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Deteriorating resident

RECOGNISING A DETERIORATING *RESIDENT*

Care Home Improvement Team, NHS Herts Valleys CCG

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Conditions covered in this session

- Covid-19
- Constipation
- Chest Infection
- UTI
- Dehydration
- Sepsis

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Aim of the session

- To enable all staff to monitor the wellbeing of residents and identify early signs of deterioration
- For all staff to understand possible signs of deterioration
- For staff to know how to communicate their concerns to their colleagues and outside agencies
- For staff to understand the roles of the different health services available to their residents
- For staff to understand the importance of documenting changes in residents' wellbeing and how to describe their concerns

COVID 19

- Rapidly moving situation.
- Information changes regularly.
- Important to check the latest situation on the Public Health

England pages

- Collection of official advice and guidance

•https://www.gov.uk/government/collections/wuhan-novel-coronavirus

- COVID-19: Guidance for infection prevention and control in healthcare settings. Version 1.0.
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872745/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf
- Community based health and social care

https://www.england.nhs.uk/coronavirus/community-social-care-ambulance/#community

Signs and symptoms

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- Cough
- Fever
- Difficulty in breathing

Generally, these infections can cause more severe symptoms in people with:

- weakened immune systems
- older people
- long-term conditions, diabetes, cancer and chronic lung disease.

How is it spread?

- Touching objects or surfaces contaminated from a cough or sneeze from a person with a confirmed infection, and then touching your mouth or face
- Ensure surfaces which get droplets on them from coughs and sneezes are cleaned regularly

Current Treatment

- No Vaccine anytime soon
- There is currently no dedicated drug for the virus.
- Antivirals do exist but effectiveness not conclusive.

Resources and Support available

- Website www.hcpa.info/covid-19
- HCPA newsletters
- Contingency check list
- Posters – visitors
- Provider Hub support (01707 708108) and assistance@hcpa.co.uk
- Provider FAQ, Employee Assistance program, webinars and resources and much more…

Herts Care Partners

hcpa Hertfordshire Care Providers Association

Hertfordshire

Further Resources

- Care Provider Alliance
- ACAS
- Department of Health | Care homes: infection prevention and control

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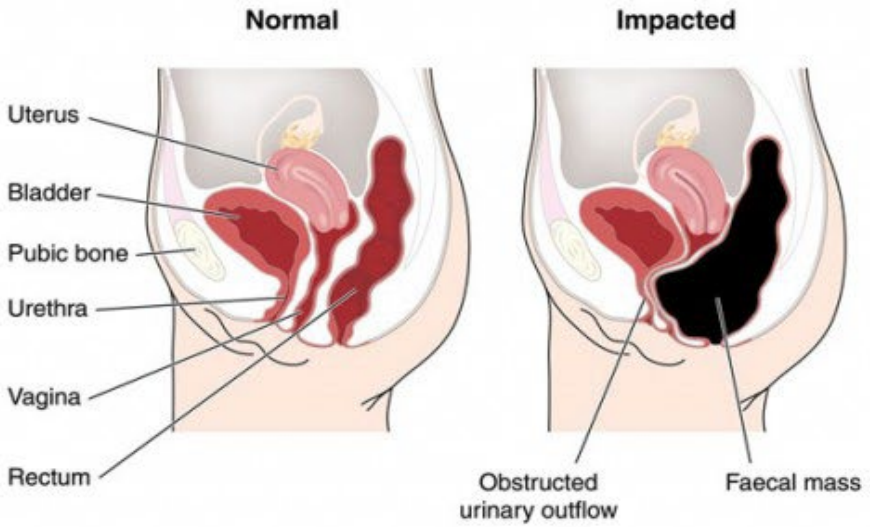
Constipation



Constipation

Reflection
Think of a resident you have recently cared for who was suffering with Constipation

What made you feel there was deterioration? What signs were they showing of a change in condition?

Causes
What do you think are the main reasons for residents suffering with Constipation?

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What is Constipation

- Constipation is a common condition that affects people of all ages. It can mean that you are not passing stools regularly or unable to completely empty your bowel
- Constipation is more common in older adults
- Constipation can also cause your stools to be hard and lumpy, as well as unusually large or small
- The severity of constipation varies from person to person. Many people only experience constipation for a short time, but for others, constipation can be long-term (chronic) condition that causes significant pain and discomfort and can affect their quality of life.

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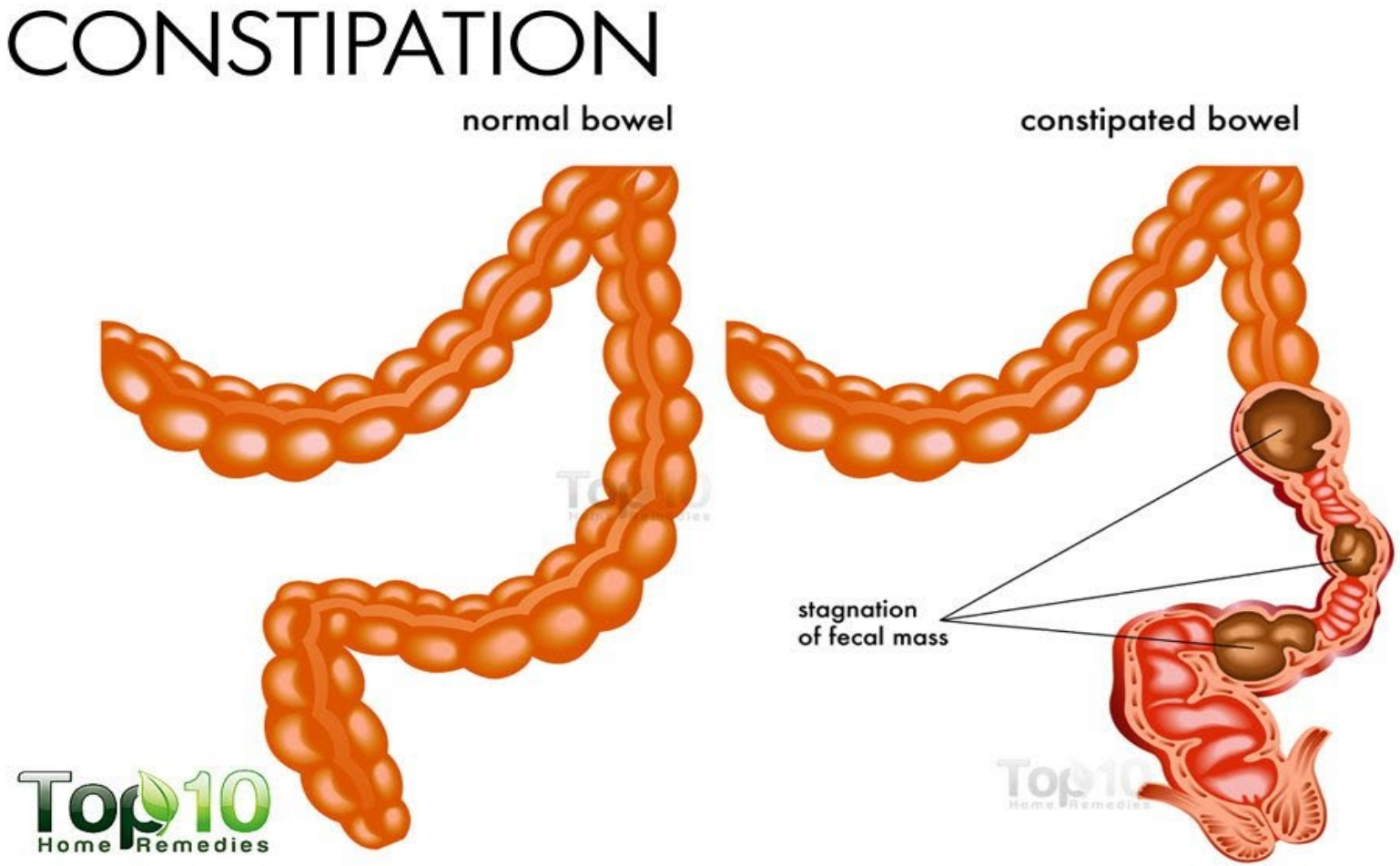
What is Constipation



