



The Clatterbridge  
Cancer Centre  
NHS Foundation Trust

# Inpatient Handbook: Clatterbridge Cancer Centre – Wirral

Nursing



A guide for patients and carers

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**This booklet contains information that may be useful as an inpatient at Clatterbridge Cancer Centre - Wirral. This booklet aims to answer any questions you may have.**



## Welcome to our departments:

- The Clatterbridge Cancer Centre Hotline
- Clinical Decision Unit
- Sulby Ward
- Conway Ward & Step Up Unit
- Mersey Ward & TYA Unit

**The Clatterbridge Cancer Centre Hotline** is a 24/7 telephone advice service, led by experienced cancer nurses and is available for patients, relatives and other external health care professionals. Please contact the Hotline if you are feeling unwell during your cancer treatment or within six weeks of treatment finishing. The nurses will undertake an assessment and will provide advice accordingly.

### **Clinical Decision Unit (CDU)**

The CDU is a new unit where Clatterbridge patients can attend following referral from a health professional or assessment from the Hotline. In this area patients will be assessed and/or monitored, during this time the practitioner will discuss and plan the appropriate intervention or care required. This may result in an inpatient admission if ongoing care is required to one of our inpatient wards.

This area will care for all patients admitted via the emergency admission route to the centre and any patient requiring assessment if they become unwell on site. This unit is based within Sulby Ward.

**Sulby ward** is a 13 bed, 5-day inpatient ward for planned admissions. This area will care for patients during pre-assessment for a planned inpatient stay and for patients requiring an admission for planned systemic anti-cancer treatments, radiotherapy, brachytherapy, elective blood transfusions and any other day case treatment requiring an inpatient bed.

**Conway ward** and Step up Unit is a 26-bed, 7-day inpatient ward with two designated monitored beds available for patients who become unwell and require closer monitoring by the ward team. This area will care for patients requiring admission for both treatment and side effects of systemic anti-cancer treatments and/or radiotherapy and symptom management. Conway ward is the cohort ward for all Intermediate Tumour Groups.

**Mersey Ward** is a 25 bed, 7-day inpatient ward. This area will care for patients requiring admission for both treatment and side effects of systemic anti-cancer treatments and/or radiotherapy and symptom management. Mersey Ward is the cohort ward for all the Rare and Common Cancer Tumour Groups.



**Teenage & Young Adult (TYA) Unit** is a four bedded unit which provides care for young people. Patients can be admitted to the TYA for both treatment and side effects of systemic anti-cancer treatments and/or radiotherapy and symptom management. TYA emergency admissions will be admitted through the CDU and transferred to the TYA unit as soon as reasonably possible. This unit is based within Mersey Ward.

## Visiting

Friends and relatives should NOT visit if they feel unwell, have an infection, diarrhoea or vomiting. Visitors should not use toilet facilities on the ward, but should use the toilets in the main reception.

Please respect other patients' need for rest whilst visiting the ward.

It would be appreciated if the number of visitors at the bedside at any one time could be kept to a minimum. We also ask that visitors do not sit on, or put personal items on, any hospital beds.

### Visiting hours:

**Every day - 2:00pm to 8:00pm**

Visiting hours have been set to allow patients to attend to their daily needs. The evening meal is at 5:00pm, during this time visiting is restricted **to one visitor per bed** to allow patients some privacy.



If you have a family member who you would like to be more involved in your care whilst you are with us, we have a scheme called 'Partners in Care'. This allows a key member of your family to come onto the ward and help out with aspects of your care. If this is something that you would like, please ask a member of the ward staff for an information leaflet.

Protected mealtimes are in place and the purpose of these is to stop any unnecessary interruptions from staff and provide an hour of quiet time.

We are happy to answer any questions you, your friends, relatives or carers may have. Ward staff require patient consent before discussing any aspect of patient care with your friends, relatives or carers.

#### **Ward telephone numbers (Direct Dial):**

**Conway** - 0151 556 5019

**Mersey/TYA** - 0151 556 5023

**Sulby** - 0151 556 5611

**CDU** - 0151 556 5809

**Hotline** - 0800 169 5555

## General Information and Guidance

### Verbal and/or physical abuse

We have a policy on verbal and physical abuse directed at other patients or staff whilst on the premises. Security staff will be called if necessary.

### Use of mobile phones

Patients and visitors may use mobile phones in the RVS café and tea bar. Patients can use their mobile phones on the ward. Please respect other patients right to peace and quiet by having your phones on silent/vibrate and not speaking loudly when other patients are nearby. Taking photographs using mobile phones or camera devices is strictly forbidden.

### Personal possessions

There are lockers and wardrobes on each ward; however, these are not secure. We would advise that valuables or money are not brought to the hospital. No responsibility can be accepted by The CCC for patient cash or property unless handed in for safe custody and a receipt obtained.

