

Guidelines for Nurse Led HIV Clinic

Produced and approved by (Committee and Date)

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Reviewed

Review date:

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Introduction and Background

Introduction

The HIV outpatient caseload has increased dramatically over the last few years. In 2005 and 2006 there were around 130 referrals each year. There appears to be no slow down in these numbers so far this year. By the end of 2006 the cumulative number of patients seen in the clinic is greater than 600. The clinical nurse specialist for HIV started in 2000 as a full time member of staff at a time when the total number of patients was around 220. In June 2005 the HIV liaison nurse started to help deal with the increasing workload and is contracted to work 22.5 hours per week. As can be seen the potential workload for the HIV service has tripled over the last six years without an equivalent increase in nursing staff numbers. Despite this increase in workload the HIV nurses have been involved in setting up a number of nurse led initiatives, including an adherence clinic and an early access clinic for those newly diagnosed as well as seeing HIV+ve patients in the hospital and community for support and follow-up. With the addition of extra nursing staff, the HIV nursing team can continue with established initiatives as well as develop new initiatives aimed at improving care and which could help manage the workload of the consultants.

The consultant clinics run with 3 doctors, a pharmacist, a dietitian and at least one specialist HIV nurse.

Other Relevant Guidelines

Attached are guidelines from Medical Foundation for AIDS and Sexual Health (MEDFASH) (particularly section 4) and the British HIV Association (BHIVA), which are guidelines that the clinic uses. (Appendix 1).

Scope of guidelines

Patient Group

The patients seen will be patients booked onto the main clinic list. Prior to being seen, their notes will be reviewed including blood test results, any unexpected abnormality will be checked out with the consultant first. The patient will be approached and asked if they would like to be seen by the nurse specialist or the doctor. Any signs, symptoms or side effects that the nurse cannot deal with will be referred to the consultant in the clinic.

Patients seen by a nurse at their last appointment will be seen by a doctor at their next appointment. There may be times when this is not possible, e.g. in situations where the patient would not otherwise be seen, but all patients will be discussed in the post clinic meeting that occurs after clinics.

During the clinic visit an assessment of health and wellbeing as well as illness/symptoms will be made. Adherence and side effects to medication will be discussed. Questions and issues the patient has will be addressed. The patient's sexual health will be discussed. The relevant blood tests will be requested and medication arranged (signed off by a clinic Dr unless the nurse is able to prescribe), and an appropriate follow up visit arranged.

Patients starting HIV combination therapy may also be seen, during this consultation an explanation of the drugs including side effects, timings and adherence will be discussed. This consultation will also look at the patient's lifestyle to see how best the patient can fit the medication into their daily life. Barriers to adherence should be discussed and appropriate ongoing support and follow up arranged.

Staff involved: **Clinical Nurse Specialist/ Health Adviser**
 HIV Liaison Nurse
 Specialist HIV Nurses

Qualification, Training and Experience required.

Essential:

- Registered nurse.
- 3 years experience of HIV care.
- ENB 934 or 280 or similar

Desirable/working towards:

- Clinical Examination Skills and Diagnostic Reasoning
- Non medical Prescribing Qualification
- Other Sexual health/HIV related courses.

Competencies

See NHIVNA HIV Nursing Competencies, level required: 3 / 4. (Appendix 2). The Clinical Nurse Specialist (lead nurse) will be assessed by the HIV consultants for competence to practice in the nurse led clinic. The lead nurse can then assess other specialist nurses for competence to practice. (Any nurse specific competence may be assessed by peers working in the same/similar roles in the local area).

Competence will be maintained by:

- Yearly supervision,
- Update of training, team/peer review annually.
- New training e.g. clinical examination skills, which is assessed at the university, and by peers.

- Annual NHIVNA (National HIV Nurses Association) Conference
- Journals, e.g. HIV Nursing, and other HIV and Nursing press.

The nurse led clinic

The clinic will run alongside the existing consultant clinic as the clinic's purpose is to support the medical team, this will mean that a doctor will be available if any difficulties should arise. Patients will already have been referred to the service and will have been seen by a clinic doctor in the past. The patients seen in this clinic should be medically stable and be attending for routine review in the clinic. This means that they should have a stable cd4 count and viral load that is predictable for their stage of HIV illness. The patients may be on or off treatment, but patients requiring prescriptions of new medication should not be seen in the nurse clinic, without review by a doctor (unless the nurse is able to prescribe medication and has done the relevant course and is deemed competent to do so).

Patient exclusions:

- Patients who are medically unstable,
- Who require hospitalisation or
- Have signs of active uncontrolled infection/other illness, or
- Who require new medication to be prescribed.

Also patients who have been seen by the nurse at their last appointment unless under exceptional circumstances

Patient Information and Consent

A patient information leaflet about the nurse led clinics is in the process of being developed.

