

Primary Health Care Nurse Newsletter

Volume 13

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Code of Conduct

NZ Nursing Council

Nursing Council of New Zealand

As the statutory authority, the Nursing Council of New Zealand (the Council) governs the practice of nurses. The Council sets and monitors standards in the interests of the public and the profession. The Council's primary concern is public safety.

Health Practitioners Competence Assurance Act 2003 (the Act)

The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions. The Act seeks to attain its principal purpose by providing for (amongst other things):

- ❖ a consistent accountability regime for all health professions; AND
- ❖ the determination for each health practitioner of the scope of practice within which she or he is competent to practise; AND
- ❖ systems to ensure that no health practitioner practises in that capacity outside her or his scope of practice; AND
- ❖ power to restrict specified activities to particular classes of health practitioner to protect members of the public from risk of serious or permanent harm; AND
- ❖ certain protections for health practitioners who take part in protected quality assurance activities; AND
- ❖ additional health professionals to become subject to the Act.

Code of conduct for nurses

The code provides a guide for:

1. the public to assess minimum standards expected of nurses
2. nurses to monitor their own performance and that of their colleagues.

Principles

Four principles with criteria form the framework for the code.

The nurse:

- ❖ complies with legislated requirements
- ❖ acts ethically and maintains standards of practice
- ❖ respects the rights of patients/clients
- ❖ justifies public trust and confidence.

For a copy of this code go to:

<http://www.nursingcouncil.org.nz/download/48/code-of-conduct-nov09.pdf>

The Arohaina Centre

WAIAPU



Arohaina means 'love in action' or "compassion"

As we age, increasing disability and loss of mobility often lead to a decline in social networks and support. Studies clearly show that prolonged social isolation will result in a lack of support both physically and mentally and therefore in quality of life. This may include exaggerated reactions to physical illnesses or pain, or a decrease in the ability to adapt to changes in life. Interventions such as socialization, day care centres and senior centres are in part constructed to alleviate and delay such isolation through group activities and maintaining a social engagement with friends, family, and social volunteerism.

Do you know about the Arohaina Centre for seniors in Aberdeen Road that offers a variety of services for the elderly:

- Social activity programme
- Gentle exercises
- Lunches
- Volunteer visiting service
- Drop in centre
- Information
- Jigsaw library
- Large print books
- Golden Age Gazette – a quarterly publication for seniors
- Personal and family support Chaplaincy service
- Advocacy
- A listening ear
- Confidentiality
- Staff Home Visiting

Family involvement is welcome. If you have any clients that are socially isolated Arohaina is able to provide that contact by referral or for more information phone 8677675 or email: arohainacentre@xtra.co.nz

Joke



A woman walked up to a little old man rocking in a chair on his porch. "I couldn't help noticing how happy you look," she said. "What's your secret for a long happy life?"

"I smoke three packs of cigarettes a day," he said. "I also drink a case of whiskey a week, eat fatty foods, and never exercise."

"That's amazing," the woman said. "How old are you?"

"Twenty-six," he said.

Living with type 2 diabetes: 'Putting the person in the pilots' seat



Authors: Janice Handley & Dr Sue Pullon

This qualitative study combined aspects of both grounded theory and phenomenological approaches to explore the experiences of the resultant nine participants living with type 2 diabetes in Wanganui, New Zealand.

Conclusion:

Development of a sense of ownership or control of the condition is paramount to enable people to self manage effectively on a day to day basis and is determined primarily by the individual's personal support systems. The primary focus of care should therefore be on the 'person', their story, needs and support systems, including the provision of health services and educational programs, well versed with and reflective of the broad principles of self management in a multi cultural environment.