### Electrical goods

All electrical goods need to be safety tested (PAT test) by our electricians before use on the ward. Please ask the staff for more details.





## Quiet room

A quiet room for spiritual reflection, prayer or just quiet time with your thoughts is available for patients, staff and visitors to use. The room is located on the 1st floor next to Sulby ward.

## Religious/spiritual care

Representatives of the different denominations visit the wards regularly. We hold Religious Services in the patients' lounge or can arrange for Holy Communion on the ward. There is a chapel on the Clatterbridge Health Park site where patients can attend Sunday Service. If you have specific religious or spiritual needs that we have not already addressed please let a member of the nursing staff know.

## Patient areas (indoor and outdoor)

There are a number of outdoor areas for patients to relax in, we also have a patient lounge (situated next door to the quiet room on the 1st floor next to Sulby ward) where patients can interact with other patients. Please ask for a site map (can be found in The Patient Guide). Please note: Smoking is not permitted on the Clatterbridge Health Park site.

## Cash machine

There is a cash machine on the main Clatterbridge Health Park site. Please ask a member of staff for directions.

### **RVS Shop and tea bars**

The RVS shop is in the main reception and sells soft drinks, hot drinks, hot and cold food, newspapers, magazines, stamps, sweets, snacks and groceries.

**Monday to Friday 8.00am - 5:30pm**  
**Saturday and Sunday 11.00am - 2.00pm**

The RVS tea bar is located near the radiotherapy department and sells hot and cold drinks and snacks.

**Monday to Thursday 9.00am - 5:30pm**  
**Friday 9.00am - 4.00pm**

Both of these facilities accept credit/debit card payments for transactions over £5.

### **Volunteers**

PALS volunteers visit the ward on a regular basis; they can help you with any general problems or questions you may have.

Our trained hand and foot massage volunteers visit the ward on a regular basis. This is a free service. If you do not see the volunteers around your ward, and would like a massage – please ask a member of staff to contact PALS (Patient Advice and Liaison Service) on extension 5203.



We also have our very own PAT (Pets As Therapy) dog, who visits the Centre two days per week with her owner to hopefully bring a smile to our patients.

### **Email a patient**

If friends, relatives or carers would like to send an email to a patient, this can be done via our website -

**[www.clatterbridgecc.nhs.uk](http://www.clatterbridgecc.nhs.uk)**

\*Please note that this service is not confidential as emails are printed out by staff in the PALS office and taken directly to the patient.

### **How information about you is shared with your family, friends and carers**

It is important to remember that you should be fully involved in decisions about your care, support and treatment, including how information about you is shared.

Unless you ask us to, members of staff involved in your care and treatment will not talk to your family, friends and carers about you.

On admission staff will ask you if you are happy for them to share information with your family, friends and carers and keep a record of your choices. If this information changes please inform a member of the team so they can change your records to reflect your decision.

## The Clatterbridge Cancer Centre supports #endPJparalysis

### What is pyjama paralysis all about?

#endPJparalysis is an international concept aimed at getting patients to get out of their pyjamas and dress in their own clothes during their hospital stay. This is to encourage patients to get up and move about. It can result in a shorter stay in hospital.

Having to stay on bed rest because of an illness or treatment can have an effect on your entire body. If you are elderly the effect can be greater.

For example, for people over the age of 80:

- 10 days in bed can age muscles by 10 years
- One week of bed rest can result in 10% muscle loss

This loss of strength could make the difference between staying independent or needing more help with your daily living. It is very important to prevent excess loss of strength and to begin moving as soon as possible.

### What are the benefits of wearing my own clothes and walking about?

If you get dressed in your own clothes you are more likely to walk around, feel more confident and restore your sense of self.



If you get up, get dressed and walk you may have less risk of:

- Getting an infection
- Losing mobility and agility
- Loss of fitness and strength

and you are more likely to go home sooner. We want to get you back to your normal routine as quickly as possible.

### What can I do?

When you start to feel better you will be encouraged to get up and get moving.

You may feel more comfortable in your own clothes rather than pyjamas or a hospital gown.

A relative, friend or carer can bring in some comfy clothes and footwear for you.

Let's get **UP**  
Let's get **DRESSED**  
Let's get **MOVING**

## Falls Prevention Guidance

Please follow this simple 12 point checklist to help to reduce your risk of falling.

