

MEGA NURSING & CARE PREVENTION & FALLS RESPONSE UNIT

Case Study 3 - Patient with a Ear Infection

1 - Referral and Assessment:

- Our nurse responds to a referral to assess a patient presenting with symptoms of an ear infection.

2 - Full Assessment and Investigation:

- The nurse conducts a thorough assessment, which includes a physical examination of the ear, checking for signs of infection such as redness, swelling, and discharge.

On-Scene Treatment:

- If appropriate, the nurse initiates treatment on the scene, such as administering pain relief or prescribing ear drops.

Continuous Communication:

- The nurse maintains continuous communication with a GP, either by phone or face-to-face when possible, to discuss and confirm the treatment plan.

In-House Prescriber:

- The in-house prescriber provides additional support and will prescribe medication if the GP is unavailable, always seeking guidance from the patient's GP first.

3 - Creation of Care Plan:

- Once treatment or medication has been prescribed, a detailed care plan is created for the Health Care Assistants (HCAs) to follow, ensuring continuity of care.

4 - Health Care Assistant Deployment:

- HCAs are deployed to monitor the patient's progress and work alongside any existing long-term care providers.

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Case Study 3 – Continued

Vital Signs Monitoring:

- HCAs regularly check the patient's vital signs and monitor symptoms to ensure the patient is responding to treatment effectively.

Visit Schedule:

- Visits range from 15–30 minutes, 2–4 times a day, depending on the patient's needs and the severity of the infection.

Duration of Visits:

- Visits can vary from 1 day to 7 days, depending on the patient's response to treatment.

Intensive Care Provision

- If the patient does not have a long-term care package or provider, HCAs provide intensive care for an agreed period until a long-term provider is sourced.

5 – Nurse Oversight:

- All vital signs and symptom information are relayed to the nurse overseeing the patient, ensuring close monitoring and timely interventions.

6 – Transition to Long-Term Care:

- Once the patient stabilises and the infection is under control, the patient is handed over to their long-term care provider. If they do not have one, care continues until a long-term provider is sourced.

7 – Ongoing Support:

- Our single point of contact remains open for future referrals, and our on-call team is ready to respond to urgent requests as needed.

8 – Communication with GP:

- All symptoms, treatments, and support details are regularly communicated to the patient's GP, ensuring comprehensive and coordinated care. Robust care notes are drafted and shared as needed.