This article is available in THE AUSTRALIAN JOURNAL OF ADVANCED NURSING (VOLUME 27 NUMBER 3) or contact Patricia Sheehan at TDH: Patricia.Sheehnan@tdh.org.nz

Effect of prophylactic Paracetamol administration at time of vaccination on febrile reactions and antibody responses in children



Authors: Prymula R et al

Summary: These 2 open-label, randomised controlled trials in the Czech Republic evaluated the effect of prophylactic administration of Paracetamol on febrile reactions and vaccine responses in infants. 459 healthy infants were randomised to receive 3 prophylactic doses of Paracetamol every 6–8 h for the first 24h, or no Paracetamol, after vaccination with PHiD-CV, DTPa-HBV-IPV/Hib and oral human rotavirus vaccines. Children given prophylactic Paracetamol were less likely to have a temperature $\geq 38^{\circ}\text{C}$ after at least 1 dose in the primary vaccination study (42% vs 66%) and in the booster study (36% vs 58%) than children given no prophylactic Paracetamol. However, vaccine response (assessed by antibody GMCs) was lower in children in the prophylactic Paracetamol group in each study. In conclusion, prophylactic Paracetamol reduced febrile reactions to vaccination in children but also reduced antibody responses to several vaccine antigens so should not be routinely recommended.

Comment: Administering Paracetamol before or after immunisation has been common practice for many health professionals and parents. The potential for Paracetamol to impact on vaccine immunogenicity has not previously been evaluated. This study demonstrated a reduced antibody response to some antigens following the use of Paracetamol after vaccination with a 10-valent conjugate pneumococcal vaccine and a DTaP-IPV-HepB/Hib vaccine. It is important to note that a decreased antibody response does not necessarily mean the vaccine is not going to be protective. The clinical implication of prophylactic Paracetamol use was not evaluated. The current Immunisation Advisory Centre recommendations to not routinely use paracetamol or other antipyretics pre or post vaccination in the absence of pain or significant discomfort are strengthened by this study's findings.

Reference: The Lancet 2009; 374(9698):1339-1350

New immunisation coordinator



Hi, my name is Janine Brown.

I would like to introduce myself as the new Immunisation Coordinator for this region taking over from Hiria Nepe who left us last year.

I have been a Registered Nurse for the last twenty years. I worked as a practice nurse at Kaiti Medical Centre, then, I moved onto Turanga Health as a Tamariki Ora nurse and Outreach Immunisation Vaccinator for the Turanganui PHO. For the last four and a half years I have worked on Planet Sunshine as a registered nurse.

I am a member of the Well Child Team MCY, based on the 3rd floor MAB, I share an office with Karen Anderson NIR administrator and Judith Akuhata- Brown who is the OIS administrator which is really advantageous as many immunisation issues involve all three of us. I am looking forward to meeting and working with everyone in the practices and community.

See below for my contact details.

Regards,

Janine Brown
Immunisation Coordinator
Well Child Team
3rd Floor Morris Adair Building
Private Bag 7001
Gisborne
PH: 8690592 ext 8765
Email: janine.brown@tdh.org.nz

Safety of influenza vaccination during pregnancy

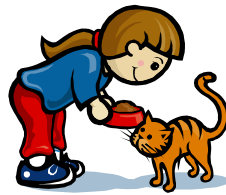
Pranita D. Tamma, MD; Kevin A. Ault, MD; Carlos del Rio, MD; Mark C. Steinhoff, MD; Neal A. Halsey, MD; Saad B. Omer, MBBS, MPH, PhD (American Journal of Obstetrics & Gynaecology, Dec 2009)

The Centres for Disease Control and Prevention Advisory Committee on Immunisation Practices recommends routine influenza vaccination for all women who are or will be pregnant during the influenza season. During seasonal influenza epidemics, during previous pandemics, and with the current influenza A (H1N1) pandemic, pregnancy places otherwise healthy women at increased risk for serious complications from influenza, including death. Inactivated influenza vaccine can be safely and effectively administered during any trimester of pregnancy. No study to date has demonstrated an increased risk of either maternal complications or adverse fetal outcomes associated with inactivated influenza vaccination. Moreover, no scientific evidence exists that thimerosal-containing vaccines are a cause of adverse events among children born to women who received influenza vaccine during pregnancy. In this article, we review the evidentiary basis for the recommendation of vaccination of all women who will be pregnant during the influenza season and safety data of influenza vaccination during pregnancy.

Well Child Update – child development and behaviour

Child development is a powerful determinant of health in adult life. The existing schedule includes informal developmental surveillance from six weeks onwards using developmental observation/questioning by the provider. However, developmental surveillance is a shared parent/health professional activity that uses both parties' knowledge about the child to monitor ongoing development and emotional wellbeing.

