**Adapted RCN Competency Framework: Caring for people with Sickle Cell Disease for nurses and support staff in general practice**

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| No | Competency | Staff |
| 1 | Provides empathy, understanding and works with and in partnership with the patient, families and carers | Qualified and unqualified staff |
| 2 | Demonstrates an awareness of cultural issues that may impact on patient care | Qualified and unqualified staff |
| 3 | Understands what sickle cell disease is and the impact on the patient and his family | Qualified and unqualified staff |
| 4 | Works with patient and other services to manage their pain  | Qualified and unqualified staff |
| 5 | Has an awareness that patients an develop non sickle related problems | Qualified and unqualified staff |
| 6 | Has an awareness that Sickle patients are at greater risk of developing sepsis | Qualified and unqualified staff |
| 7 | Knows what the patients baseline haemoglobin is and can safely order and administer appropriate blood safelyIs aware of and can act on any complications arising, short and long term | Qualified staff |
| 8 | Managing patients’ fluids effectively | Qualified and unqualified staff |
| 9 | Is aware of the implications of acute disease | Qualified and unqualified staff |
| 10 | Is aware of implications of chronic disease | Qualified and unqualified staff |
| 11 | Has an awareness of standard treatments for sickle cell disease | Qualified and unqualified staff |

1. *Local guidelines and protocols*
2. *Standards for clinical care of Adults with Sickle Cell Disease in the UK (Sickle Cell Society, 2018)*
3. *Sickle Cell disease in Childhood: Standards and Recommendations for Clinical Care, 3rd Edition (PHE,2019)*
4. *Sickle Cell disease QS58 (NICE, 2014)*
5. *National Early Warning Score (NEWS) 2 [RCP, 2017]*
6. *NMC Nursing Code of Conduct,* [***www.nmc.org.uk***](http://www.nmc.org.uk)*. (NMC, 2018)*
7. *NCEPOD report A sickle crisis? (2008), www.ncepod.org.uk*
8. *British National Formulary (BNF), www.BNF.org*

