The role of the Nurse Specialist in subarachnoid haemorrhage

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Subarachnoid Haemorrhage

- Subarachnoid Haemorrhage (SAH) is a sudden life threatening and life changing event

- It affects 6-16 per 100,000 people a year

- Most commonly individuals are between 40-60 years of age
In the beginning!!
“Apprehension, uncertainty, waiting, expectation, fear of surprise, do a patient more harm than any exertion”

Florence Nightingale (1859)
Background to the role

- Lack of communication, continuity and specialist advice
- Lack of community experience to support patients
- Use of medical and acute services for psychological support
- Concluded – need for a Clinical Nurse Specialist (CNS) for SAH
- The first nurses were introduced in 2000
  (Pritchard et al 2002)
NCEPOD 2013

• 10 out of 27 Neurosurgical units had a CNS

• “..highlight the need for structured support and treatment after intervention for aSAH”

• Recommendation

“as a minimum, access to information, specialist subarachnoid haemorrhage nurses and rehabilitation services including neuropsychological support”
What is a Nurse Specialist

• A qualified nurse who is a clinical expert in a specialized area, delivering evidence based practice
Multiple after effects
Clinical Role of CNS

- Inpatient clinical care
- Specialist advice/symptom management
- Individualised care
- Nurse led Outpatient clinics
- Extended roles
- Early identification of problems
- To be the patients Advocate
Continuity & Co-ordination of care

• Single point of contact
• Follow patient and family journey through admission, discharge and recovery
• Link between patient/family and clinical team
• Link between Neurosurgical unit and Local Hospital/Community
• Educator
Neuropsychological support & Rehabilitation

• Specialist knowledge
• Advanced communication/counselling skills
• Relationship with patient and family
• Preparation for recovery
• Managing expectations
• Support group/networks
• Referrals when needed
Improvements after introduction of CNS role

- Increased satisfaction in care and communication
- Reduced psychological and social impact of SAH
- Shorter length of stay in hospital
- Reduced visits to GP
- Reduced re-referrals to neurosurgery
- Quicker return to work
Cost effectiveness of CNS for SAH
Based on 2010 figures

• CNS available in each specialist centre = Savings of over £10 million
  – 8 million to society
  – 2.5 million to regional services

• Pritchard et al 2011
“Do you want to speak to the doctor in charge or the nurse who knows what’s going on?”