REFLECTIVE ACCOUNT

Chronic heart failure: part 1

A CPD article improved Lorna Young’s knowledge of the pathophysiology, signs and symptoms of chronic heart failure.

What was the nature of the CPD activity, practice-related feedback and/or event and/or experience in your practice?
The article outlined the physiology of the heart, the pathophysiology, signs and symptoms of chronic heart failure, and how the condition is diagnosed.

What did you learn from the CPD activity, feedback and/or event and/or experience in your practice?
Reading the article improved my knowledge of the physiology of the heart. It outlined the renin-angiotensin-aldosterone system, and I learned how this controls blood pressure and the balance of electrolytes and plasma volume.

The article discussed two forms of chronic heart failure: left ventricular systolic dysfunction with reduced ejection fraction and heart failure with preserved ejection fraction. It defined ejection fraction as a measurement of the percentage of blood forced out of the left ventricle on each contraction. Ejection fraction has an important role in the diagnosis of heart failure, and lower ejection fraction is associated with a lower survival rate.

I learned that the signs and symptoms of chronic heart failure are generally the result of reduced cardiac output and the accumulation of excess fluid, for example breathlessness, orthopnoea, paroxysmal nocturnal dyspnoea and peripheral oedema. The article stated orthopnoea can be monitored by the number of pillows the patient uses when lying in bed; the use of more pillows indicates more severe orthopnoea.

Patients with chronic heart failure may also experience mental health symptoms, such as low mood, anxiety and depression. This is an area that nurses should assess and monitor as part of a holistic approach to patient care.

How did you change or improve your practice?
The article provided information about chronic heart failure that is relevant to my role in an acute medical assessment unit. I have gained knowledge of the signs and symptoms that a patient with

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suspected chronic heart failure might present with, and how the condition is diagnosed.

I will use this knowledge in my practice to improve patient care. For example, I understand why a BNP blood test may be required for patients experiencing breathlessness, and I will be able to explain to them why such diagnostic tests are being undertaken. By providing such information, I will ensure patients are better informed before they consent to the blood test being undertaken.

I am also aware that patients with chronic heart failure may be experiencing mental health symptoms. I intend to provide appropriate support for these patients, or refer them to specialist services where necessary.

**How is this relevant to the Code?**

Select one or more themes: Prioritise people, Practise effectively, Preserve safety, Promote professionalism and trust

The Code theme of practising effectively states that nurses must assess need and deliver treatment based on the best evidence. The article provided evidence-based information about the assessment, diagnosis and symptoms of chronic heart failure. This will enable me to maintain my knowledge and skills, and to provide safe and effective patient care.

**Lorna Young is a staff nurse at West Suffolk Hospital, Bury St Edmunds**

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**PATIENT VIEW**

**Inspiring nurse advised me to set my anxieties aside to help my daughter**

Hayley Goleniowska says learning disability nurse Helen Laverty knew the best way to deal with her daughter’s needle phobia

Helen Laverty is the epitome of excellent nursing, possessing that rare and magical combination of warmth, integrity, experience and professionalism – mixed with a sprinkle of fairy dust.

I can name many nurses who have helped our family immeasurably over the years, but Helen stands out.

My daughter Natty has Down syndrome. I wrote to Helen as someone I trust when we were facing increasing trauma and needle phobia during Natty’s routine blood tests.

Our local teams had tried everything, including play therapy, iPads, puppets, books, stickers and nitrous oxide. Helen took the time to help us remotely and listened to my worries. She thought outside the box and could immediately tell it was me that was at the root of the problem. She advised me to try removing myself and my anxiety from the equation.

We asked my daughter’s favourite babysitter to come instead. An easygoing person with a large smile, a warm hug and no emotional investment in that blood test was just what Natty needed.

Together we’re better

Helen advised that I should be ‘called away’ at the last moment and then turn up minutes after the bloods were taken, with a big box of chocolates and a fluffy unicorn. We had thought sedation was the only answer, but this turned out to be the solution.

A professional lead for learning disability at Nottingham University Hospitals NHS Trust, Helen confidently draws together the voices of nurses, parents, extended families and patients, because she knows that ‘together we are better and our voices louder’.

By helping to organise the Positive Choices conference on learning disability practice each year, she also inspires learning disability nursing students to follow in her footsteps.

Helen is an unfaltering advocate for people with learning disabilities, and with more than 30 years’ experience she instinctively knows how to handle most situations.

She works tirelessly to ensure that all patients are given equal access to high quality healthcare and treated with dignity and respect.

**Lorna Young is a staff nurse at West Suffolk Hospital, Bury St Edmunds**

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