Blood Results in Clinical Practice
Graham Basten
M&K Publishing
£16 | 92pp
ISBN: 9781905539734

INTERPRETING BLOOD results is a valuable skill for most nurses, yet it is also a complex topic, and one that many struggle with. This book claims to be a supplementary text for undergraduate and postgraduate nursing, healthcare and medical students, a quick-reference handbook and a resource for patients and relatives. These aims would be too ambitious even without the underlying challenges – but it does give an introductory overview, divided into clear sections.

There are surprising inclusions and omissions. Some tests are obliquely mentioned – for example, a positive Philadelphia chromosome test that confirms chronic myeloid leukaemia. The chapter on diabetes briefly describes diabetes insipidus, risking detracting focus from the far more common, and unrelated, pathology of diabetes mellitus. It does not mention pathology harmony, and while it identifies potassium as a ‘red flag’ for cardiac events, potassium function is previously listed in an overview without clear mention of cardiac effects.

This book is unlikely to meet the needs of many postgraduate courses, but is instead a useful introduction. Philip Woodrow, practice development nurse, critical care, Kent and Canterbury Hospital

Calculation Skills for Nurses
Claire Boyd
Wiley-Blackwell
£9.99 | 206pp
ISBN: 9781118448892

AS WELL as being caring, compassionate and technically adroit, nurses need to do sums. The risk of medication administration errors through faulty calculation looms large, and the workforce could become inadequately staffed and skilled.

Commissioners, providers and workforce planners must acknowledge this evidence to ensure that older people with complex healthcare conditions living in community settings receive the nursing they need.

Hazel Heath is chair of the RCN older people’s forum

Forum focus
Our residential care homes are losing expert nurses

AT THE same time as major research highlights complex healthcare needs among older people living in care homes, other evidence demonstrates the disappearance of expert nursing for care homes and community settings.

Gordon et al (2013) identify that residents in UK care homes with and without nursing commonly have more than six medical diagnoses, take eight medications, are dependent, cognitively impaired and experience frequent behavioural symptoms. Robbins et al (2013) also highlight that many residents live with multiple long-term comorbid conditions with unpredictable trajectories, rendering them disabled, vulnerable and at risk of acute deteriorations.

These studies confirm warnings from service providers and multidisciplinary professionals that, while effective care for older people in care homes requires multidisciplinary expertise, this is often lacking. Robbins et al (2013) particularly highlight that long-term care is designated as social care; care home managers and staff are predominantly trained in social care, feel ill-equipped to meet healthcare needs and fear being blamed for mistakes.

Surely nursing must be crucial to people with such complex healthcare needs? Yet the contribution of registered nurses working in care homes does not feature in these studies. Indeed, nurses around the world are collaborating to show that their contribution to long-term care is gradually becoming invisible (McGilton et al 2012).

All the more worrying is evidence from the National Nursing Research Unit (2013) of a decrease in district nurses, who provide nursing in residential care homes, of 40 per cent in the past decade – with more retiring, fewer being trained and concern that the workforce could become inadequately staffed and skilled.

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References