- Tell the nurse or doctor looking after you if you have fallen in the last year, are worried about falling, or have a history of falls
- Use your call bell if you need help to move, in particular, if you need to go to the toilet
- Make sure glasses are clean and used as prescribed. Ask for help if you are having trouble seeing
- Use your usual walking aid, keep it close by and check for wear and tear on the rubber feet. Never lean on hospital furniture as it's often on wheels
- When getting up:
  - sit upright for a few moments on the edge of your bed before standing
  - get up slowly and make sure you feel steady before walking
- Do some simple leg exercises before getting up from your bed or chair:
  - point your toes and release a few times
  - tighten the muscles in your calves and then release them
  - move your legs up and down if you can, to get the circulation going
- If you feel dizzy - stop, sit down and let the ward staff know
- Drink regularly and eat well



- Be familiar with your bedside environment. Ask for clutter to be removed if your path isn't clear
- Make sure your shoes or slippers fit well, grip well and cannot fall off
- Take care in the bathroom and toilet. Ask for help if you need assistance
- It is also important to make sure that you receive a falls risk assessment. At The Clatterbridge Cancer Centre all patients receive an assessment on admission, you can find the result of yours in this handbook

### **We would also ask that you ask your visitors to:**

- Leave your room/bed area tidy by replacing chairs
- Ensure bed rails are not taken down without a ward nurse's permission
- Ensure drinks brought onto the ward are covered to avoid spillage in transit
- Make sure your call bell is within reach
- Replace bed tables moved during their visit
- Tell staff that they are leaving, when possible
- Take your suitcases home on arrival to hospital, if possible

### **Help us to keep you safe**

In the interests of patient safety, it would help us greatly if you would report to staff any potential hazards in the ward such as:

- Spills of liquid on the floor
- Trailing wires/cables
- Obstacles around the bed area

- Any other concerns about falls hazards/prevention
- If you have any comments or suggestions on safety issues, please let the nurse in charge know.

**Our aim is to reduce the incidence of patient falls in hospital by:**

- Working together with patients and their carers to promote safety
- Giving advice in a simple practical way
- Responding quickly to hazards brought to our attention
- Ensuring the hospital environment is as safe as possible

## 'CALL DON'T FALL'

**Following on from your 'Falls Risk' assessment performed by your admitting nurse, your individual 'Falls Risk Factors' identified on admission are:**

Falls Risk identified		How to minimise this risk
Signed		Title
		Date





## Dementia Screening Tool

All of our patients over the age of 75 who are admitted as an emergency will be screened for dementia – this will involve answering some simple questions for example,

“Have you been forgetful over the last 12 months and to what extent has this significantly affected your daily life?”

The questions are designed to trigger a more detailed assessment, if required.

If you feel you have had any problems with memory loss, then please speak to any of our nurses or doctors or ask for a referral to our Clinical Specialist for Additional Needs.

## Deep Vein Thrombosis (DVT) & Pulmonary Embolism (PE)

This section is a guide for patients to explain the prevention, care and treatment of blood clots in the leg (Deep Vein Thrombosis) or lungs (Pulmonary Embolism).

On admission to Clatterbridge Cancer Centre - Wirral we will assess you for risk of developing a blood clot. The result of your assessment will guide any treatment plan and a member of nursing staff will be happy to discuss this with you.

Blood clotting is essential protection for our bodies when it clots outside of the blood vessels. Deep Vein Thrombosis (DVT) are clots that develop in the deep veins of the legs, these are large veins which run through the muscle in the calf and thigh. The clot can block the vein either partially or fully. Pulmonary Embolisms (PE) are clots which break up, travel and lodge in the lungs.



## Deep vein thrombosis

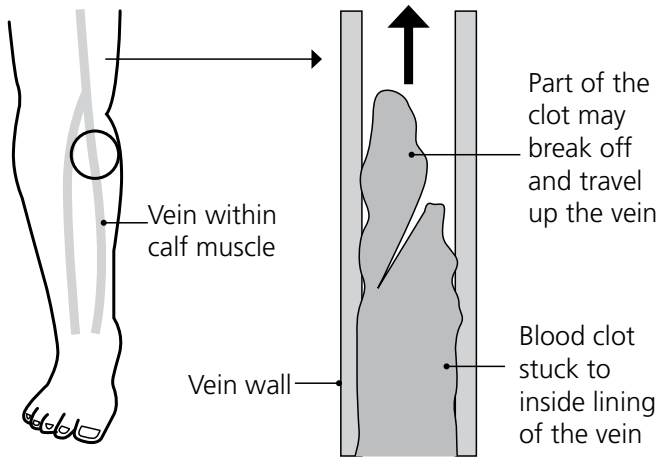


Diagram ©EMIS 2011, as distributed at <http://www.patient.co.uk>, used with permission

**Risk assessment for VTE and DVT (this is recorded here for your information).** This assessment will also be recorded in your electronic record. *(Please tick)*

- You have been assessed as low risk
- You have been assessed as high risk
- You have a confirmed Deep Vein Thrombosis (DVT)
- You have a confirmed Pulmonary Embolism (PE)

## Risk factors

Clots can occur at any time. However, there are certain factors which can increase your risk of development:

