REFLECTIVE ACCOUNT

Limb amputation

A CPD article improved Rebecca Keown’s knowledge of caring for people who have undergone limb amputation

What was the nature of the CPD activity, practice-related feedback and/or event and/or experience in your practice?
The article provided an overview of care for patients undergoing a limb amputation. It outlined the four phases of care: pre-operative care, post-operative care, discharge planning and community reintegration, and what is involved during each phase.

What did you learn from the CPD activity, feedback and/or event and/or experience in your practice?
The CPD article defined limb amputation as surgical or accidental removal or congenital absence of a limb or part of a limb. It stated that there are various reasons why patients undergo amputation. A common cause is complications associated with chronic conditions, such as diabetes, foot ulcers, peripheral vascular disease and bone and joint diseases.

Reading the article increased my understanding of the management of patients with limb amputation, in particular my knowledge of wound care. I have learned that when carrying out stump dressing, it is essential for the site to be checked for any abnormalities, such as bleeding, swelling and other signs of infection.

The article emphasised the importance of dressing techniques that promote wound healing. For example, after the wound has been cleaned using an aseptic technique and dried thoroughly, the dressing should be secured in a way that is not too tight or too loose, because either can cause complications. It is also important to measure the limb circumference and monitor the patient’s vital signs at least every 8 hours in the early post-operative phase.

How did you change or improve your practice?
Having read the article, I understand that exercises to strengthen the stump and other limbs should be encouraged. This is so that contractures are prevented, and to promote early mobilisation by the patient. I intend to work actively with physiotherapy colleagues to increase my understanding of these exercises.

My awareness of the correct positioning of the stump has also been increased. I have learned it is important that the stump is well supported, using wheelchair adaptations or by raising the foot rest on the bed. I will continue to promote this advice to patients.

Write your own reflective account
You can gain a certificate of learning by reading a Nursing Standard CPD article and writing a reflective account. Turn to page 54 for this week’s article. To write a reflective account for Nursing Standard, use the NMC reflective accounts form available here: revalidation.nmc.org.uk/download-resources/forms-and-templates

Complete the four questions about the CPD article you have just read, writing about 800 words in total. Details of how to submit your reflective account are available at: journals.rcni.com/r/reflective-account.
PATIENT VIEW

Anna’s compassion brought us some much-needed normality

Elina Nupponen looks back at the care and companionship a senior staff nurse offered her family at a time of immense stress

My daughter Freya has a rare syndrome called cerebro-costo-mandibular syndrome and a tracheostomy.

When she was 6 months old, Freya became seriously ill with a respiratory infection and was transferred to the paediatric intensive care unit (PICU) at St Mary’s Hospital in London, where she remained for a month, fighting for her life.

The team looked after her and us, her parents, with the highest level of skill and true compassion.

Senior staff nurse Anna Bedrich, in particular, stuck in my mind. Besides her clinical skills, which cannot be faulted, she went beyond the call of duty and tried to arrange opportunities for us to do ‘normal’ baby things.

When Freya was well enough, Anna spent hours helping to find us a safe wheelchair buggy so we could take Freya out.

She took us for lovely walks down by the canal and came to have coffee with us. It meant a lot to get out of the ward and do those simple things most parents take for granted.

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Freya has been in hospital most of her life and has many operations scheduled in the future. Her condition is considered life-threatening and we do not know how long we will have with her.

Anna helped us to relax during the most stressful time in our lives and is a part of some precious happy memories. During our time at St Mary’s, I had some really good chats with her. It was great to be able to talk about Freya’s condition and, as a layperson, learn more about the ins and outs of the world we found ourselves in.

But it was also good to chat about other things and Anna was always great company.

St Mary’s PICU has a wonderful programme that provides beautiful hand-knitted blankets for patients.

When your child is critically ill and in a controlled, clinical environment, it is easy to feel at loss as a parent. You are rarely able to have cuddles or do everyday parenting things like changing nappies or feeding.

The knitted blankets make the environment feel a little bit more like home.

Anna manages the programme of volunteers who knit these blankets, and makes sure they are properly stocked and maintained – yet another thing she has taken on to help patients and their families.

How is this relevant to the Code?

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

One of the themes of The Code is prioritising people. This involves treating patients with dignity and respect and ensuring their needs are met. The article emphasised the importance of recognising the psychological effects of the loss of a limb and responding compassionately.

Another theme is effective practice. Reading this article improved my knowledge of caring for patients undergoing limb amputation, and enabled me to provide appropriate care for these patients.

Rebecca Keown is a nurse practitioner at Broadgreen Hospital, Liverpool