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What is Constipation

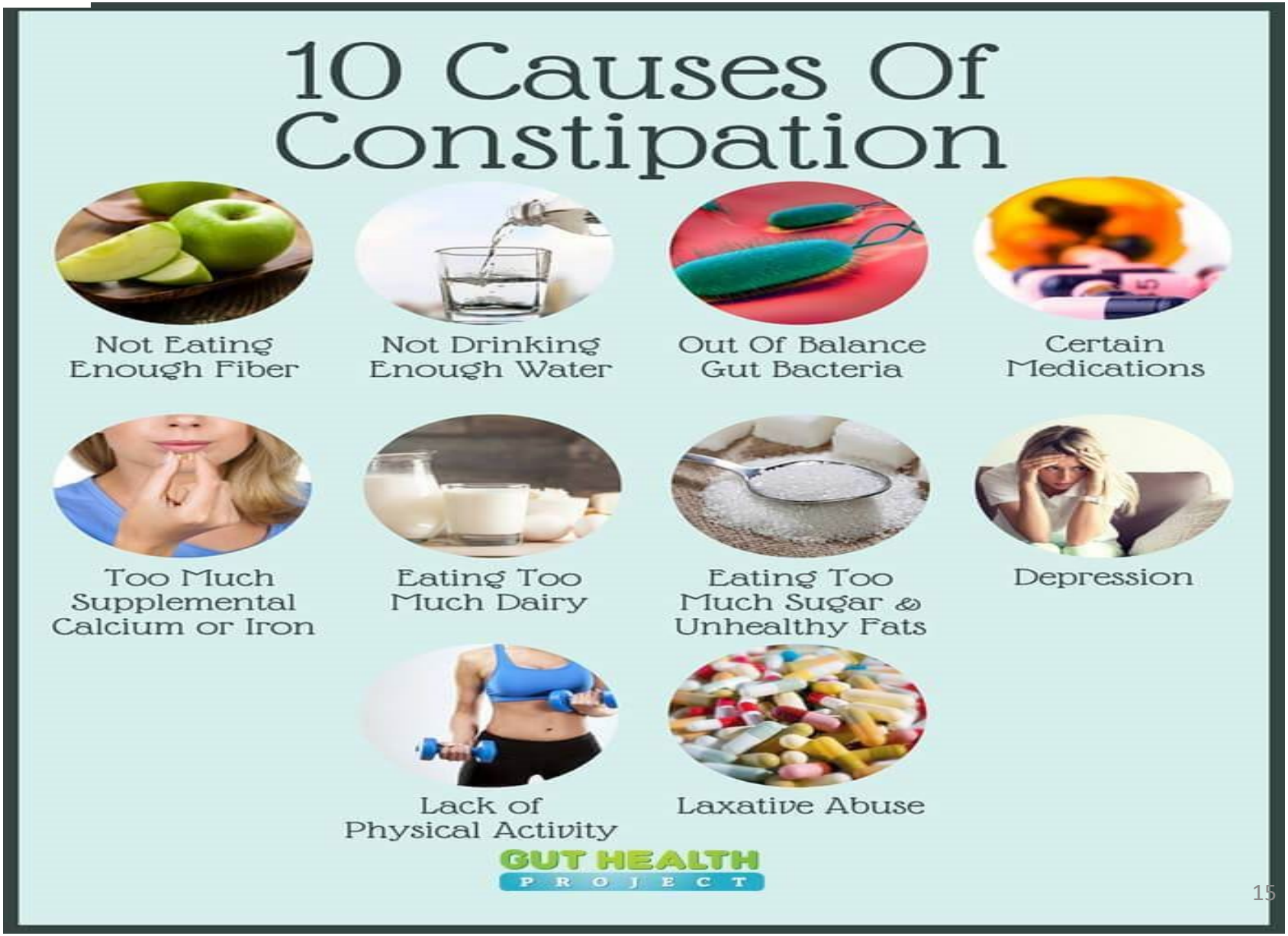
Constipation usually occurs when stools remain in the colon (large intestine) for too long, and the colon absorbs too much water from the stools, causing them to become hard and dry

It is a good habit to get into if the resident is on long term analgesia to have a laxative on an as needed or regular basis depending on the GP's recommendation, based on the residents bowel habits.

Documenting a resident's bowel movement is very important to get a clear picture of their bowel habits

If the resident goes to the toilet independently ask them how their bowel habits. If they are not able to communicate to you, it may still be in the toilet or there may be a smell which could indicate they have been to the toilet which will allow you to assess.

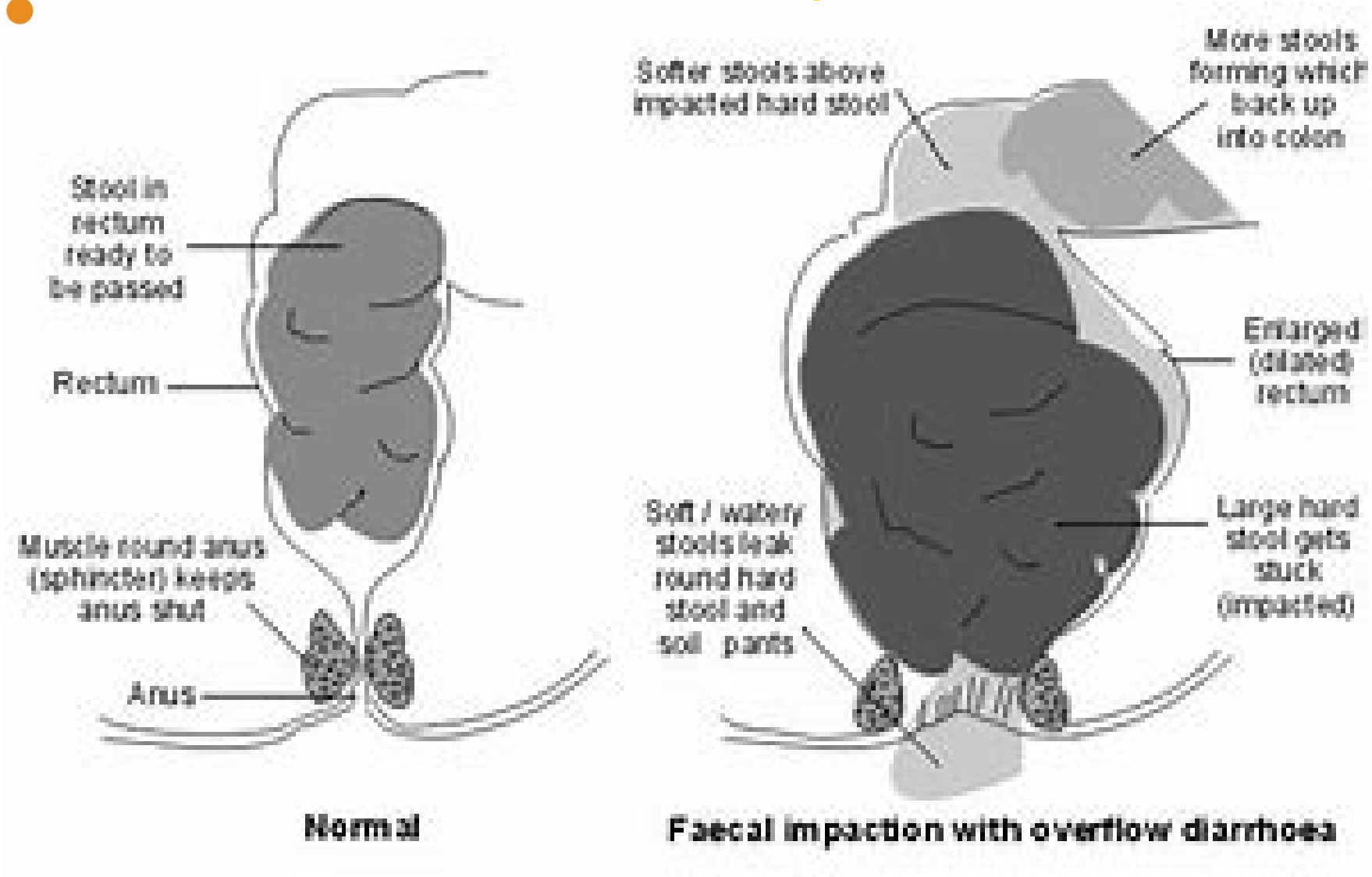
Causes of Constipation



Diarrhoea

- One cause of diarrhoea is chronic constipation
- If a bowel movement does not occur for some time, the bowel draws more and more fluid from the faeces sitting in the bowel, gradually becoming drier which eventually forms a plug of hard faeces
- The plug of hard faeces stretches the bowel which affects the nerves. This causes the signal to open the bowels to get weaker causing the constipation to get worse
- The blockage means that the liquid stool from higher up in the bowel can't move along and eventually as the pressure builds up it leaks around the sides of the impacted faeces
- This type of diarrhoea is called overflow diarrhoea or bypass diarrhoea

What is Constipation



Treatment of constipation

- *Occasional constipation doesn't indicate a need to see a GP, but you should inform the duty manager or senior carer and document. You should seek advice for a persistent problem.*

- Most causes of constipation respond to conservative treatment, such as dietary and exercise changes, and then if not mild laxatives

- In many cases it's possible to relieve symptoms by making a dietary and lifestyle changes; Increasing the daily intake of fibre, high fibre foods include plenty of fresh fruit and vegetables and cereals

- Avoid dehydration by encouraging the resident to drink plenty of fluids (*older residents may be less aware that they are becoming dehydrated and need to keep drinking fluids.)* Support your residents who are unable to ask for drinks or able to drink themselves without support

- For residents who are able to mobilise walking does help and time throughout the day to support the residents who may need support to mobilise

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Treatment of Constipation

Laxatives are a type of medicine that helps to pass stools. There are several different types and each one has a different effect on the digestive system.