- Cancer
- Immobility
- Age above 60 years
- Acute medical illness
- Some forms of renal (kidney) failure
- Severe infection
- Previous DVT
- Use of hormone replacement therapy, the contraceptive pill or HRT
- Obesity
- Personal or family history of clots
- Major surgery
- Pregnancy
- Smoking

## Signs and symptoms

If you experience any of the following symptoms, please inform a member of your health care team. Your team will then assess you and it may be necessary for you to have a special type of scan:



- Pain and/or swelling in your leg
- Calf tenderness
- Hot or discoloured skin on your legs
- Veins may appear larger than usual in legs
- Shortness of breath
- Pain in chest, back or ribs when breathing deeply

### Treatment options

The usual treatment for prevention and treatment of DVT or PE is anticoagulant (blood thinning) therapy with warfarin, heparin and/or compression stockings. Any combination of these may be used. Some medicines used to treat or prevent DVT or PE may be derived from animal products, if this is an issue please speak to your pharmacist, nurse or doctor for further information.

### Compression Stockings

Compression stockings are used to provide pressure which gradually decreases from ankle to thigh. This pressure promotes blood flow and reduces blood pooling, which in turn reduces the risk of clots. They can also help prevent calf pain and swelling and lower the risk of leg ulcers developing after having a DVT. They can also help prevent post thrombosis syndrome - damage to the tissue of your calf caused by the increase in blood pressure that occurs when a vein is blocked (by a clot) and blood is diverted to the outer veins.

When wearing compression stockings, you should follow the advice given to you by the nurse.

## Pressure Ulcer Prevention

### What is a pressure ulcer?

A pressure ulcer is damage that occurs on the skin and underlying tissue.

Pressure ulcers are caused by three main things:

- **Pressure** - the weight of the body pressing down on the skin
- **Shear** - the layers of the skin are forced to slide over one another or over deeper tissues, for example when you slide down, or are pulled up, from a bed or chair, or when you are transferring to and from your wheelchair

The first sign that a pressure ulcer may be forming is usually discoloured skin, which may get progressively worse and eventually lead to an open wound. The most common places for pressure ulcers to occur are over bony prominences (bones close to the skin) like the bottom, heel, hip, elbow, ankle, shoulder, back and the back of the head.

### Who gets pressure ulcers?

Anyone can get a pressure ulcer, but some people are more likely to develop one than others. People with a pressure ulcer are also at risk of developing another pressure ulcer. People may be at risk of getting a pressure ulcer if, for example, they:



- Have problems moving and cannot change position by themselves without help
- Cannot feel pain over part or all of their body
- Are incontinent
- Are seriously ill or undergoing surgery
- Have had pressure ulcers in the past
- Have a poor diet and don't drink enough water
- Are very old or very young
- Have damaged their spinal cord and can neither move or feel their bottom and legs

Healthcare staff will assess whether you are at risk of developing a pressure ulcer. This will involve examining you and asking you some questions. This assessment is carried out when you first come into hospital, and on a continuing basis after that. If you are considered not to be at risk, you should be reassessed if there is a change in your condition.

### **Preventing pressure ulcers**

Pressure ulcers can develop very quickly in some people if the person is unable to move for even a very short time - sometimes within an hour. Without care, pressure ulcers can be very serious. They can damage not just the skin, but also deeper layers of tissue under the skin. Pressure ulcers may cause pain, or mean a longer stay in hospital.

## Keeping moving

One of the best ways of preventing a pressure ulcer is to reduce or relieve pressure on areas that are vulnerable to pressure ulcers (for example, bony parts of the body). This is done by moving around and changing position as much as possible. If you already have a pressure ulcer, lying or sitting on the ulcer should be avoided as it will make the ulcer worse. You can get advice from healthcare staff regarding how you can help to relieve pressure on areas of skin that are vulnerable to pressure ulcers.

This advice might include:

- Correct sitting and lying positions
- How to adjust your sitting and lying position
- How often you need to move or be moved
- Supporting your feet
- Keeping good posture
- Which equipment you should use and how to use it

If you have a pressure ulcer, you should change your position or be repositioned regularly to allow the ulcer to heal and avoid further damage.





## Self-care

It is important to move and change position yourself as often as you can. People with limited movement may need to have their limbs moved by someone else. Once home, if you are still at risk you should be encouraged to inspect your own skin if you are able, to check for signs of pressure ulcers – you may need to use a mirror to see awkward areas such as your bottom or heels. If you notice possible signs of damage, you should tell a member of the healthcare team immediately - one of the nurses if you are in hospital, or your community nurse or GP if you are at home.

## A good diet

Eating well and drinking enough water is particularly important to promote healing of a pressure ulcer. Well-nourished and hydrated skin is also less prone to developing pressure ulcers.

