kept in a blue folder.

Mrs G also has a small shin ulcer which is dressed simply.

Her wound care is weekly to both wounds.
My Welfare

- It’s now time for an early lunch as I have to be at Henley by 1.00 p.m.
- During this time I text our Associate Charge Nurse/Clinical Co-ordinator with the number of patients I have left for the day.
Safety

- We text another nurse if we are going to any house that has us concerned about our safety.
- We then text again when we are back in the car to confirm all is okay.
- Sometimes we go in pairs for safety.
Time to drive to Henley which takes about 30 minutes.

This visit is for bowel care to a 50 year old female with M.S. Mrs H.

I meet with her two carers for this as she needs to be hoisted. Mrs H has a lot of muscle spasm.

During hoisting I check her skin as she has had a pressure area in the past.

I give two microfleets and assist with the transfer and then leave.
Now to East Taieri for Mr I.
Mr I is in his 70’s with leg ulcers to both legs.
His wounds are now improving and the wounds are very superficial.
Protection is applied and then Surepress Compression Bandaging is applied.
Mr I ‘s shin has extra padding as his legs are very thin.
He has showered prior to my visit and is seen twice a week.
Surepress Compression
Mrs J

- Mrs J is morbidly obese with ulcers to all her toes. She is also very limited in her mobility and has multiple medical health issues but is not diabetic.
- Mrs J’s feet and legs are washed in a basin as she is unable to shower.
- Moisturiser is applied to the legs. Dermol ointment has been used in the past for eczema to her legs.
- Iodosorb is applied to her toes with mesorb as protection over the toes. Gauzes are placed between the toes to help separate the toes.
Now back to Concord to see Mrs J who is in her late 50's with obesity and multiple medical problems.

Mrs J has ulcers on all her toes.

I wash her feet and legs in a basin as she is unable to get in to the shower.

I moisturise her legs with fatty cream and use iodosorb to all her toes. Mesorb is applied as the secondary dressing and mesorb on her shins are used at times when skin is extra fragile.
- Mesorb’s are placed on her shins at times when they look very fragile.
- Large combines are put on her feet to help with her walking for pain.
- Surepress compression is applied to both legs. Extra padding is applied to help shape the leg for the bandaging.
- The care to this patient takes 45+ minutes and is done three times a week.
I then return to base to get organised for the next day.
I collect gear if required for the next visit and put gear away if I have returned with unneeded products. I refill my kit and the car kits if I have used any thing.
The list for the next day is checked and adjustments made as required.
Discussion with the R/N takes place about any concerns at this time as well as organising wound reviews.
Weekly educations are on Tuesdays from 3.30 for 30+ minutes.

There is also a weekly Nurse led clinic run by R/N’s who have done Doppler studies and further education in wound care. Three patients a week are seen at this clinic to see if they meet the compression criteria with the APBI’s. The E/N also attends with their patients.

If they are not suitable they are referred to the vascular lab for further studies.
Other Jobs

- The E/N’s also have other jobs to do with in the department.
- My job is the stores which means I order the stores for Palmerston and all non stock items that are required as well as ordering special things eg: NWPT.
- I also order basic stock if products have been overlooked and we all help to put the stores away each week.
- Time to go home....
References

- S.D.H.B
- Job Description
- Compression Bandaging Competency
- Safety – working in the Community