The most common laxatives are :
Osmotic Laxative – increases the amount of fluids in your bowels, such as lactulose and Movicol

Bulk Forming Laxative, such as fybogel. These laxatives work by helping stools to retain fluid. This means they are less likely to dry out, which can lead to faecal impaction. Bulk forming laxatives also make stools softer, which means they should be easier to pass. There is a need to make sure the resident drinks enough fluids. It will usually take 2-3 days before the resident may feel the effect of the laxative.

If the stools are soft but the resident still has difficulty passing the stool, the GP may prescribe a **Stimulant Laxative,** such as Dulcolax**.** These types of laxatives are quicker acting and usually work within 6-12 hours.

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Recognising bowel motions

BRISTOL STOOL CHART

Type 1 — Separate hard lumps — Very constipated

Type 2 — Lumpy and sausage like — Slightly constipated

Type 3 — A sausage shape with cracks in the surface — Normal

Type 4 — Like a smooth, soft sausage or snake — Normal

Type 5 — Soft blobs with clear-cut edges — Lacking fibre

Type 6 — Mushy consistency with ragged edges — Inflammation

Type 7 — Liquid consistency with no solid pieces — Inflammation

Recognising bowel motions

- People have different bowel habits. Most people who have a bowel movement more than 3 times a week and pass good textured faeces (not too hard or soft) can be said to have normal bowel behaviour

- Since it can be hard to state what is normal and what is abnormal, some health professionals use a scale to clarify the type of stool passed. This helps to assess how long the stool has spent in the bowel

- Type 1 has spent the longest time in the bowel and Type 7 the least time. A normal stool should be Type 3 or 4 and depending on the normal bowel habits of the individual most are passed one to three days

- **Always document the bowels and frequency and alert senior staff to a change in the resident's bowel habits.**

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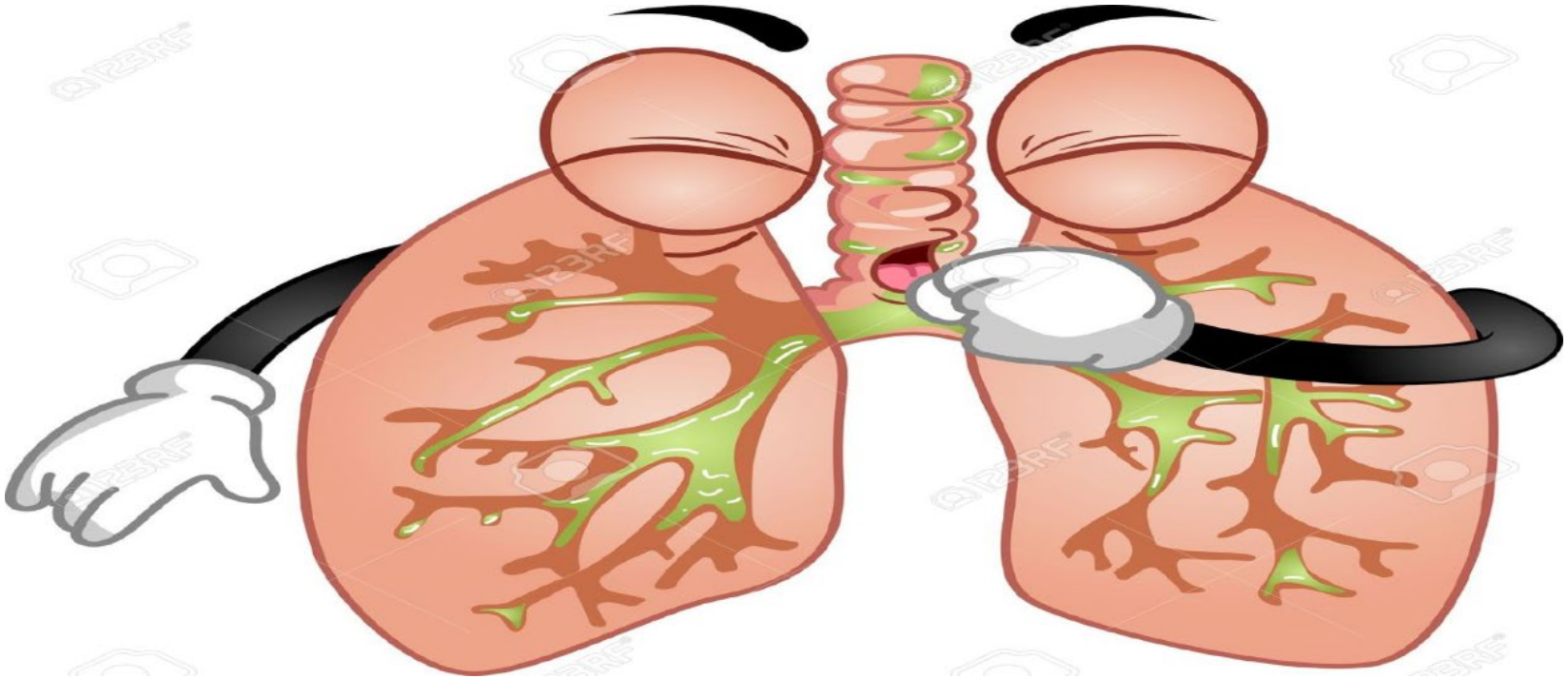
Chest Infection



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What is a Chest Infection

- A chest infection can be a viral or bacterial infection. It is usually spread by sneezing and coughing. This launches droplets into the air which are inhaled by others. It can also be spread by poor hand hygiene practices resulting in cross contamination

Who is at risk of developing a chest Infection?

- Elderly people are one of the higher risk groups of developing a chest infection, also those with Diabetes, Heart Failure, Asthma/COPD or those with a compromised immune system

- Those with a poor or unsafe swallow

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Signs and symptoms of a Chest Infection

- Persistent cough
- Coughing yellow or green sputum
- Breathlessness - rapid and shallow breathing
- Wheezing
- Temperature
- Increased heart beat/pulse
- Pain in chest
- Confused and disorientated
- Reduced mobility
- Fatigue
- Loss of appetite

How to support your resident with a chest infection

- Encourage plenty of rest
- Encourage drinking plenty of fluids
- Treat fever, headaches, aches and pains with paracetamol if tolerated
- Raising pillows to assist with breathing/rest
- Deep breathing and coughing exercises.
- Contact GP for review
- Document all care/findings, even if you think it is minor or nothing to worry about, if you have noticed a change then document and report it

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Chest Infection prevention

- Practice safe hand hygiene
- Ensure yours and your residents vaccinations are up to date (annual Flu vaccination, one off pneumococcal vaccination. Shingles Vaccination)
- Ensure surfaces are kept clean
- Monitor your residents for any signs of deterioration and act.
- Document any interventions/professional advice sought/support provided to your resident

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Urinary Tract Infections (UTIs)

To Dip or Not To Dip animation

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UTI Background

- The reason for 1–3% of all GP appointments
- About one in three women will have at least one UTI by 24 years of age
- About 1 in 2 women will be treated for a UTI (with symptoms) during their lifetime
- The annual incidence of UTI in women increases with age
- E. coli (which normally live harmlessly in the bowel) account for about 80% of UTIs
- Blood steam infections are a potentially severe complication of a UTI