Healthcare staff will discuss your diet with you and any possible improvements that could be made. If you are found to have poor nutritional status, you may need to take oral nutritional supplements, this will mean that you may be referred to a dietician for specialist advice. The type of dietary help offered by your healthcare team will depend on what's missing from your diet, your general health, your preferences and expert opinion.

## Infection control and Hospital Hygiene

We take infection prevention and control very seriously, and as a result of this, we have a low incidence of infection. To maintain our high standards in infection control, we ask that you follow these simple guidelines:

- Please use the hand hygiene rub found in the dispensers at the ward entrance. It is advisable that you and your friends and relatives use this when entering and leaving the ward. This is good practice for everyone and helps prevent the transfer of germs - into or out of the ward
- Hand hygiene rub is readily available throughout the ward and at the end of each bed. Always wash/decontaminate your hands after visiting the toilet and before all meals
- In order to reduce the risk of people developing infections, hospital staff will use standard (infection control) precautions for the care of all patients, all of the time. These precautions help to stop the spread of germs from person to person or from the environment to a person
- Please feel free to ask any member of staff if they have washed their hands before they attend to you



## How will I know if I have an infection?

The infection prevention and control team keep track of resistant types of bacteria as these bacteria can cause a variety of different infections such as urinary tract infections, wound infections, pneumonia and blood stream infections. The signs of infection will vary according to the location of the infection on your body. The only way to tell for sure that an infection is caused by resistant bacteria is for the lab to identify the bacteria in a sample such as urine or a wound swab or a sample of diarrhoea.

## Diarrhoea (loose bowels)

There is no agreed definition of diarrhoea, but The World Health Organization defines it as the passage of 3 or more 'loose' or liquid stools per day, or more frequently than is normal for the individual.

People may develop diarrhoea for lots of different reasons and it may be a normal response or a sign that something unusual is happening to you.

Some causes of diarrhoea include:

- Anxiety or fear
- Some types of medication including some chemotherapy
- Radiotherapy treatment, especially to the abdominal or pelvic area

- Food intolerance (something you've eaten that doesn't agree with you)
- Food poisoning (caused by contaminated food or drink)
- Alcohol consumption
- Underlying illness
- Infection

People are sometimes embarrassed to talk about their bowels but it is really important for you to tell your doctors and nurses if you have diarrhoea. This is to make sure you receive the most effective treatment so that any necessary tests can be done.

It is also really useful for hospital staff to understand whether the diarrhoea is getting better, worse or staying the same so you may be asked lots of questions and staff may ask to see your diarrhoea. Sometimes, you may be asked to provide a sample for the laboratory in order to identify the most likely cause of your diarrhoea and so provide the most appropriate treatment for you.

We have a special chart for you to complete if you'd rather keep your own records but please answer as accurately as you can about the amount of diarrhoea, how often you have to go to the toilet and what your diarrhoea looks like.



## Screening for resistant bacteria

This section gives advice and guidance about our resistant bacteria screening procedure and explains who to contact if you have any concerns.

A variety of different species (types) of bacteria (germs) may be carried harmlessly on, or in, a person's body. This is called being 'colonised'. People who are colonised do not look or feel different from other people, so the only way we can tell if you are carrying a particular germ is to screen for it.

### What is screening?

Screening for resistant bacteria involves rubbing areas of your body with a large cotton wool bud. This is called taking a swab. We usually need to take a swab from the skin in your groin area and from the inside of your nose. Sometimes, we also need to take a swab from your bottom or back passage (anus) and from any wounds, drips or catheters. The swabs are then sent to the laboratory for testing.

### Why am I being screened?

We would like to screen you on admission but particularly if you have been transferred directly from another hospital or have recently been in hospital, especially overseas. This is because some resistant bacteria are more common in other countries and some are more common in people who have been seriously ill.

If an antibiotic is given to treat an infection, it kills the sensitive bacteria, but any resistant ones can survive and multiply. People receiving lots of different antibiotics are more likely to develop resistant strains of bacteria.

If we find out that you are carrying a resistant bacteria, it helps us to plan your care more safely and we can use special precautions to stop the germ spreading to other people.

### What bacteria am I being screened for?

Resistant bacteria are often referred to by a series of letters beginning with the name or type of antibiotic the germ is resistant to and ending with the name of the bacteria. The resistant bacteria we most often screen for include:

- **MRSA** - Methicillin-resistant Staphylococcus Aureus
- **VRE** - Vancomycin-resistant Enterococcus. The same germ is also referred to as GRE (Glycopeptide-resistant Enterococcus)

Some types of germs are able to produce a substance to inactivate certain kinds of antibiotics and these include:

- **ESBL** - extended-spectrum beta lactamase producing bacteria
- **CPE** - Carbapenemase-producing Enterobacteriaceae. These germs are sometimes referred to as CPC which stands for Carbapenemase-producing coliform or Carbapenem-resistant Enterobacteriaceae CRE.



