



BAD GROUP MEETING

Monday 21st May, 2018

Time: 13.30-16.00
at

The Hamworthy Club

On behalf of the Arrhythmia Nurses, technical staff and the BAD committee I would like to wish you all a very happy and healthy new year!

I must start by saying huge congratulations to **Gaynor**, the driving force of this group since the start. I am delighted to announce she had a beautiful baby girl named **Freya Mae**. **Gaynor** is now on maternity leave enjoying precious time with her family. She has asked both **Jo** and me to take over helping the dedicated BAD Group Committee. We have some huge shoes to fill but will certainly do our very best and look forward to the challenge.

ARRHYTHMIA NURSE NEWS

There have been some big changes with the Arrhythmia Nurse team

recently so I thought I would take this opportunity to keep you updated with our ever changing team.

During **Gaynor's** maternity leave, **Lauren Hockaday**, a staff nurse from ward 23 will join the team. We are very much looking forward to working with her. Our Team Leader, **Sarah O'Connor** who, together with **Gaynor**, started the Arrhythmia Nurse team back in 2005 is currently on temporary secondment with the educational department. We obviously miss her very much but wish her well in her new role and look forward to her return.

Sharron Cassidy is doing a wonderful job stepping into the role of Arrhythmia Nurse Team Leader while Sarah is working elsewhere. Some of you will have met **Paul Coward** who has worked within Cardiology for many years. I am delighted to tell you he has finally joined our team as a full time Arrhythmia Nurse. **Paul** is also studying for his Masters degree in Advanced Practice with Bournemouth University.

Jess Atkins is still on maternity leave after the birth of her beautiful twin boys. We are not expecting her back until towards the end of the summer.

Ali Parish returned from maternity leave at the beginning of the year. We are all so pleased to have her back. Welcome back Ali!

Beth Platt joined us from ward 22 covering maternity leave. She has become a great asset to our team and we very much hope she will join us permanently soon. **Beth** is

also studying for her masters in Advanced Clinical Practice.

Sharon Morris, another one of our team, is also working hard to complete her non medical prescriber course at Bournemouth University.

Jo Robb and me, **Kirsty Castell**, are the last two members of the team to mention. As I said we are both looking forward to becoming involved in the fantastic BAD Group. **Jo** has just completed a course in Arrhythmia Management with Teesside University.

THE ARRHYTHMIA NURSE ROLE

The whole team of Arrhythmia Nurses coordinate the care for Arrhythmia Patients with a variety of rhythm disturbances both potentially life threatening and those labelled as nuisance problems. We work very closely with our 3 EP Consultants, **Dr M Sopher**, **Dr R Bala** and **Dr G Babu** along with **Dr Rozkovec**, Head of Brady pacing and **Dr C Critoph**, Bournemouth's Heart Failure Consultant.

Managing the care of patients with ICD's is only one aspect of our role, which is really quite varied in both the 'In' and 'Out' Patient setting. I thought you might be interested to hear a little bit of what we do. I know this has been done before but it was a number of years ago and we have gained many new members to the BAD group since then.

The Arrhythmia Nurse team not only look after patients coming in as an emergency but coordinate the lab lists and care for those attending for elective procedures including complex devices like ICD's, Pacemakers and ablations. An ablation is a procedure where fine wires are passed into the heart via blood vessels at the top of the leg. This enables the Doctors to map electrical impulses within the chambers of the heart in order to treat abnormal electrical signals. Once abnormal signals are mapped, tiny burns can be applied to destroy cells responsible for some abnormal rhythms.

We perform a weekly DC Cardioversion list as a treatment for Atrial Fibrillation which is a rhythm originating from the top left hand chamber of the heart. Although not life threatening, if not controlled, it can become very debilitating. A Cardioversion procedure involves a short general anaesthetic so we can deliver a shock to the heart via sticky pads to the chest connected to an external defibrillator. By delivering a shock all the electrically charged cells within the heart discharge at the same time giving the heart's natural pacemaker the chance to regain control. It is not a cure but often an effective way of temporarily managing Atrial Fibrillation.