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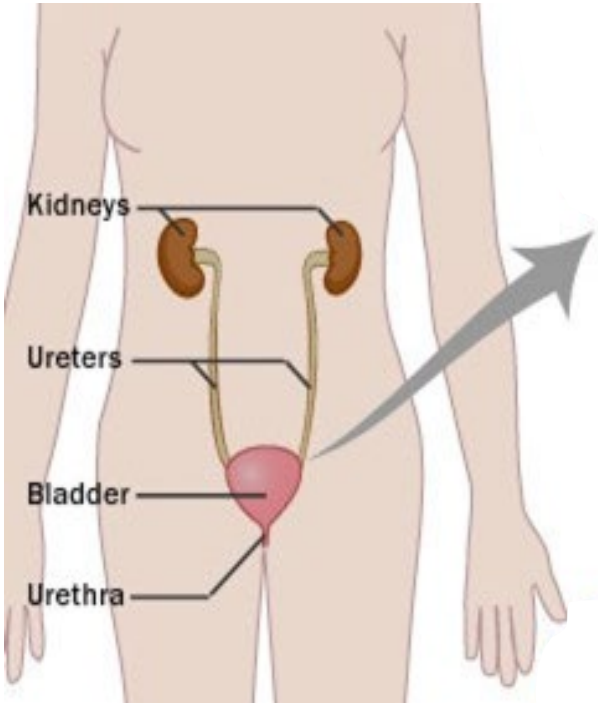
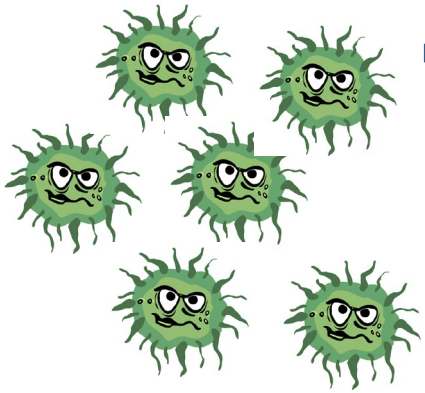
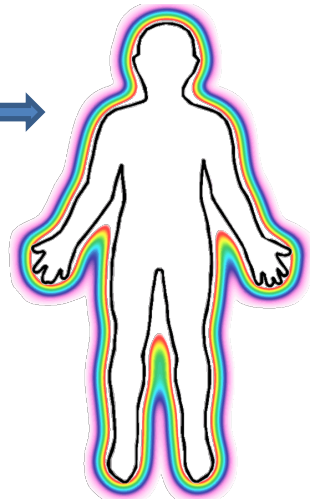
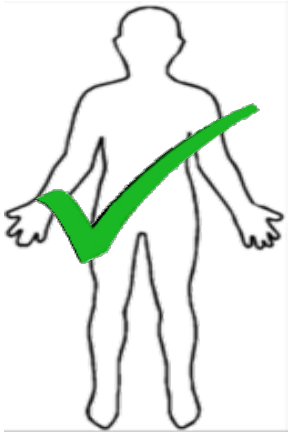
What is a UTI?









New or worse confusion

Tummy or back pain

Frequent urination

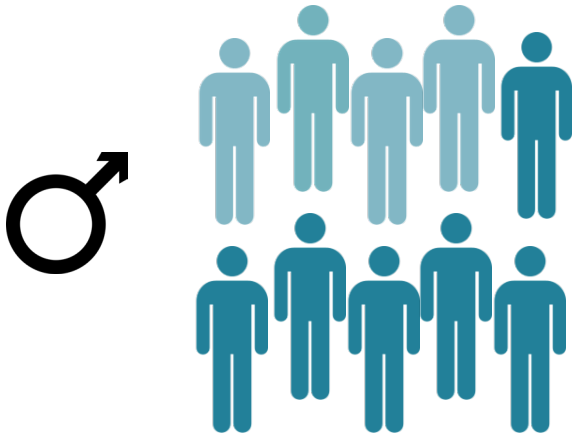
Burning

Fever or shivering

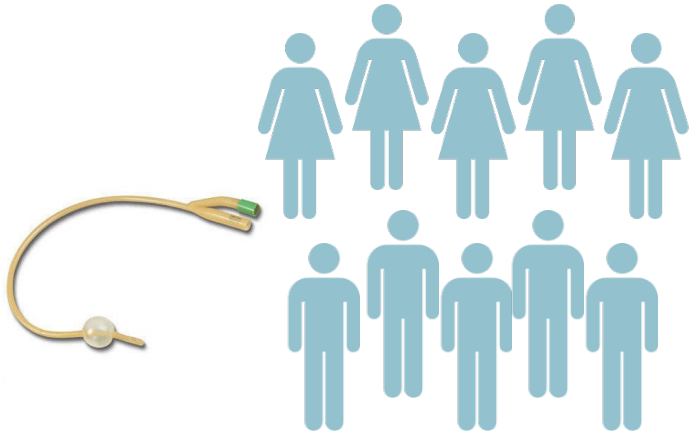
Bacteria in the urine can be normal in older people

Bacteria in the urine of older people

Bacteria harmlessly live in the bladder of an older person:



40%



100%

50%

What effect does this have on the urine dipstick?

Causes of UTI's

- Poor hygiene – not wiping from front to back
- Constipation
- Poor Hydration
- Not emptying the bladder properly
- Urine staying in the bladder too long, holding onto urine
- Catheter in-situ

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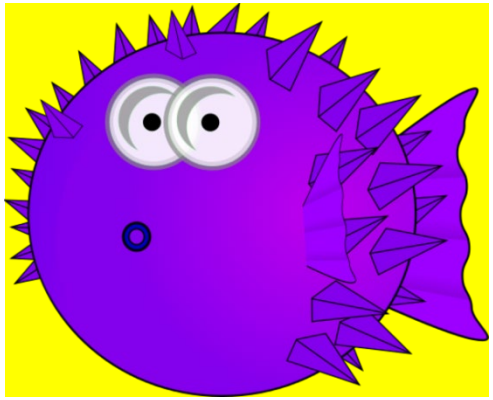
POSSIBLE SYMPTOMS

- Pain/burning when passing urine
- Need to urinate more often
- Pain in lower part of abdomen or back
- Cloudy urine
- Blood in urine may be detected
- Unpleasant smelly urine
- Feeling generally unwell
- Raised temperature
- Nausea/vomiting/Diarrhoea
- Uncontrollable shivering
- Irritable
- Urine output reduces
- New onset confusion



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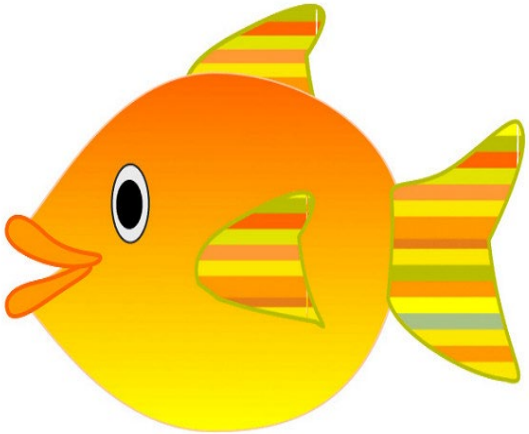
POSSIBLE SYMPTOMS IN A DEMENTIA RESIDENT

- Agitated/Restless – or more than usual
- Poor concentration/Dazed
- Hallucinations/Delusions
- Becoming sleepy/withdrawn
- Refuses diet and fluids

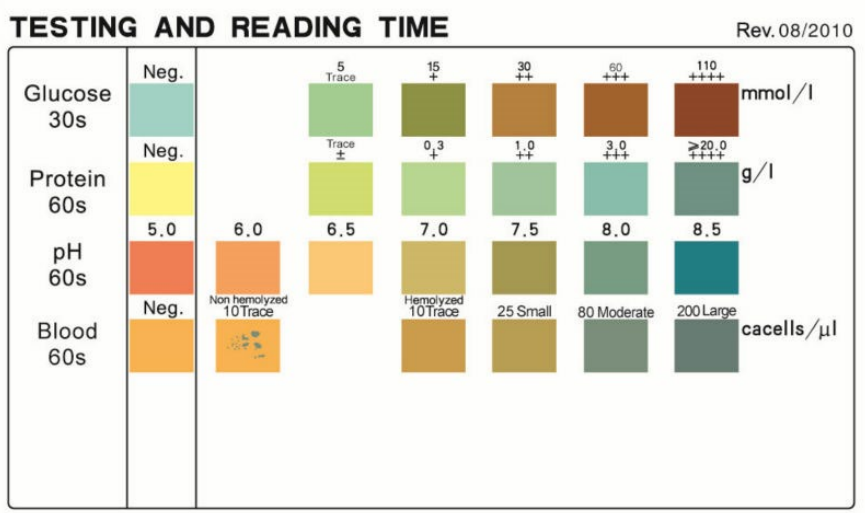


Suspecting a UTI

What does the Test strip test for?

The presence of bacteria NOT whether the bacteria are causing an infection.

CANNOT prove UTI



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Suspecting a UTI

A positive dipstick is more likely to lead to antibiotic treatment ***WHICH MAY NOT BE APPROPRIATE***

Giving an older person antibiotics when they don't really need them can lead to:

- Side-effects ***such as rashes & stomach upsets***
- C. diff diarrhoea ***which can be life-threatening***
- Antibiotic resistance ***so antibiotics won't work when the person really does need them***

1 in 3 older people will suffer side-effects from antibiotics if given them when they don't need them

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Suspecting a UTI

♂ 40%

♀ 50%

100%

Urine dipstick will be positive for bacteria **But doesn't tell us if it is an infection or not!**

Often antibiotics are then prescribed inappropriately

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UTI Prevention

- Encourage fluids.
- Treat constipation
- Encourage residents to sit on the toilet for longer to ensure complete emptying of their bladder
- Check and change soiled pads frequently
- Good toilet hygiene
- Good catheter care

Think Pink Drink

UTI Prevention

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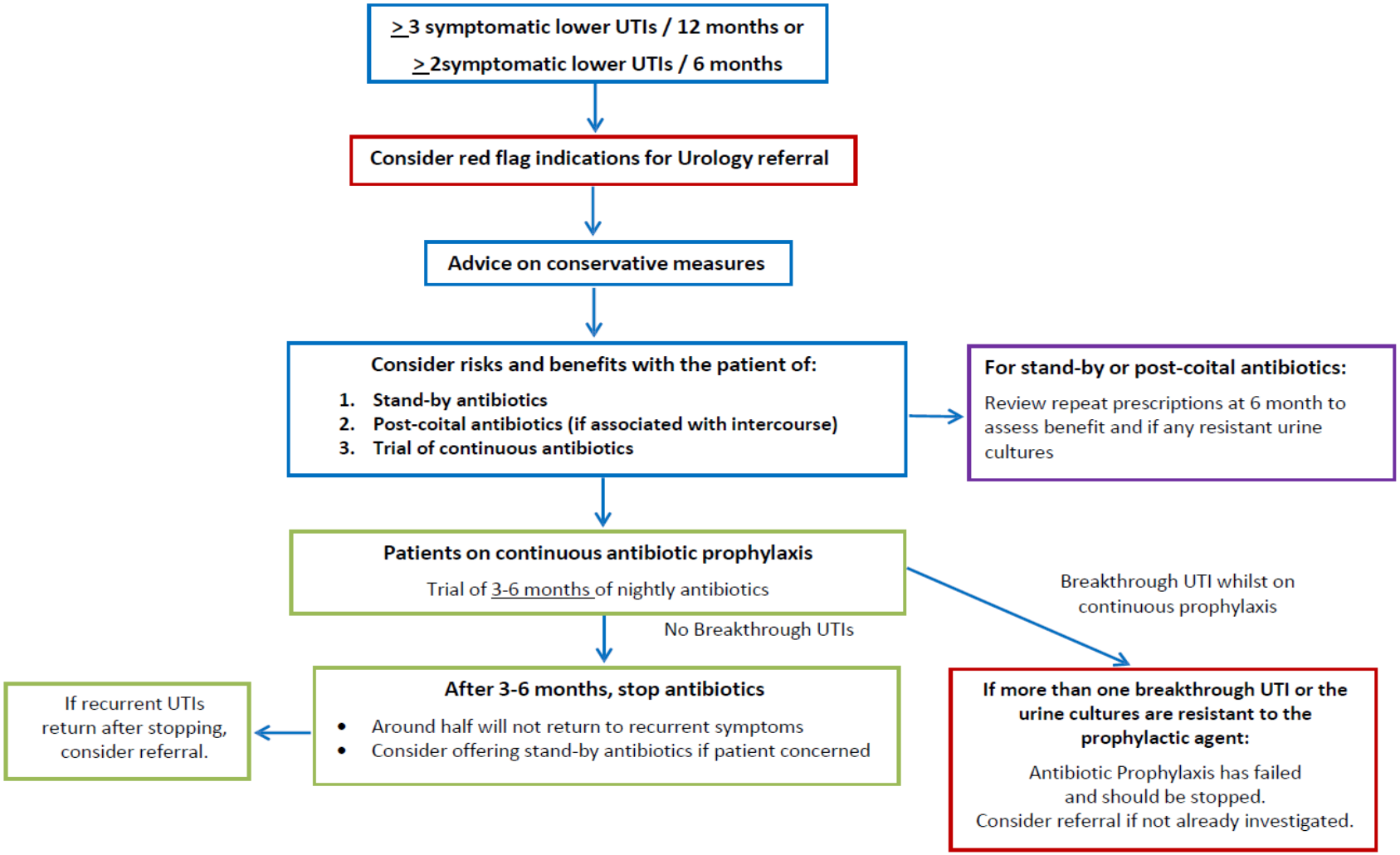
Summary of Management of Recurrent Lower UTIs (in non-pregnant adults):



UTI Prevention

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Guidelines for Recurrent Urinary Tract Infections in Adults: Antibiotic Prophylaxis

Definition of recurrent lower urinary tract infection:

The symptoms of a lower urinary tract infection include: frequency, dysuria, urgency and suprapubic pain. Recurrent lower urinary tract infection (rUTI) is defined as:

2 or more episodes of lower urinary tract infection in the last 6 months, OR 3 or more episodes of lower urinary tract infection in the last 12 months[1].

It does not include bacteriuria in the absence of symptoms or in catheterised patients i.e. asymptomatic bacteriuria. Asymptomatic bacteriuria should not be screened for or treated, unless prior to urological surgery or in pregnancy (positive cultures in pregnancy should be confirmed with a second culture confirming the same organism prior to treating)[2].

1. Managing a patient who has had a prolonged course of prophylactic antibiotics:

1.1 Identifying patients for review:

- Patients should be reviewed after **3-6 months of prophylactic antibiotics** with a view to stopping.
- Patients who have urine cultures confirming resistance to the prophylactic agent they are on, should have their prophylaxis stopped (exposure to antibiotic without benefit) and a clinical review to discuss ongoing management and/ or need for referral.

1.2 Stopping continuous prophylaxis:

- The proportion of patients who will return to suffering rUTIs after stopping continuous prophylaxis may be around 50%[3].
- This means a significant number of patients are able to stop continuous prophylaxis without a return of symptoms and therefore avoid the risks of resistance emerging and side-effects.
- One option is to provide 'standby' antibiotics when stopping continuous prophylaxis which may give sufficient reassurance to patients for a trial off antibiotics.

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Prevention is better than cure

Ensure residents are drinking
1.5 – 2 litres of fluids per day*

*Some residents may have been advised to restrict fluid intake if they have a heart or kidney condition. Discuss with GP or Matron if unsure.

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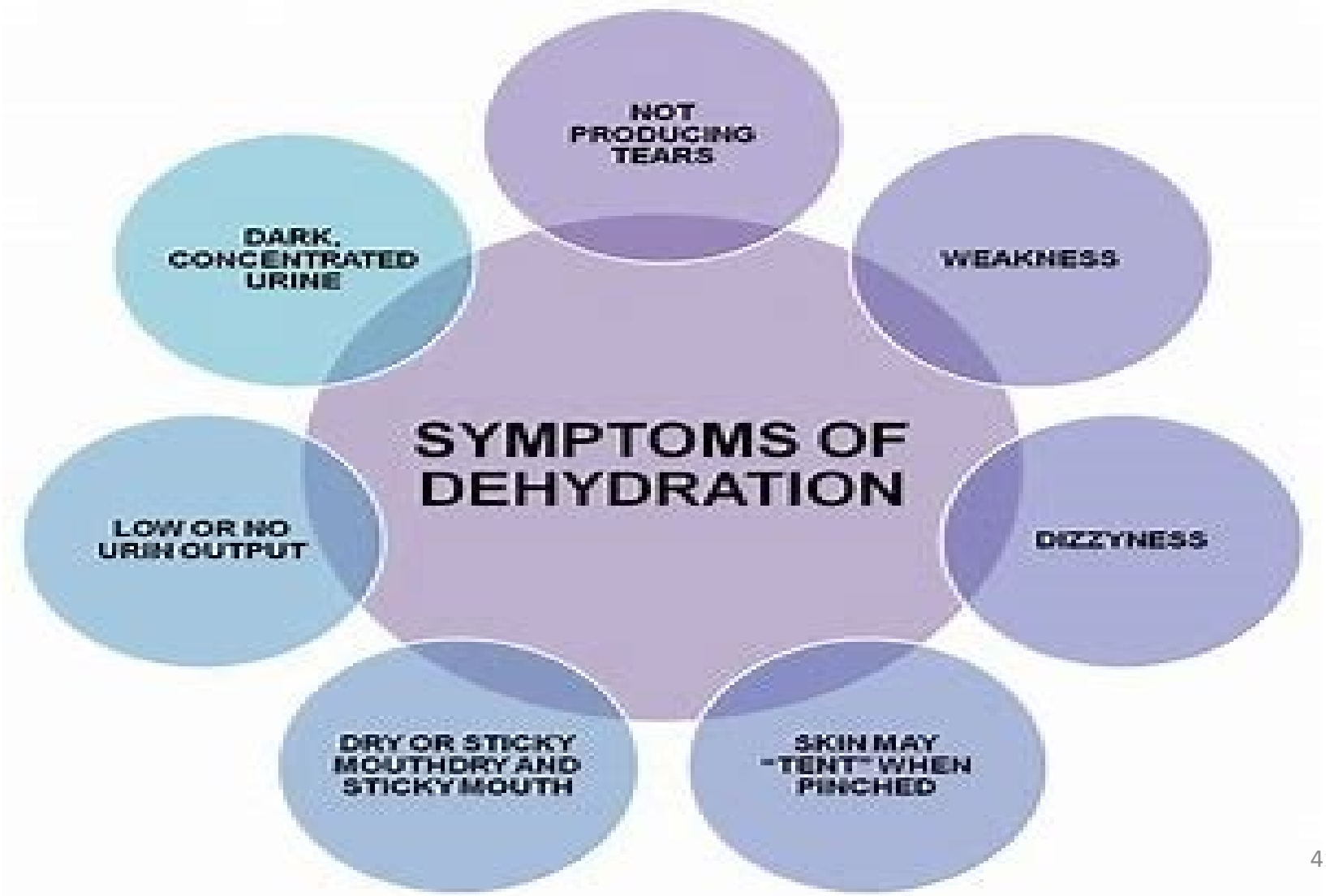
Signs and symptoms of dehydration