### How will I get my test results?

Results from these swabs take two or three days to process, as the lab has to wait for the germs to multiply before they can be identified.

If the results are negative, it means that a resistant germ was not found. You will not be informed automatically of this result but please ask for the results if you want to know.

If the results are positive, it means that a resistant germ has been found somewhere on your body. If you are still in hospital, one of your doctors or nurses will inform you of the results. If you have already been discharged, the hospital staff will inform your own doctor (GP).

### Will this stop me having my treatment?

Most people who are found to be positive are only colonised with ('carrying') resistant bacteria. If you are already in hospital your treatments will carry on as normal but you will be asked to move into a single room and doctors and nurses will use gloves and an apron if they are giving care.

If you develop a serious infection, it may be sometimes safer to delay your treatment temporarily while the infection is treated. Your doctor will discuss this with you, if this is the case.

## Will these resistant bacteria hurt me?

If resistant bacteria have been found by screening, it usually means that the germs are living harmlessly somewhere on your body. Unfortunately, under some circumstances, these bacteria also have the ability to cause infections which can be difficult to treat. It is much better if we know in advance that you are carrying resistant bacteria, as this helps your doctors to choose the most effective antibiotics to treat any infections caused by the type of germ you are carrying.

## Hospital hygiene

Too many flowers or gifts around the bedside can make it difficult for the domestic staff to clean. In the interest of infection control, it is therefore important that we try to keep the patient's environment clutter free.

Please inform a member of staff if you have any concerns regarding hygiene or cleanliness in the hospital.

## Who can I speak to if I have further questions?

Infection control precautions can sometimes seem a bit complicated, but please ask a member of staff if there is something that you see that you don't understand or if you want more information. If you would like any further information, please speak to the Infection Prevention and Control Team who are located in the main corridor, next door to Medical Records.





## What is Sepsis?

Also known as blood poisoning (septicaemia), sepsis is the reaction to an infection in which the body attacks its own organs and tissues.

Infections which can give rise to sepsis are common, and include Lung infections (pneumonia), water infections, infections in wounds, bites or the joints, and problems like burst ulcers.

Sepsis can lead to shock, multiple organ failure and even death, especially if not recognised early and treated promptly.

### How will I know?

In the early stages, it is often difficult to distinguish sepsis from 'flu'. If you have, or recently had, a fever (temperature), and develop any of the following don't delay seeking urgent medical attention:

- Slurred speech or confusion
- Extreme shivering or muscle pain
- Passing no urine (in 18 hours or a day)
- Severe breathlessness
- Feeling of 'I know something's badly wrong with me'
- Skin that's mottled, bluish or very pale

Providing a detailed account of how you have been feeling prior to admission to hospital will greatly assist the nurses and doctors with their assessment. If your relative has been concerned about you and your state of health this is also important to mention.

During your hospital stay the nurses and health care assistants will record your Blood Pressure, Heart rate (pulse), Temperature, Oxygen levels, Respiratory rate and observe your level of consciousness at timed intervals in order to monitor you. This is also used as a tool to help guide your care and if necessary seek urgent assistance from a specialised nursing and medical team to ensure prompt treatment is received, should sepsis be suspected. Remembering, how YOU are feeling is a hugely important part of this monitoring.

Don't be afraid to say  
**"I think this might be sepsis"**

Caught early, the outlook is good in the vast majority of patients. Therefore it is crucial not to delay medical attention. International research recommendations suggests treatment should be started within one hour of sepsis being suspected. Research has shown that treatment with intravenous antibiotics and fluids work. Sepsis is an emergency and should be treated as such.



## Fluid balance

### What is fluid balance?

Fluid balance is the recording of intake and output of fluid, and the balancing of them both.

### Why do we maintain fluid balance?

To help aid a patient's recovery by avoiding dehydration and other unwanted complications.

### How will we do it?

Nurses will ask you regularly how much you have had to drink and will ask you to pass urine into a measuring pot so they can record the amount of fluid on your fluid chart.

If you are having diarrhoea or vomiting, you may be also

asked to provide a sample of this so the fluid loss can be accurately recorded and a specimen sent for testing.



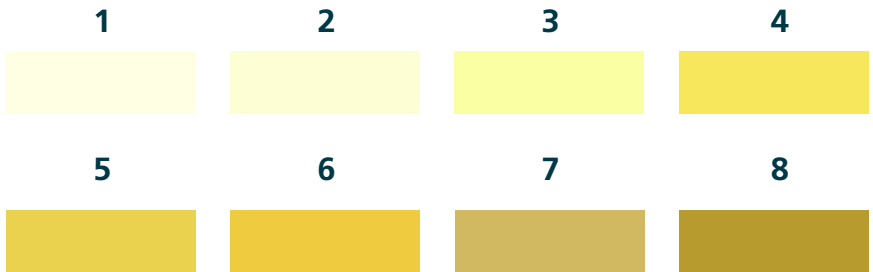
## How can you help?

