



BASIC MS NURSING

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BASIC MS NURSING

- . MS NURSES PROVIDE OPTIMAL CARE
9:00 TO 9:45 – Carol Saunders
- . NETWORKING FOR PATIENT CARE
9:45 TO 10:15 – Carol Chieffe
- . BREAK – 10:15 TO 10:30
- . PROMOTING TREATMENT ADHERENCE
10:30 TO 11:15 - Dottie Pfohl
- . Q and A and GENERAL DISCUSSION –
“Taking Care of Ourselves”
11:15 TO 12:00



WHAT IS BASIC MS NURSING?

- The things we do in our centers and offices daily to promote best practices in MS nursing
- What do basic MS Nurses do?
EVERYTHING! They are the glue that holds patient care together!



NURSES CARE FOR MS PATIENTS

- In MS Centers and Clinics
- In private practice
- In acute care centers
- In long-term care centers
- In home care

JACK OF ALL PROBLEMS AND MASTER OF MOST



- NURSES ESTABLISH A THERAPEUTIC PARTNERSHIP WITH THEIR PATIENTS
 - LISTEN
 - TEACH
 - LISTEN
 - EMPATHIZE
 - INSTILL HOPE
 - ESTABLISH, CONTINUE & SUSTAIN CARE



USE THE NURSING PROCESS

Perform a comprehensive total person assessment in our patient encounters.

Physical situation

Psychosocial needs

Learning needs

Family needs



USE THE NURSING PROCESS

Formulate a collaborative plan

- Listen to the patient

- Develop a trusting relationship

- Involve the patient in his treatment plan
using self care strategies

Evaluate and maintain treatment plan with
the patient

Re-Assess, Re-Plan and Re-Evaluate-ongoing



THE NEW PATIENT

- What does this person know about MS?
- Determine how much information the person is able to accept now and plan to go over information again and again
- Develop individualized plans
- Include significant others with the patient
- Acquaint patient with office process



THE NEW PATIENT

- What are the values and goals and beliefs of this person?
- What is the patients sense of self esteem and coping mechanisms?
- Does he or she have a sense of hope?
- Is this patient ready and open to learn?



THE NEW PATIENT

- Information to include:
 - Epidemiology
 - Etiology
 - Diagnostic Process & Rationale
 - Clinical Subtypes
 - Disease Altering Therapies
 - Common Symptoms



RETURNING PATIENTS

- Repeat “new patient” information relating it to problems or symptoms that the patient is experiencing or to questions he or she may have
- Remember that “the same old” is new each time it is heard and relates to what is going on now
- Ensure adequate access to treatments



PROGRESSIVE OR ADVANCED DISEASE PATIENTS

- Therapeutic partnerships may need to be redefined.
- Patients need to be able to talk openly about their disease.
- There is a need to discuss life planning and end of life decisions.

METHODS WE USE TO IMPART INFORMATION



- One on one sessions with patients – in person or sometimes via phone or email
- Handouts on MS, treatments, medications, Websites, publications
- Support groups – Newly Diagnosed, Relapsing-Remitting, Care Partners
- Community patient and nurse programs

MANAGING SYMPTOMS AND TREATMENTS



- Immunomodulating and immunosuppressant therapies
 - Give information about
 - Teach to use
 - Monitor adherence
 - Handle patient problems

MANAGING TREATMENTS AND SYMPTOMS



- Physical symptoms

Fatigue

Depression

Visual changes

Bowel/bladder/sexual dysfunction

Gait problems

Paresthesias

ADVOCATING FOR PATIENTS



- Negotiate for the patient in the healthcare system protecting patient rights.
- Precertify for medicines and procedures.
- Letters of medical necessity for treatments or procedures
- Prescription refills



DOING RESEARCH

- Research provides new treatments for patients.
- Nursing research generates new knowledge or validates existing knowledge and identifies outcomes of interventions.



HOW CAN WE PUT ALL OF THIS INTO A DAY?

- We shall take a look at Mary Smith's typical day
- While we do this try to think of how Mary or YOU can care for yourself so that you may continue to care for your MS patients.



AND HOW WAS YOUR DAY, MARY SMITH, MS NURSE?

- 5 am – out of bed and ready.....
- 7:30 am – At work early for “a few quiet moments”

“My desk was clear when I left last night”!

“I have six voice mails already?”

“I’ll get the emails first”.



MARY SMITH, R.N.

- 8:30 am – Docs are here, phone lines are open and the day is on!
- By noon – Mary has:
 - Spent at least half an hour with two newly diagnosed patients.
 - Given injections to two patients
 - Personally worked with one patient's injection site problems.



MARY SMITH, R.N.

- By noon – continued:
 - Answered 10 voice mails carefully documenting each call.
 - Answered 5 calls from triage.
 - Gone over schedules with the study coordinator to identify patients for studies.
 - Promised to help June Halper with an IOMSN project



MARY SMITH, R.N.

- Noon to 5 pm:
 - Grabbed that yogurt and swallowed quickly while answering phone calls.
 - Saw two drug reps and turned down two dinner invites
 - Counseled a new patient and her husband planning a pregnancy
 - Started preauths for 2 patients on Provigil



MARY SMITH, R.N.

- Taught a patient and her fiancé to give Rebif.
- Answered 10 more voice mails while reviewing lab results.
- Worked on 2 disability forms
- Went over needs of patients seen in the infusion center today with the infusion nurse.



MARY SMITH, R.N.

- . - 5:00 pm – Teleconference regarding a nurse drug study.
- . - 6:00 pm – MS Support Group
- . - 8:00 pm – The group is gone. There are 4 more voice mails that can wait until morning. I'll check emails and go home!



MARY SMITH, R.N.

- . - 9 pm – “Hi, Mary. We have finished dinner and the kids are getting ready for bed. We saved you some food. How was your day?”



MARY SMITH, MS NURSE

- 11:00 pm – Off to bed
- 3:00 am – “I can’t sleep! How am I going to tell Phil that he really needs to go to a nursing home and how can we get him there?”



BASIC MS NURSING

Mary's day was not unusual. It is probably a lot like your days. At the end of our presentation today, we want to discuss some of the things we can do to get through our days like this and keep from "burning out".