We run a number of different clinics including Cardioversion, Pacing and Complex Device pre assessment clinics; the Rapid Access Atrial Fibrillation Clinic

for patients with a new diagnosis of Atrial Fibrillation; ICD clinic for reviewing patients 1 month after newly implanted ICD's and wound reviews. We also run clinics alongside all three EP Consultants and attend, when required, to all device follow up clinics requiring medical review. Finally we attend Salisbury District Hospital once a month with one of the EP Consultants to run an Arrhythmia Clinic, meaning patients from that area do not need to travel all the way to Bournemouth for a consultation.

There are many other aspects to our role including attending meetings, education and of course helping with this BAD group. There is also a large element of administration required within the role. We are helped enormously by our fantastic clerical staff including Kate our secretary who many of you may have spoken to on the phone and Karen, our EP bookings secretary.

Every patient who comes into contact with the Arrhythmia Nurse team is given our contact details. As you can see our days can be very busy meaning we are often out of the office for long periods of time. We always strive to contact anyone who leaves a message back on the same day. However, on busy days it can be necessary to prioritise messages into those requiring a response the same day and those that could wait

until the following day. It is important to stress that our phone is not an emergency line. I hope this has given a little insight into the role of the Arrhythmia Nurses.

OCTOBER BAD MEETING

Our last meeting at the Hamworthy Club was well attended by lots of familiar faces and a couple of new ones. We were joined by **Sally Osbourne** Cardiac Rehabilitation Nurse, talking about the importance of exercise following implantable defibrillators.

The second half of the meeting involved a talk from Royal National Lifeboat Institution (RNLI) volunteer. There are over 350 lifeboats in the RNLI fleet based at stations around the UK and Ireland. Between them, RNLI lifeboats cover 19,000 miles of coastline and some busy inland stretches of water. We were also made aware of the 'All Weather Lifeboat Centre' located in Poole, where the new boats are currently being manufactured, and the where the workshop for their inshore training fleet is. If you would like to visit, tours take place from RNLI College on a Wednesday at 4.30pm and Saturday at 10am.

THANK YOU

The whole team would like to take this opportunity to thank the BAD group for the donation to pay for a camera for cardiology. This will prove

invaluable to our service, enabling us to photograph, document and assess changes in suspicious wounds needing close monitoring. It is not always possible for 'medical photography' to attend when required or can involve a significant wait for patients. With the purchase of this camera it means we will always have access to a camera when required. We are currently completing our protocol and look forward to the camera becoming the newest member of the team. Thank you once again BAD group!

REPORT

Talking about the purchase of the camera brings us on nicely to the next topic. We are about to launch a poster campaign reminding anyone to report problems with device wounds to the Arrhythmia nurses.

The insertion of implantable cardiac devices, such as Cardioverter Defibrillators is a common, safe procedure. However, on rare occasions you may develop infections at the site, irrespective of the length of time your device has been in situ. Without prompt treatment, you could develop a severe infection that can on rare instances become life threatening.

If you have concerns regarding your device site, **REPORT** them immediately to us.

Redness at site,
inflammation, discharge,
temperature.
Exposed device or leads
Pain at device site
On the phone
Report immediately
To the Arrhythmia Nurses

If you have any suggestions of topics that you would like to see covered in future issues of the newsletter or ideas for guest speakers then please let us know. We would also love to hear from anyone who may have a story of interest to this group that could be included in future newsletters. We would welcome any feedback or suggestions. If you think you can help then please contact the Arrhythmia Nurse Specialists on:

arrhythmia.nurses@rbch.nhs.co.uk

01202 726154

Post Point B47,
Royal Bournemouth Hospital,
Castle Lane East, Bournemouth,
BH7 7DW.

*Sharron, Kirsty,
the Arrhythmia Nurse Team
and the BAD Group Committee*