Use the provided measuring pots and inform staff when you have passed urine, or if you have had any diarrhoea or vomiting.

Please ask staff for additional measuring pots, if needed.

**If you require any further information, please speak to your nurse.**

## Urine Colour Chart



There's a saying that 1-3 is healthy wee, but 4-8 you need to hydrate! That's true for many healthy individuals, but it may not be true for everyone.

Some medications (including chemotherapy), certain foods or dyes in food can cause quite startling colours in urine including: brown, orange, pink, red, blue or green. Dark coloured urine may be 'normal' for people with liver or kidney problems and it may be that your doctor has advised you to strictly limit your fluid intake.



**BUT...** If dark coloured urine is simply because you're not drinking enough liquid or because of something you have eaten:

- Try to drink 2 litres (8-10 cups) per day or as much as you're able to or allowed to
- Don't wait until you're thirsty - being thirsty is a sign that you're already dehydrated
- Try to drink what you enjoy - all non-alcoholic fluids count
- If you're worried about having to get up in the night, try to drink more in the morning and early afternoon rather than later in the day

**Remember...** restricting your fluid intake should be only undertaken if advised by your doctor, because if you aren't drinking enough you are more susceptible to additional problems such as constipation or urinary tract or bladder infections.

**Please speak to your doctor or your nurse if anything about this worries or concerns you.**

## Hospital discharge

When you are discharged from the ward, you will receive a copy of the discharge letter that will be sent to your GP, which details your length of stay and the treatment you received whilst you were an inpatient.

You may also receive medication to take home with you; a member of staff will go through the medication to make sure you understand what they are for.

If you have any concerns about any aspect of your hospital discharge, please speak to a member of the nursing staff so that any additional professional referrals can be made.

If you have any concerns after you are discharged home, you can contact the Clatterbridge Cancer Centre Hotline directly.

### Tell us about your stay

Please complete the patient feedback survey you are given when discharged. If you do not receive a survey, please ask a member of staff for a copy. You can share any comments, compliments, concerns or complaints by contacting the Ward Manager, Matron or by talking to one of the PALS volunteers who regularly visit the wards.

Alternatively, you can contact the PALS service on **0151 556 5203**.



This information is used to monitor and improve our services; the results are available on our website ([www.clatterbridgecc.nhs.uk](http://www.clatterbridgecc.nhs.uk)) and are displayed on each ward.

The staff are here to listen to any worries or concerns you may have about your treatment and care, or that of a friend or relative. You should be involved in all decisions made relating to your treatment and care. During any conversations you have with staff, your privacy will be maintained. If you wish, you can ask to use an area on the ward where your conversation will not be overheard.

### **Friends & Family**

The NHS Friends & Family test is an important opportunity for you to provide feedback on the care and treatment you receive and to improve services.

It was introduced in 2013 and asks patients whether they would recommend hospital wards, A&E departments and maternity services to their friends and family if they needed similar care or treatment. This means every patient in these wards and departments is able to give feedback on the quality of the care they receive, giving hospitals a better understanding of the needs of their patients and enabling improvements.

The test questionnaire forms can be found on the ward reception desk.

## Frequently Asked Questions

### **Why do the ward staff wear different coloured uniforms?**

Different colours mean different roles. You can approach any of our staff for help or advice. There are pictures displayed on the Patient Information noticeboards at the entry to each of the wards highlighting who wears which uniforms.

### **Can patients leave the ward?**

If you feel well enough, you may leave the ward but please remember to tell a member of ward staff (in case of fire).

### **Are patients able to go home for the weekend?**

If you are well enough, it may be possible for you to go home for the weekend; please discuss this with the nursing staff on your ward.

Unfortunately, we cannot arrange hospital transport for weekend leave, you must arrange this yourself. If you should become unwell at the weekend, you should telephone your ward straight away and discuss your condition with a qualified nurse.





### **Can clothes be washed on the ward?**

Patients are encouraged to wear their own clothes throughout the day.

Unfortunately, there are no washing facilities for clothes on the ward, so it would be appreciated if this could be arranged by family or friends. Special dissolvable laundry bags are available for soiled clothing (If you would like your soiled or used clothes to be placed in these bags please ask your nurse) these bags can be placed directly into the washing machine at home.

### **Can food and other items be brought into the hospital?**

Although there is a shop on site, due to limited opening times, bringing in toiletries or snacks is a good idea. A small amount of food which has been appropriately labelled can be kept in the ward fridge. Home-made plated food cannot be heated but microwavable ready meals can. Never leave perishable food in your locker.

