

The role of the Nurse Specialist in subarachnoid haemorrhage

Lesley Foulkes
Neurovascular Nurse Specialist
Southampton

Brain and Spine Foundation Conference
November 2016



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?”

Thank you