Written consent is not obtained from patients to be seen by the nurse, however verbal consent is obtained from the patient and documented on the proforma, after the patient's notes have been checked using the guidelines above. The patient is given the opportunity to see a doctor if they wish to do so.

Guidelines

Much of the guidelines are outlined in appendix 1. The nurse will use a proforma (appendix 3) in seeing the patient. All of the relevant details will be filled in, including details of a clinical examination if the nurse is competent to do this. The patient's last blood results will be explained including the significance of them, and any blood tests required from this patient episode will also be explained. The proforma will make it obvious when a patient has been seen by a nurse and will enable auditing the service.

Referral to other healthcare professionals/ services

During the consultation it may become apparent to the nurse that there are problems outside of their scope of competence, this may include signs and symptoms requiring specialist tests or new medication or symptoms requiring urgent/emergency intervention. At these times the patient will be discussed with the consultant in clinic and the patient will be seen by that consultant if necessary.

There may also be times that the patient has problems that are not related to their HIV diagnosis and will need referral on to other specialties, this may include pregnancy, surgical problems, unrelated medical problems. The nurse specialists will follow the current trust policies in referring patients elsewhere. Any referrals requiring the authorisation of a doctor will be discussed with the patient's consultant.

Within the speciality it is common for the patients to be referred to other agencies and the specialist nurses will be able to refer to these agencies directly, these include: Social Services, Colposcopy (for female patients), the Dental Hospital (blood borne virus dental clinic), The Terrence Higgins Trust (HIV Charity), the Brigstowe Project (housing charity) and the Milne Centre for Sexual Health for any complicated sexual infections.

Audit and Review

The nurse led service will be audited at 6 months and then yearly.

Audits that will be performed:

- Patient satisfaction.
- Audit against guidelines.
- Documentation using proforma.

The clinic will be reviewed annually by audit and in clinical meetings with HIV team, to ensure that it remains appropriate, up to date and meets the need of the patients and the team.

References

Medical Foundation for AIDS and Sexual (Health 2003) *Recommended Standards for NHS HIV Services*. London. Department of Health

Gazzard, B (2006) *British HIV Association Guidelines for Treatment of HIV Infected Adults with Anti-Retroviral Therapy*. HIV Medicine 7, 487-503

Appendices

Appendix 1

See NHIVNA competencies attachment

Appendix 2

North Bristol NHS Trust – Southmead Site

Nurse Clinic

NURSE ASSESSMENT FORM

Patient details:

Date:

Seen by:

Patient agrees to be seen by nurse y/n

Weight:

Prev weight:

Drug regimen:	Date started:
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Last CD₄:

Date of last test:

Last VL:

Date of last test:

Check patients understanding of results:

Normal results:	Yes	No	Comments:
FBC	<input type="checkbox"/>	<input type="checkbox"/>	
Cr, U &Es	<input type="checkbox"/>	<input type="checkbox"/>	
LFTs	<input type="checkbox"/>	<input type="checkbox"/>	

Review of lab results

Are symptoms new or longstanding?

Yes

No

Does pt require referral ?

Yes

No

Other drugs: Herbal / Over the counter / Recreational drugs ?

<u>Review of systems and side effects</u>		
<input type="checkbox"/> Rash	<input type="checkbox"/> headaches	<input type="checkbox"/> nausea
<input type="checkbox"/> Muscle/joint aches	<input type="checkbox"/> insomnia	<input type="checkbox"/> vomiting
<input type="checkbox"/> Pain/ tingling in hands or feet	<input type="checkbox"/> dizziness	<input type="checkbox"/> abdo pain
<input type="checkbox"/> SOB	<input type="checkbox"/> dreams	<input type="checkbox"/> anorexia
<input type="checkbox"/> cough	<input type="checkbox"/> Visual Disturbances	<input type="checkbox"/> diarrhoea
		<input type="checkbox"/> dysphagia

Is patient on methadone?

If yes is there a need for dose adjustment?

Adherence issues

Timings diet restrictions compliance aids given

Guides to treatment given guide to side effects given resistance

side effects discussed treatment options discussed

number of doses missed in last two weeks..... Why?.....

Any changes required as a result of above?.....

Social Issues

Health Advisor

PN issues

LSI	Sexual Partner	Duration	Type of sex	Condom used	contraception	Place of sex

<u>Have referrals been made :</u>			
Dental needed)	Dietitian	Colposcopy	Psychologist (if
Social worker	Brigstowe	THT	

Vaccines

Check orange card

Blood tests requested:

FBC U&Es LFTs CD₄ VL (after 4 weeks)

Discussion

Follow up date?

Pharmacist/nurse Doctor

Follow up date?

Pharmacist/Nurse

Doctor

Signed: