

## The Role of the Nurse in HIV Care

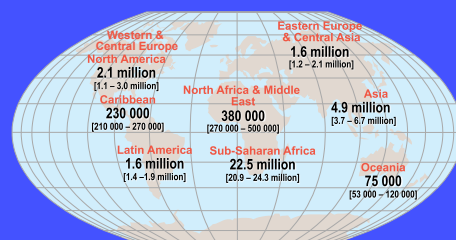
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## Aim of Presentation

- 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



Can we stop your  
prejudice, please?

- 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

## Stigma

## Stigma



## 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

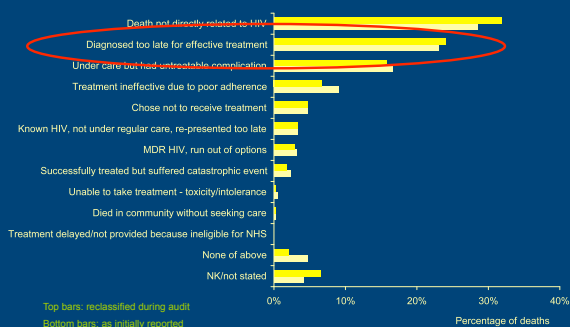
## Defining Late Presentation ?

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

## Who presents late in the UK?

- Heterosexual
- Older
- Male
- Non-UK origin

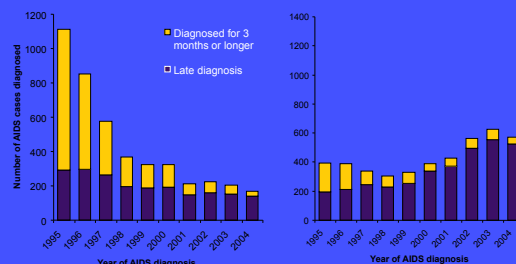
## BHIVA Audit 2006: Scenario leading to death



Mortality audit BHIVA audit and Standards Sub-Committee 2006; accessible at [www.bhiva.org](http://www.bhiva.org)

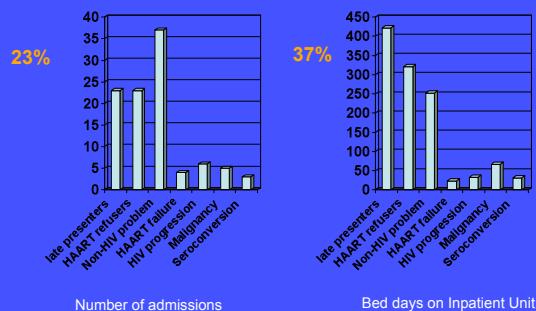
## Evidence for late diagnosis in heterosexual men & women, and MSM – AIDS cases

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



Data source: HIV/AIDS reports. Reports received by the end of September 2005.

## 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*

*National HIV Nursing Competencies, 2007*

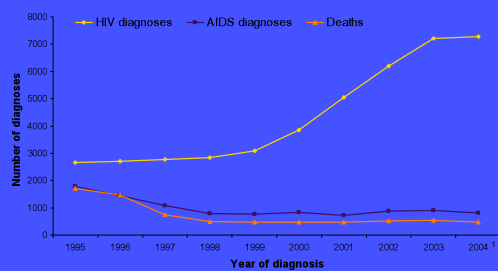
## Palliative and Terminal Care

- *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 patients palliative care needs and fully assess the physical needs of a patient who requires terminal care*

*National HIV Nursing Competencies, 2007*

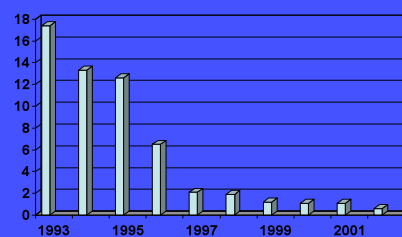
## Increasing UK Epidemic

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

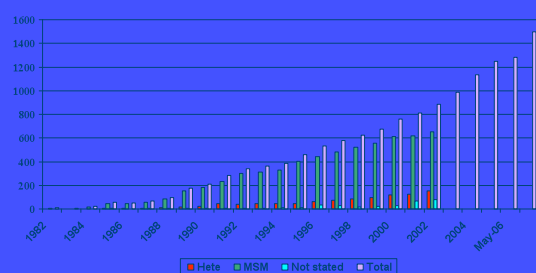


<sup>1</sup> Numbers will rise, for recent years, as further reports are received.  
Data Source: HIV/AIDS reports. Reports received by the end of September 2005.

## 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

### *Nurses role development:*

- Triage
- Nurse Led Clinics
- NHVNA Competencies

### *Activity v Resources:*

- GUM Targets
- Primary Care
- Sexual health screening

## 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*

## 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

## 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

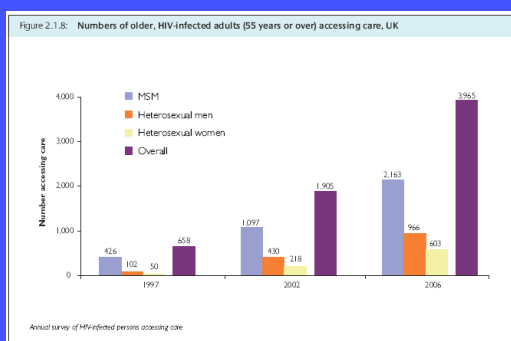
- Chronic Disease NSF
- Identifying what is and what is not related to HIV disease
- Adjusting to multiple pathology
- Long term therapeutic relationships
- Empowering people to live with HIV
- Coordinating appointments
- Engaging with GP's
- Recognising when people are struggling

## Nursing Competencies in Co-morbidities and co-infections

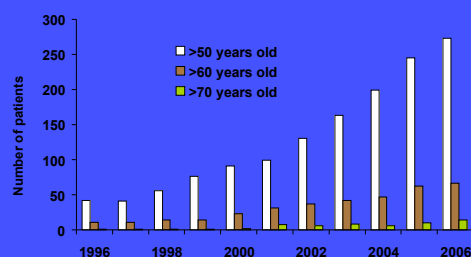
- *Level 2: Demonstrates an understanding of treatment choices open to people with HIV co-infections and co-morbidities*
- *Level 3: Demonstrates an understanding of the administration, side effects and risks associated with treatment of different HIV co-infections and co-morbidities*

National HIV Nursing Competencies, 2007

## Ageing and HIV



## Patient age in Brighton Cohort: 1996–2006



Personal communication, M. Fisher, August 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
- Chronic Disease Management
- Empowering people to live with HIV
- Expert patient Programmes
- Social care, finances, employment

## 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

*National HIV Nursing Competencies, 2007*

## 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*

*National HIV Nursing Competencies, 2007*

## 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)*

*National HIV Nursing Competencies, 2007*

## Sexual Health

Number of new diagnoses of selected STIs, GUM clinics, United Kingdom: 2006



		% change	
	2006	2005-2006	1997-2006
Chlamydia	113,585	4%	166%
Genital warts	83,745	3%	22%
Genital herpes	21,698	9%	31%
Gonorrhoea	19,007	-1%	46%
Syphilis	2,766	-1%	1,607%

Routine GUM clinic returns

30/10/2008

Sexually Transmitted Infections: HPA Centre for Infections

3

## 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

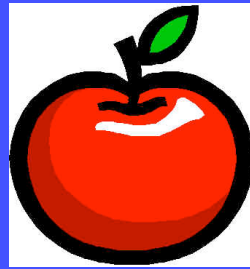
## Sexual Health Competencies

- *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