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|  | Competency | Support staff (A) | Qualified staff (B) | Evidence  | Assessment 1 | Assessment 2 | Comments |
|  |  |  | Sign/date | Sign/date |  |
| Performance criteria | Performance criteria |  |  |  |  |
| 1 | Provides empathy and understanding and works in partnership with the patient | Supports and cares for the patient in partnership with the patient/carer/family | Discuss and plans individualised care with the patient and encourages input/feedback from the patient. Supports treatment options according to the patient needs and understanding. | A, Written entries in nursing documentation |  |  |  |
| B, Written care plans and evidence of patient input in nursing documentation |  |  |  |
| 2 | Demonstrates an awareness of cultural issues that may impact on patient care. | Discusses the patients’ cultural /family/ethnic background and identifies personal preferences | Recognises that a patients cultural/family/ethnic health belief may have an influence on the patient receiving optimal care. Gives appropriate support and information. | A, Written entries in nursing documentation |  |  |  |
| B, Written care plans and evidence of patient input in nursing documentation |
| 3 | Understands what sickle cell disease is and the impact this has on the patient and their family. | Has attended basic training and has done background reading | Has attended sickle cell training and understands the treatment options and complications that can occur.  | A, certificates, questions |  |  |  |
| B, certificates, entries on database |
|  | Competency | Support staff (A) | Qualified staff (B) | Evidence | Assessment1 | Assessment 2 | Comments |
|  |  |  |  |  | Sign/Date | Sign/date |  |
|  |  | Performance criteria | Performance Criteria |  |  |  |  |
| 4 | Works with patient and other services to manage their pain | Records pain score and uses other methods of pain control, warm drinks, distraction. Recognises and escalates to qualified staff if pain score increasing. | Uses an appropriate pain scoring tool in direct consultation with the patient.Ensure pain scores are recorded with observations and timely pain relief is given. Record sedation scores and review the patient 30-60 minutes post administration of analgesia. Aware of distraction techniques that work for the patient, collaborates with them to adapts the acute pain care plan. Has had training in pain management and can manage patients with PCA where appropriate.  | A, patient notes and questions |  |  |  |
| B, NICE audit – pain in sicklePatient notes and questions  |
| 5 | Has an awareness that patients can develop pain due to non sickle related problems | Record reports of non –sickle pain | Record and report non-sickle pain to appropriate medical/surgical teams | A/B nursing notes and referrals certificates |  |  |  |
| 6 | Recognises that HbSS patients are asplenic increasing the risk of developing overwhelming sepsis.  | Knows when, how and who to report any deviation in clinical observations or presence of changes to symptoms | Initiates investigations as indicated, and takes blood samples – cultures, S level, retics, fbc, U&E, LFTs, CRP.Establishes IV access and administers antibiotics as prescribed. Identifies the signs and symptoms of ACS and escalates if any deterioration. | A, Reports findings to the appropriate nursing and medical staffB, Reports finding to appropriate medical/ haem teams and records in nursing documentation. Use ofEWS and actions taken. |  |  |  |
|  | Competency | Support staff (A) | Qualified staff(B) | Evidence | Assessment1 | Assessment2 | Comments |
|  |  |  |  |  | Sign/Date | Sign/Date |  |
|  |  | Performance Criteria | Performance Criteria |  |  |  |  |
| 7 | Knows what the patients baseline haemoglobin is and can safely order and administer appropriate blood Is aware of and can act on any complications arising, short and long term | N/A | Ensures the transfusion lab is aware the patient has sickle cell disease and receives sickle negative phenotyped blood. Safely administers blood to achieve target haemoglobin according to local policy and in discussion with haemoglobinopathy team.Has an awareness of sickle related reactions. | B, Transfusion competencyPatient notes/records |  |  | Is aware that all transfusions must be discussed with haematology and there are 2 options |
| 8 | Managing patients’ fluids effectively | Is able to monitor and record intake output and is aware of any discrepancies and reports this to qualified staff | Is aware that patients may have difficulty in concentrating their urine so will require extra fluids Identifies risks of dehydration/over hydration.Monitors strict intake/output and records this and reports to medical staff any discrepancy | A, Question, reporting, nursing documentationB, Questions, actions taken, nursing documentation/patient notes |  |  |  |
| 9 | Identifies any acute Sickle related complications arising during hospital admission | Knows when, how and who to report any deviation in clinical observations or presence of changes to symptoms | Has awareness of and Is able to recognise complications such as:1.Acute chest syndrome2.Infection 3.Stroke 4.Splenic sequestration (children SC adults) | A, Reports findings to the appropriate medical/nursing staff.B, Able to describe where to find guidelines and acts in accordance withSickle cell policy. |  |  |  |

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|  | Competency | Support Staff (A) | Qualified Staff (B) | Evidence | Assessment 1 | Assessment2 | Comments |
|  |  |  |  |  | Sign/Date | Sign/Date |  |
|  |  | Performance Criteria | Performance Criteria |  |  |  |  |
|  |  |  | 5.Acute anaemia6.Priapism 7.Dactylitis 8.Liver and biliary complications9. Pulmonary complications | Reports findings to haem and specialist teams and make appropriate plan of careEntries into nursing/ medical notes |  |  |  |
| 10 | Is aware of the implications of chronic disease and has knowledge of common presenting problems such as enuresis, leg ulcers, avascular necrosis | Understanding of the impact of living with a chronic condition in relation to self-management and adherence | Knowledge of how to work collaboratively with the patient to develop and maintain a self-management plan that achieves the potential of the individual and maintains their motivation and confidencePsychology referral/input | A, Discussion, nursing documentationB, Entries into nursing/medical notesDiscussion |  |  |  |
| 11 | Has an awareness of standard treatments for Sickle cell disease | Has a basic understanding of standard medications | Understands the importance of taking prophylactic penicillin medication.Aware of the side effects of taking hydroxyurea medication and the need for regular monitoringRecognises the side effects of NSAID’s and opiates | A, Discussion, nursing documentationB, Questions, drug charts and nursing/medical notes |  |  |  |