Reviews

Clinical Pocket Reference for Nurses (Third edition)
Bernie Garrett et al
Clinical Pocket Reference
£11.99 | 84pp
ISBN: 9781908725042

STUDENTS AND qualified nurses should find this pocket reference to be an excellent resource. The third edition includes updated content on cardiac monitoring and neurological assessment, as well as references to the latest Resuscitation Council UK guidelines.

It covers a range of essential information, including the requirements for patient assessment, the latest risk assessment tools, the Bristol stool chart, management of shock and sepsis, interpreting electrocardiograms and a guide to wound classification and healing.

It is easy to use and nurses should be able to quickly navigate to invaluable information. It is an educational tool that supports learning in practice and can also be used as a quick revision aid. The small spiral-bound format makes it accessible and ideal for keeping in a pocket or diary while at work.

It would make a useful resource for individual nurses, but could also be used as a quick reference guide to be shared on a ward.

Although it has a nursing focus, it would also be useful for other healthcare professionals, such as physiotherapists and paramedics.

Alison Bardsley is senior lecturer in primary care and course director for non-medical prescribing, Coventry University

Self-Assessment in Paediatric Musculoskeletal Trauma X-rays
Karen Sakthival-Wainford
M&K Publishing
£39 | 368pp
ISBN: 9781910451076

WHEN THIS book was first published in 2008 there were few paediatric X-ray interpretation texts that were intended for the front line clinical workforce and that is still the case.

Most patients presenting with so-called minor injuries and musculoskeletal trauma in the UK are now seen and treated by emergency nurse practitioners (ENPs) and the paediatric patient group is no exception.

This is one of four X-ray interpretation self-assessment texts designed with ENPs and reporting radiographers in mind. As with the others in the series, the reader is provided with a short clinical history and invited to study the images and comment on the findings. A further page contains expert opinion, with key learning points and aspects of interest, and suggestions for requesting additional views.

Interpretation of paediatric diagnostic images often causes anxiety among ENPs, which is understandable, given that these young patients often cannot articulate a history or mechanism of injury, and events are not always witnessed. The important factors are the major skeletal and anatomical differences in the paediatric population.

This improved and expanded edition includes a chapter describing how the immature skeletal anatomy responds to stress and trauma. The explanation of the ‘stress strain curve’ is succinct and useful for appreciating injury potential.

Chapters relating to common injury sites such as the hand, wrist, elbow and ankle joint, and the associated diagnostic dilemmas, have been expanded, providing a useful reference.

The chapter on non-accidental injury is a little ‘Leeds-centric’ (the author's clinical base) as opposed to a more generalised national view, and the indexing appears to relate to the first edition, which can be confusing, but I would recommend this text to ENPs as a useful adjunct to others in common use.

Mike Paynter is consultant nurse, minor injury and urgent care services, Bridgwater Community Hospital, Somerset Partnership NHS Foundation Trust

Paramedic challenge

AS HEALTHCARE professionals know, there is a serious national shortage of paramedics. This is being addressed by increasing university places for paramedic students from around 15 to 50 a year.

This brings with it challenges for placement allocation and mentor support. Paramedic placements will have to be wider and broader to reflect the changing nature of practice, as paramedics now have many other options than simply ‘transport to hospital’.

These students are likely to spend longer in acute hospital departments, yet staff in these units are not always aware of the changing roles of paramedics, and are often unsure what tasks to allocate students.

Despite clear and documented learning outcomes from the Health and Care Professions Council, paramedic students are often left to undertake observations, undress patients, make tea and generally act as a spare pair of hands—which are all necessary tasks, but will not provide appropriate learning for these students.

Ideally, they should be working alongside senior clinicians to enhance their history taking and examination skills, experience triage, watch and learn in minor injury units, and assist in the resuscitation room to improve their skills in more challenging circumstances. This would improve their knowledge, skills and understanding and, in turn, enhance their future practice.

It is in the interests of every emergency department (ED) to support paramedic students’ learning in this way. With enhanced skills and knowledge, paramedics will be able to divert more patients from the ED, relieving pressure from rising patient attendance.

Only by working together can paramedics and other emergency care staff understand each other’s roles, making for more productive, collaborative working relationships that ultimately benefit the professions and patients.

Lorna McInulty is a senior lecturer in paramedic practice at the University of Central Lancashire, and a member of the Emergency Nurse editorial advisory board

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