

A day in the life of.....a District Nurse at Church Street Practice

Patients seen on day: 8		
Male 5		
Female 3		
	18-59	1
	60+	7

The District Nursing team consists of four district nurses and an auxiliary nurse. They provide nursing care and treatments to patients, relatives and carers in their own home. Care and support are given for the acute and chronically ill and the dying and their families. The team has specialist skills in continence advice, intravenous and chemotherapy administration and wound management. We see any patient over 18 years old.

My day began, at our base, the Health Centre, at 8.00am. The alarm is disabled and the urn is switched on in the kitchen.

The next task is to check the answer phone in the office. There are three messages so far today for which action needs taking. The first message is a request for an extra home visit, the second is information from the chemotherapy suite regarding a patient's ongoing treatment and the third concerns a patient with a deteriorating condition which needs to be discussed with a doctor.

Two more of the district nursing staff arrive so the day's visits are allocated. The team is able to discuss current patients together.

I now go downstairs to see the doctor to discuss the patient. We decide to refer the patient to a Macmillan nurse. I go back upstairs to the office where there is a cup of tea waiting. I order equipment on line, which includes a hospital bed, a pressure relieving mattress and a commode.

One member of staff is unexpectedly off work, so we have to reorganize the day's work.

Today I shall be visiting 8 patients.

The first patient is a lady who is to have a toe dressing. She will be visited twice weekly.

My next patient is a gentleman who needs his supra-pubic catheter changed. I will visit him again in ten weeks. Meanwhile, his wife needs a blood test but this is a one-off visit.

I next visited a lady with a long term disease. She has carers helping her. They in turn need our support which we are giving on a twice weekly basis.

A gentleman, who needs an injection for a renal disease is my next patient. I also take his blood pressure and blood test samples. He will be having fortnightly visits.

I return, mid-morning, to the Health Centre with a blood specimen to be collected by John Radcliffe transport and I have a quick chat with the reception staff. I then go out to finish my visits.

I visit a new patient who is a gentleman with a cardiac disease. I take a blood sample and I will see him again if more tests are needed.

I next assess a gentleman for care needs. A visit will be arranged for next day.

My last visit of the morning is to a gentleman who has a progressive disease and needs nursing support. He will be seen again in 2 days.

Returning to the Health Centre I make a lunchtime phone call to an agency providing care regarding a patient and I phone two patients to give advice. I also phone a Macmillan nurse to refer a patient and to catch up on the progress of current patients.

In the afternoon I attend a locality meeting which includes Wantage and Didcot district nurses. We bring management and clinical issues to the meeting to discuss. I manage to liaise with a breast care nurse regarding a patient.

A late afternoon visit sorts out a problem with a patient that could not be left until tomorrow.

Back at the Health Centre there is a discussion with the rest of the team regarding tasks outstanding and tomorrow's visits. This lasts about 20 minutes.

I finish off PCT audit paperwork. This is not a daily occurrence!

At 17.00 I go home.