The Role of the Nurse in HIV Care

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Aim of Presentation
- Overview of key issues that affect people with HIV
- Identify the role of the nurse in caring for people with HIV
- Highlight nursing competencies required
- Benchmark current competency level
- Relate nursing role to course content

Global Epidemic

Adults and children estimated to be living with HIV, 2006

Total: 33.2 (30.6 – 36.1) million
Global Epidemic of HIV
- Multiple cultures of people affected
- Media coverage
- Immigration and asylum issues
- Political and ethical issues
- Discrimination
- Travel
- Returning to home countries
- Treatment eligibility

Treatment Eligibility
- Emergency and lifesaving care is free
- TB treatment is free
- Separating “tourists” from other health seeking actions
- Balancing conversations about eligibility
- Prioritising health
- Discharge plans
- NMC Guidelines
Nursing Role in Stigma
- Appropriate universal precautions
- Non-judgemental approach to care
- Encouraging patients to become involved in service planning
- Supporting patients with disclosure of HIV diagnosis
- Supporting ongoing sexual relationships
- Referral for counselling services
- Peer Support
- Addressing misconceptions

Nursing Competencies - Stigma
- Level 2: Recognises the impact of HIV/AIDS stigma on the patient experience of living with HIV
- Level 2: Recognises difficulty in disclosing HIV diagnosis after death and acts as a patient advocate when this arises
- Level 3: Proactively supports patients where stigma impacts on their health and well-being

National HIV Nursing Competencies, 2007

Competency Levels

**Level 2 Registered Practitioner:** Entry point for RN to HIV specialty or working with HIV in a non-specialist setting

**Level 3 Senior Registered Practitioner:** HIV specialist area at Team Leader, Charge Nurse or CNS level

**Level 4 Consultant Practitioner:** Consultant or Senior Nurse Manager in HIV

Late Presentation
Defining Late Presentation?

- AIDS at diagnosis
- AIDS within 3-12 months
- CD4 < 200
- CD4 < 50

Who presents late in the UK?

- Heterosexual
- Older
- Male
- Non-UK origin

BHIVA Audit 2006: Scenario leading to death

Evidence for late diagnosis in heterosexual men & women, and MSM – AIDS cases

Late diagnosis is defined here as an interval of less than 3 months between HIV diagnosis and AIDS.
Late Presenters in Brighton

Last 100 admissions

Management of late presentation

Simultaneous treatment of opportunistic manifestation and HIV is extremely difficult!

Avoiding complex drug-drug interactions

Avoiding overlapping toxicities

When to start HAART?
  Trying to avoid IRIS and how to avoid it

Lack of “preparation” time

Benefit of clinical networks and shared expertise

HAART in late presenters

Wait, but not too long …
  2 weeks to 2 months

Avoid significant interactions
  Rifampicin and PIs
  Some chemotherapy and PIs

Avoid overlapping toxicities
  AZT - high-dose septrin
  “D” drugs - isoniazid

Avoid unnecessary diagnostic difficulties

Allow for other co-morbidities
  Renal dysfunction
  NG administration if on ITU

Chose likely effective regimen
  Avoid NNRTIs until genotype available

Nursing care of late presenters

New HIV diagnosis
  Coping with HIV and often AIDS diagnosis
  Disclosure of diagnosis and contact tracing
  Acute hospital care – usually prolonged
  Ongoing risk assessment
  Care of opportunistic infections

Support in starting ARV’s
  Establishing support structures
  Effective discharge planning and f/u
  Employment and finance advice
  Family planning and sexual health
Nursing Care of Opportunistic Infections
- Monitoring presenting condition – vital signs and observation
- Monitoring for other opportunistic infections
- Administering IV Treatments
- Nutrition
- Care of activities of daily living
- Discharge Planning

Nursing Competencies of LP
- Level 2: demonstrates a knowledge and understanding of, and can identify the major signs and symptoms of acute and chronic HIV related conditions and risks of illness associated with relevant CD4 counts
- Level 3: Recognises signs and symptoms of complex and unstable health problems requiring review by senior colleagues

Palliative and Terminal Care
- Level 2: Is aware of the assessment needs of a patient who requires terminal care and the evidence based tools available e.g. Liverpool care pathway
- Level 3: Makes a comprehensive assessment of a patient’s palliative care needs and fully assess the physical needs of a patient who requires terminal care

Increasing UK Epidemic
HIV diagnoses, AIDS case reports and deaths in HIV-infected individuals, UK

Numbers will rise, for recent years, as further reports are received.
Data Source: HIV/AIDS reports. Reports received by the end of September 2005.