Complications of dehydration

Dehydration can also contribute to a number of other factors:

- Pressure sores
- Urinary Tract Infections
- AKI - Acute Kidney Infections
- Venous Thromboembolism – blood clots (DVT)
- Cognitive decline for those with dementia
- Dizziness
- Constipation
- Increased falls/falls risk

How to support hydration

- Monitor your residents urine output
- Monitor the colour of your residents urine
- Ensure drinks are available/encouraged/supported
- Use food alternatives to fluids
- Encourage those who may need prompting to drink regularly
- Different coloured cups/beakers
- Ensure appropriate drinking equipment is available to suit the resident
- Set drinks routines instead of relying on thirst alone
- Ensure fluids are encouraged at night

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Identifying dehydration

Hydrated

These colourations 1 – 3, show that you are fully hydrated. However if you have reached level 3 (pale yellow) you are beginning to show the signs of dehydration, and should up your water intake.

1

2

3

De-hydrated

Level 4 (a darker yellow than level 3), indicates that you have started the dehydration process and need to drink more water. From level 5 upwards to level 8, you are in fact dehydrated. Whilst not critical at level 5, more water is necessary to prevent symptoms worsening.

At Level 8, you are seriously dehydrated and in need of rapid hydration to increase your electrolytes.

4

5

6

7

8

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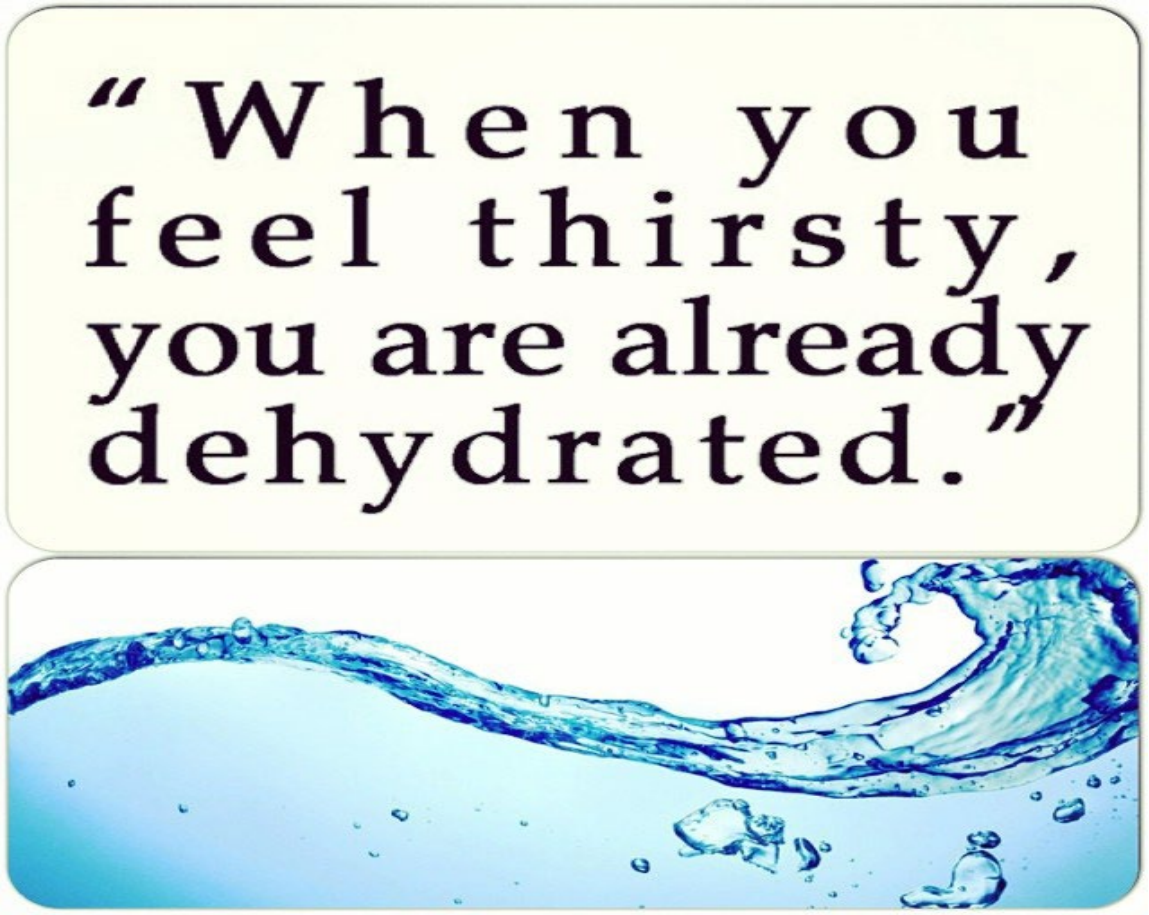
Identifying dehydration



Discussion

Have readily available drinks on offer at all times. Offer drinks that your residents enjoy.

It can be more effective to offer a drink/high fluid fruit and vegetables rather than ask if your resident would like one.

Encourage individuals to take each tablet of medication separately with fluid to maximize intake.

Reassure an individual that carers and staff have time to help them drink.

Time spent preventing inadequate hydration = less time dealing with the associated problems arising from hydration.

Show understanding and empathy**.** Imagine yourself in that individual's situation.

Emphasise the importance of good hydration to your residents.

Prevention is better than cure

Prevent dehydration = prevent UTIs

Why?

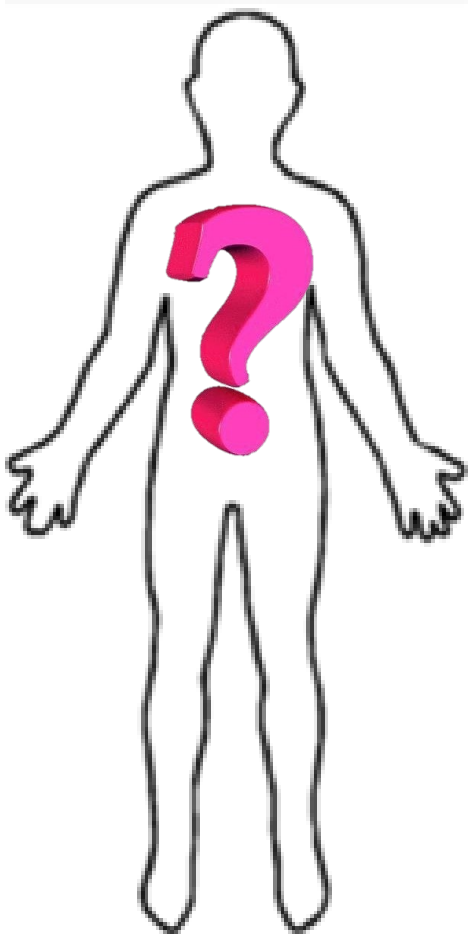
Forget to drink

Sense of thirst lessens with age

Warm environment

Longer periods sitting down

Continence problems



Effects?