The Parental Evaluation of Developmental Status (PEDS) will soon be introduced to the six core contacts from 3–4 months to 4–5 years as a formal screening tool for developmental surveillance.



Training / Education



Primary Health Care Nurses Forum Wednesday 21st April



Come and join us at this Primary Health Care Nursing Forum. This is an opportunity to network and to share knowledge.

Where: Turanga Health Board room in Derby Street

When: Wednesday 21st April Starting 5.30pm

Guest Speakers include

6pm Turanga health smoking cessation team

6.30 Carol Ford – nurses role in smoking cessation

7pm Kim Quartermain –findings from recent rheumatic heart disease study in Tairāwhiti

RSVP to Heather Robertson by Friday 16th April on 8790570 ext 8599 or email Heather.Robertson@tdh.org.nz

Primary Health Care Nurses Conference 2010

“Revolutionising the face of Primary Health Care”

25-27 June 2010, Auckland, New Zealand

Keynote Speaker - Carol Huston

Carol is the president of the International Society of Nursing and a Professor at the School of Nursing at California. Carol is a well respected writer and presenter on the topics of nursing leadership, conflict management, improving the image of nursing and becoming a better decision maker.

Carol will provide two key note presentations at the 2010 conference:

1. Preparing Nurse Leaders for 2020
2. Personal leadership journey

Venue: Waipuna Hotel and Conference Centre 58 Waipuna Road Mt. Wellington, Auckland
Further Information Contact the Conference Committee: Lorraine Hogan
lorrainemhogan@gmail.com

Freed to care, proud to nurse (from NZNO website)

New Zealand Resuscitation Council Core Courses Level 4



A six hour study day including latest guidelines on:

- **Adult and Child Basic Life Support**
 - **Airway Management**
 - **Use of the AED**

Cost per person - \$100

For further information and course availability contact:

Jo Whibley – Resuscitation Coordinator

Tel: 06 8690500 Ext 8524

Email jo.whibley@tdh.org.nz

Bright*Star's Inaugural
New Zealand's Aged Care Workforce Conference

How can we manage the issues surrounding New Zealand's ageing population?

29 – 30 June 2010, Rydges, Auckland

Watch this space:



IMAC Vaccinator Update to be held on 22 June 2010 from 3-7pm

IMAC Immunisation Information Course to be held on 23 June 2010 from 0915-2.30pm.

Flyers and Registration Forms will be sent out over the next month.

Well Child/Tamariki Ora Forum



The purpose of this forum is to enable staff working in Well Child/Tamariki the opportunity to update their knowledge and network to enhance the service offered to our Tamariki in Tairāwhiti.

Date: Thursday 22nd April 2010

Time: 9am – 12-12.30am

Venue: Morris Adair Board Room

Presentations: 9am: Group Special education

- Communication
- Incredible years
- Early intervention service

10 am Morning Tea

10.15: Ear Nurse Specialist

- Glue ear
- Children's ear health

11am: How to use otoscope – different things you may see

How to Tympanometry (some supervision on doing both)

Maria Wainui -audiometry demonstration.

RSVP to: Heather Robertson 06 8690571 ext 8599 or
Heather.Robertson@tdh.org.nz

by 16th April 2010



Goal Facilitation Training



When: Thursday May 13th

Time: 9am – 12 noon

*Where: Morris Adair Board Room
(2nd Floor old maternity)*

Topics include: Goal Setting

Enliven Restorative Home Support:

-Coaching and Mentoring support workers

-Case Studies

-Using the TARGET TOOL

CCS- Goal setting for under 65's

RSVP to Heather Robertson by Friday 10th May on 8790570 ext 8599 or email Heather.Robertson@tdh.org.nz

Preliminary notification re diabetes update

– available to all Registered Nurses - put into your diaries now

When : Tuesday May 18th 2010 at 5.30pm

Where: First floor, Morris Adair Building Gisborne Hospital

Topic : Insulin – getting started and follow up

Presenters: Dr Robin Briant, Jo Tietjen and Ann Corack

More detail will be sent in early May



**Until the next newsletter keep safe and well.
Ka kite ano (see you again)**