HIV/AIDS Mortality - Brighton

Number of Patients in Brighton Clinic

Increasing Numbers of people with HIV
- More patients
- Living with chronic HIV disease
- Co-morbidities
- Co-infections
- Treatment experienced
- Review of benefits
- Returning to work
Modernisation of HIV services

Changing focus of service delivery:
- Clinic visits
- Chronic manageable illness
- ARV's
- Telephone/Email clinics
- MDT
- Patient continuity
- Multicultural aspects
- MOT

Nursing Competencies in developing roles for nurses

Nurses role development:
- Triage
- Nurse Led Clinics
- NHVNA Competencies

Activity v Resources:
- GUM Targets
- Primary Care
- Sexual health screening

Managing Patient Expectations

- Keep patients informed
- Give explanations
- Address concerns
- Act on patient feedback
- Expert Patient Programme
- User representation
  - Eliciting user views
  - Involving users in service provision

Nursing Competencies in developing roles for nurses

Level 2: Describes the local policy relating to the inclusion/exclusion criteria for stable patients whether on or off therapy

Level 3: Identifies and implements essential aspects of managing stable patients, such as adherence, toxicity management and psychological and sexual health

National HIV Nursing Competencies, 2007

Co-Morbidities and Co-Infections

- Diabetes and insulin intolerance
- CVD
- Lipodystrophy
- Liver disease
- Hypogonadism
- Osteoporosis
- Hepatitis B
- Hepatitis C
- Tuberculosis
- Leishmoniasis
- Infectious diseases
- Haemophilia
Nursing people with chronic HIV disease

• Chronic Disease NSF
• Identifying what is and what is not related to HIV disease
• Adjusting to multiple pathology
• Long term therapeutic relationships
• Empowering people to live with HIV
• Coordinating appointments
• Engaging with GP’s
• Recognising when people are struggling

Nursing Competencies in Co-morbidities and co-infections

Level 2: Demonstrates an understanding of treatment choices open to people with HIV co-infections and co-morbidities

Level 3: Demonstrates an understanding of the administration, side effects and risks associated with treatment of different HIV co-infections and co-morbidities

National HIV Nursing Competencies, 2007

Ageing and HIV


National HIV Nursing Competencies, 2007
Psychological Care

Nursing Role in Psychological Care

- Coping with diagnosis
- Establishing support structures
- Appropriately involving patients in care
- Mental Health
- Adjustment disorders
- Health beliefs and behaviours

Nursing Competencies in Psychological Care

L2: Demonstrates an awareness and understanding of the psychological and emotional impact of an HIV diagnosis on a newly diagnosed HIV patient, patients starting or switching therapy or a patient with acute, chronic, terminal condition or palliative needs

L3: Works autonomously to comprehensively assess complex psychological and emotional needs of the above groups of patients

Antiretroviral Therapy
Nursing Role in Antiretroviral Therapy

- Discuss common treatment options
- Recognise common side effects (s/t and l/t)
- Discuss treatment outcomes
- Administer ARV’s correctly
- Assess patients beliefs about ARV therapy
- Assess adherence to ARV’s
- Explain implications of poor adherence

Nursing Competencies and ART

Level 2: Demonstrates an understanding of how ART works, drug classes, administration, times, dietary restrictions and key side effects

Level 3: Assess and triages problems associated with medications and side effects including short and long term side effects

Nursing Care and Adherence

Level 2: Recognises when situations are detrimental to the correct administration of ART, such as nausea and vomiting and hospitalisation

Level 3: Anticipates any threats to ART administration and intervenes to facilitate optimal adherence (i/p and o/p)

Sexual Health
HPA warns of continuing HIV and STI epidemic in gay men
23 November 2007

Role of the Nurse in Sexual Health of people with HIV

- Promote prompt access to routine STI screening
- Promote safer sex practices
- Advise on disclosure / partner notification
- Understand criminalisation
- Family Planning possibilities
- PEPSE

Sexual Health Competencies

Level 2: Assists in the assessment and treatment of the sexual health needs of patients living with HIV

Level 3: Undertakes sexual health risk assessment as part of routine assessment of patients with HIV and describes treatment options for STIs

National HIV Nursing Competencies, 2007
Health Promotion

Health Promotion in HIV
- CVD risks and smoking cessation
- Nutrition
- Exercise
- Stress management
- Mental health
- Alcohol and drug use
- Screening for hepatitis, cervical smears, lipids, BP, BMI

Nursing Competencies in Health Promotion
- Level 2: Demonstrates an understanding of maintaining a health lifestyle and how this relates to HIV
- Level 3: Undertakes detailed risk assessment in relation to smoking, cardiovascular risk, sexual health etc. Develops action plan and makes onward referrals based on the assessment

National HIV Nursing Competencies, 2007

Core Principles of HIV Nursing
- Ability to identify stage of illness and disease manifestations including surrogate markers
- Understanding ART and adherence
- Holistic and patient centered approach to care
- Incorporating the sociology of HIV into care
- Managing the changing skills profile
Adults and children estimated to be living with HIV, 2007

Total: 33 million (30 – 36 million)