Puts strain on kidneys

Bacteria not flushed out of bladder regularly

Causes constipation

Makes it harder for body to fight infection

Increase risk of UTI

Resident:.....

DOB:.....

Care Home:.....

Date:..... Carer:.....

Older Residents (>65) with Suspected UTI (Urinary Tract Infection)

Guidance for Care Home staff:

- Complete sections **1** to **4** and **residents details** and fax to GP
- Add the original form to the residents notes
- **DO NOT PERFORM URINE DIPSTICK** – NOT recommended in patients >65 years
- **CLEAR URINE** – UTI highly unlikely
- **Send MSU** if treatment failure or ≥ 2 signs of infection (especially dysuria, fever or **new** incontinence)

1) Catheter: N / Y Reason for catheter:.....

2) Signs of any other infection source? N / Y **Circle any NEW symptoms:**

*Cough *Shortness of Breath *Sputum Production *Nausea/Vomiting *Diarrhoea *Abdominal Pain *Red/warm/swollen area of skin

3) Can the resident communicate symptoms? N / Y **4) Tick the signs and symptoms present in the two tables below:**

NEW ONSET - Sign/Symptom	What does this mean?	Tick if present
Dysuria	Pain on urinating	
Urgency	Need to pass urine urgently/new incontinence	
Frequency	Need to urinate more often than usual	
Suprapubic tenderness	Pain in lower tummy/above pubic area	
Haematuria	Visible blood in urine	
Polyuria	Passing bigger volumes of urine than usual	
Loin pain	Pain either side of spine between ribs & pelvis	

Sign/Symptom	Tick if present
New onset or worsening confusion or agitation	
Temperature above 37.9°C or 1.5°C above baseline on two occasions during 12 hours (if able to measure)	
Heart Rate >90 beats/min (if able to measure)	
Respiratory rate >20 breaths/min (if able to measure)	
Diabetic ? Y / N (if able to measure) If N - Blood glucose >7.7 mmol/L	
Bloods taken? N / Y If Y - WCC >12/µL or < 4/µL	

Any other information:.....

5) GP Management Decision - <u>circle all</u> which apply and notify home of decision made:

(a) Review in .....hours
(b) Mid Stream Urine specimen (MSU) – particularly if ≥ 2 symptoms
(c) Give person specific hydration advice
(d) Arrange trial without catheter
(e) Antibiotic Prescribed:.....

NB. Urine should be sent in case of suspicion of complicated infection, symptoms suggestive of pyelonephritis, failure to respond to initial therapy or recurrent symptoms after treatment of previous UTI.

Other action:..... Name:..... Signed:..... Designation:..... Date:.....

ENHCCG Prescribing Guidance (follow link)
HVCCG Prescribing Guidance (follow link)

Download the Herts Antibiotic Guidelines App by visiting the appropriate app store for your device and searching for 'Herts Antibiotic'.

Version: December 2017

Adapted from 'To Dip or Not To Dip' BaNES CCG

- What is sepsis video (2 min)

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What is Sepsis

- Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs.
- When the body has an infection present and goes into over-drive, this causes inflammation within the body, swelling and blood clotting. This could then cause vital organs to start shutting down.
- Anyone can develop sepsis after an injury or minor infection, although some people are more vulnerable.
- **Residents who have suspected sepsis need urgent attention.**

Who is at risk of developing Sepsis?

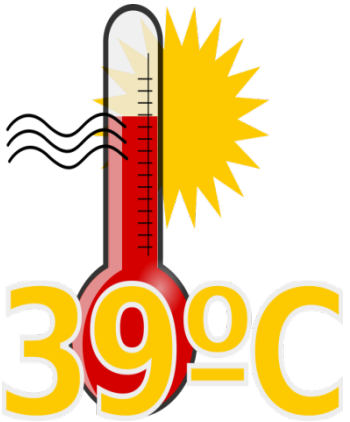
Those most at risk of developing sepsis are;

- Those with a medical condition or receiving medical treatment that weakens their immune system
- Those who are already in hospital with a serious illness
- Those who are very young or very old
- Those who have just had surgery or who have wounds or injuries as a result of an accident

What happens;

- Infection increases and body goes into over-drive
- Inflammation increases within the body
- Swelling of areas in the body and blood clotting begins
- Patient has a feeling of DOOM
- Ultimately vital organs start shutting down and **DEATH**

Signs and symptoms of SEPSIS



Signs & Symptoms

- Raised temperature
- Chills and shivering – (don't confuse this with a fit)
- Increased heart beat
- Rapid breathing

As infection increases

- Resident feels dizzy or faint
- Slurred speech - (don't confuse with stroke)
- Pains in muscles
- Diarrhoea
- Nausea and vomiting
- Breathlessness
- Urine output decreases
- cold, clammy and pale or mottled skin
- Feeling of DOOM

Actions to take with suspected SEPSIS

- Seek medical advice urgently from NHS 111 if the resident has recently had an infection or injury and may have possible early signs of sepsis.
- If sepsis is suspected, the resident will usually be referred to the hospital for further diagnosis and treatment.
- Severe sepsis and septic shock are medical emergencies. If you think you or someone in your care has one of these conditions, go straight to A&E or call 999.
- In some cases, symptoms of more severe sepsis or septic shock (when your blood pressure drops to a dangerously low level) develop soon after.

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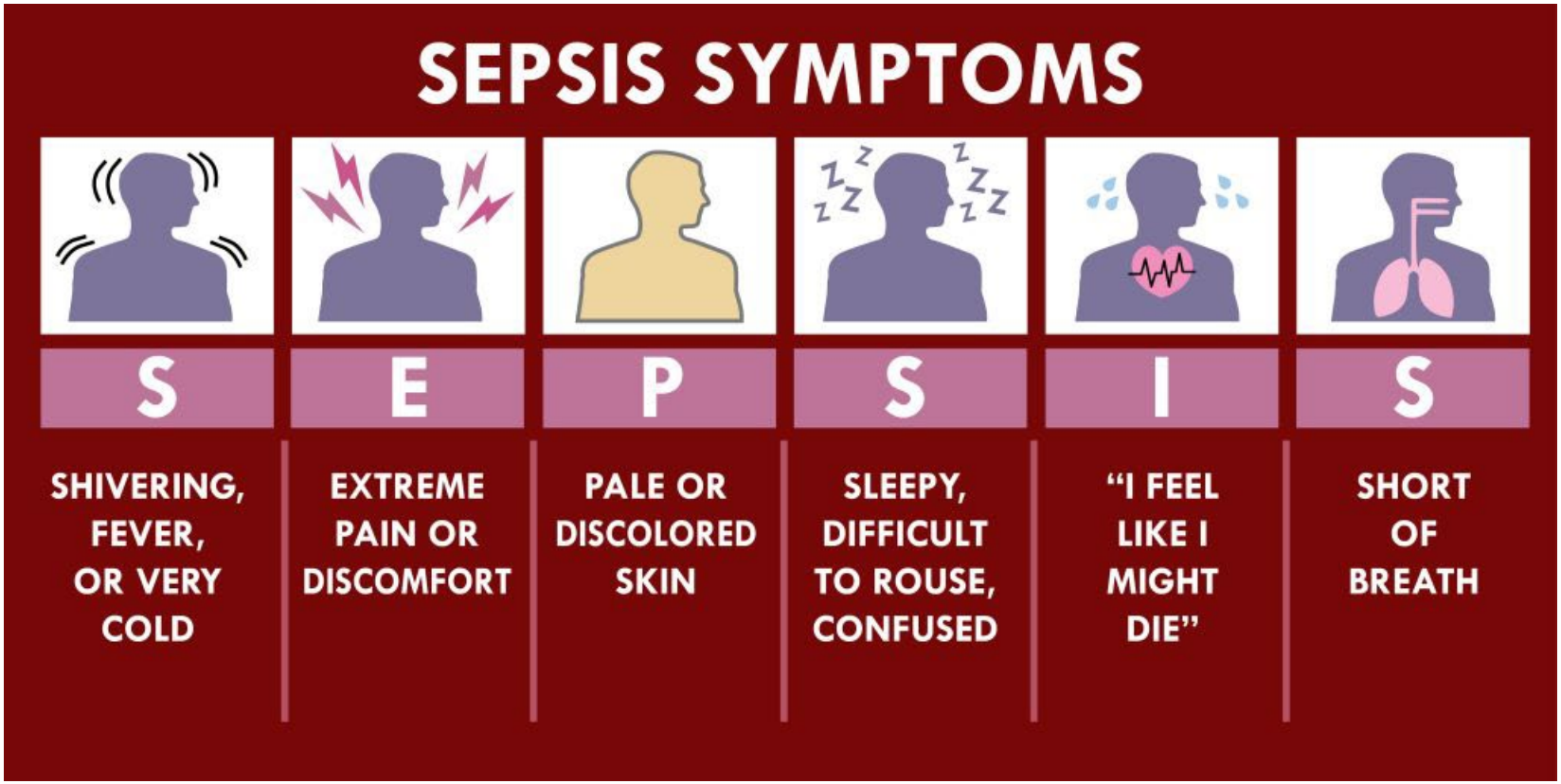

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Summary

What don't we want??

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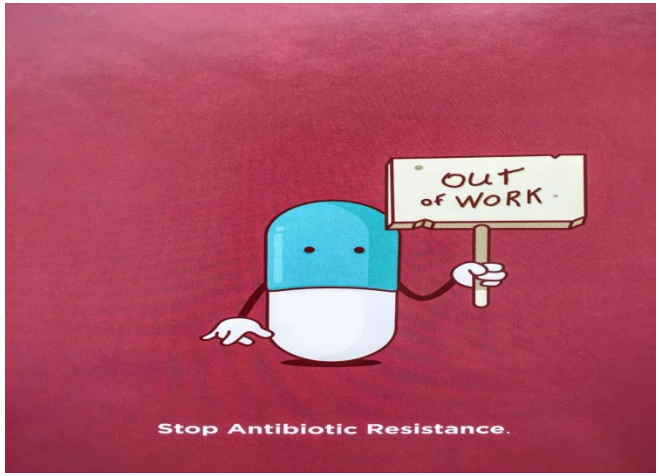
Figure 1: Antibiotic Resistant Bacteria. (Anon, 2011)

What do we want



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Handover to professionals

S	**SITUATION** • Your name and Care home name • Name of patient , age, DOB • What is the concern, what has happened? Describe symptoms which are different than normal. Does the patient have capacity to tell you what is wrong?	**Examples of symptoms you might describe:** • Falls – are there injuries? • Confused, disorientated, dizzy, unsteady • Drowsy or hard to rouse • Hot / flushed /sweating. Cold / clammy / shivering / pale • Breathing harder or faster, slower or shallower • Complaining of pain, grimacing, posture indicating pain if unable to communicate - describe where pain is • Weakness in legs or arms / facial differences • Coughing / bringing up phlegm / wheezing • Vomiting / nausea - how long for • Change in urinary continence / Smelly urine, blocked or problem with catheter • Change in bowel habit /Diarrhoea • Not eating or drinking / loss of appetite • Bleeding from what area?
B	**BACKGROUND** • How long have symptoms been present? • Did they come on suddenly? • Does the person have any other long term illness? • Have they already been seen by the GP for this change? If so was any medications started? What instructions were given to the home? • Have you got a list of their current medication? • Has the patient recently been into hospital? If so what for? • Does the patient have a current DNAR in place? If yes be clear why you are ringing.	
A	**ASSESSMENT** • What actions have you already taken? Is the patient in a safe place? • Has the person lost consciousness? Be very clear is it a true loss of consciousness? If yes how long for in minutes. • Are there any obvious signs of injury or bleeding?	**Examples of assessment actions you might describe:** • First aid options used /Recovery position • Pressure on bleeding area • BP, Pulse, respiration rate, temperature, urine analysis - give results
R	**RECOMMENDATION** • Explain what you need - be specific about the request and timeframe • Make suggestions i.e. ECP or Dr or advice only • Clarify expectations **Note: an ambulance can take from 9 – 60 minutes depending on urgency**	**Examples of recommendations you might describe:** • Review by GP urgently • Ambulance • Call back from Clinical Advisor • Clarify what is happening as a result of call – when you can expect a visit or ambulance

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Handover to professionals

SBAR COMMUNICATION TOOL- AIDE MEMOIRE

FINAL

If an ambulance is sent these are suggestions of what do whilst waiting for the ambulance to arrive?

Reassure the resident and stay with them, continue to monitor for signs of deterioration which may mean a further call to the service. Ask another staff member to follow the check list. Do you need an escort? Do you need to ask senior management to attend the home?

In no particular order:-

1. Inform relatives.

2. Prepare the RED BAG; Photocopy medication charts and bag all medication. Is there any in the fridge, room or cupboards?

3. Photocopy main care plan details or grab sheet making sure the details are up to date. Especially where you have allergies or special instructions around other medical conditions. Include copy of DNAR form. Is there any special information which may help staff to communicate or deliver care for the resident, (i.e. strategies to adopt when the patient is anxious especially with dementia residents)? Are there any triggers which are not recorded?

4. Prepare an overnight bag for the resident. Remember to take items that may offer reassurance. Maintaining the residents' dignity is paramount so having their own belongings may help.

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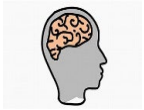
Single point of access

Service	When to contact		How to contact
 **Emergency Care Practitioner (ECP)**	**If your resident is suffering from symptoms of** • Head injuries (without loss of consciousness) • Wounds • Burns & scalds • Joint & limb injuries • Soft tissue injuries	• Rib injuries • Back pain • Chest infections • Urinary tract infection • Dizziness/Vomiting Minor allergic reactions	**Call:** **0345 601 0552** **06:30-23:00 hrs seven days a week** **Ensure you are with your resident when you call.**
	**For out of hours health advice from** • GP • Palliative care nurse, • Mental health nurse, • Pharmacist • Dentist		**Call:** **111** **24 hours a day 7 days a week** **Ensure you are with your resident when you call.**
 **End of Life**	**The Palliative Care Referral Centre provides advice as a 1st point of contact for palliative and end of life patients.**		**Call:** **0333 234 0868** **Monday to Friday 9am - 5pm** **Saturday, Sunday and Bank Holidays 10am - 2pm** **Specialist Palliative Care advice is available 24 hours a day** **020 3826 2377.**
 **Mental Health**	**Contact for advice relating to:** A resident experiencing a mental health problem for the first time or is in need of urgent help. (If your resident is already using the service contact their case worker).		**Call:** **0300 777 0707** **24 hours a day 7 days a week**

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Single point of access

 **Community Adult Health Services (CAHS)**	**Community nurses, community matrons, physiotherapists, occupational therapists and specialist palliative care nurses who support with:** • Wound care management • Chronic disease management • Palliative treatment and care • Injections/eye drops • Tissue viability • Leg ulcer management • Bladder and bowel management • PEG management • Therapy assessments and treatments	**Call:** **01727 732001** **8am to 10pm** **7 days a week**
 **Wheelchair service**	**Provide wheelchairs and equipment such as:** • Manual wheelchairs • Powered indoor and outdoor wheelchairs • Specialist buggies, wheelchairs and seating for children • Specialist bespoke seating systems for use with a wheelchair • Pressure relieving cushions and some accessories for wheelchairs	**Call:** **0333 234 0303** **8.00am to 5.00pm Mon-Fri** **For current wheelchair users.** ***New users should be referred into the service by a qualified healthcar professional such as a GP, district nurse, physiotherapist, occupational therapist.
 **Community Speech and Language Therapy (SLT)**	**Contact for advice and support relating to:** • Difficulties with communication, eating, drinking and swallowing • Newly identified or as a result of medical conditions, such as stroke, head & neck cancer, parkinson's disease and dementia	**Call:** **01438 285287** **9.00am to 5.00pm Mon-Fri**
 **Community Diabetic nursing team**	**Contact for advice relating to:** • Advice and education for adults with diabetes • Healthy living • Diabetes treatments • Initiation of insulin • Blood glucose monitoring and how to use a glucometer	**Call :** **01707 621152** **9am–5pm Mon - Fri**

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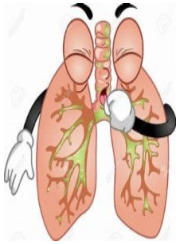
 **Community Dieticians**	**Contact for advice and support relating to:** • Diabetes and weight Management • Nutrition support • Home enteral tube feeding • Long term conditions	**Call:** **01727 732011** **9am-5pm Mon – Fri**
 **Community Respiratory team**	**Contact for advice and support relating to:** • Pulmonary rehabilitation • Home oxygen • Hospital at home • Community respiratory clinic • Chronic obstructive pulmonary disease (COPD) • Asthma • Bronchiectasis • Interstitial lung disease (ILD) • Obstructive sleep apnoea (OSA) • Non-invasive ventilation (NIV); and tuberculosis nursing service	**Call:** **07944 960825** **Mon - Fri 9am to 5pm**
	**FOR LIFE OR LIMB THREATENING EMERGENCIES ONLY**	**Call:** **999** **24 hours a day 7 days a week**