### **I saw a nurse wearing a red tabard. What does that mean?**

If a nurse is wearing a red tabard, they are carrying out the ward drug round and it is important that they are not disturbed. Any other nurse on the ward will be happy to assist you during this time.

## Information & Support

### **Macmillan Cancer Information & Support Centre**

Situated at the front entrance of The Clatterbridge Cancer Centre at both our Wirral and Aintree sites, the Macmillan Cancer Information and Support Centres provide a confidential drop-in service for anyone affected by cancer, whether you have been diagnosed yourself; are a carer, relative or friend of someone with cancer; are looking to reduce the risk of cancer or are a healthcare professional.

Each centre is staffed by a Macmillan Cancer Information and Support Manager and trained volunteers. There is information on all aspects of living with cancer; the opportunity to discuss treatments, side effects and other cancer related issues; access to a private room where you can talk to someone with confidence and information and support over the phone or via e-mail if you are unable to access the service in person.

We have links with, and can signpost or refer you to local, regional and national self-help and support services and other voluntary and statutory agencies.



### **Clatterbridge Cancer Centre - Wirral**

Opening times: Drop-in Monday - Friday 10.00am - 4.00pm

Tel. No. 0151 556 5570

E-mail: sharon.winsborrow@nhs.net

### **Macmillan Welfare Benefits Service**

Drop-in for general enquiries: Monday/Wednesday/Friday  
10.00am - 4.00pm

Or appointment via referral.

### **Clatterbridge Cancer Centre - Aintree**

Tel. No. 0151 556 5959

### **Maggie's Centre**

Maggie's is there for anyone affected by cancer, offering a programme of support that has been shown to strengthen physical and emotional wellbeing.

Whether you want to speak to a healthcare professional, a friendly place to meet other people or a calming space to simply sit quietly with a cup of tea, why not call in?

Maggie's Merseyside at Clatterbridge opened in June 2014. It is situated at the front of the hospital, adjacent to the patient car park.

Opening times: Monday - Friday 9.00am - 5.00pm

**[www.maggiescentres.org](http://www.maggiescentres.org)**

## Rehabilitation and Support

### **CReST (Cancer Rehabilitation and Support Team)**

The CReST Team are here to maximise a patients' ability to function, to promote independence and to help them adapt to their condition. Their aim is to deliver a high quality service to patients with cancer through the provision of specialist expertise and interventions. Patients will have different needs at different stages of their cancer or treatment, difficulties with everyday activities, communication and energy levels can lead to feelings of loss of control which affects well-being and self-image.

The CReST Team also provide a supportive environment where services can be developed through research, education, expert clinical practice and by promoting change through the delivery of evidence-based practice.

The team includes Clinical Nurse Specialists, Macmillan Physiotherapists, Macmillan Occupational Therapists, Macmillan Dietitians, Lymphoedema Nurse, Macmillan Welfare Benefits Advisors, Social Workers, The Teenage and Young Adult Team, Counsellor, Speech and Language Therapist and the Specialist Palliative Care Team. There are pictures displayed on the Patient Information noticeboards mounted at the entry to each of the wards highlighting which member of the team wears which uniform.



## Additional needs

A Clinical Specialist is available to help or support any of our patients with additional needs, whether it is a patient with dementia, a physical disability, sensory impairment or those for whom English is not their first language. Their role is to support and advise staff on how to assess patients' additional needs in collaboration with their carers or families and plan individual care to meet those needs. If you have any concerns or would like a referral to this service, then please speak to any of the doctors or nurses on the ward so that a referral can be arranged.

## John's Campaign

The Clatterbridge Cancer Centre have signed up to John's Campaign, which relates to carers of people with dementia. John's Campaign aims to ensure that the families and carers of people with dementia have the same rights as the parents of sick children, allowing the carer to remain with them in hospital for as long as they are needed, including overnight. We welcome the carers of our patients in the ward and would like to work in partnership with you.

If you require further information please speak to the nursing staff involved in your care. Our leaflet "Partners in Care" provides further information about this care partnership scheme. In addition, the trust also has a device which has reminiscence therapy software available. We call the device

'Rita' and has lots of different genres of music, movies, radio stations as well as games and old pictures. Please ask one of the ward staff if you would like more information.

### **Psychological medicine & counselling**

Psychological medicine is the branch of medicine concerned with the overlap between physical and emotional health. The diagnosis and treatment of cancer causes great emotional stress for most patients and families. Some people adapt well to these stresses with the help of family, friends and support groups. Often, people may benefit from further support or specific treatments such as self-help, counselling or medication. We are able to offer this support and treatment by working with you in the outpatient clinics or wards at The Clatterbridge Cancer Centre alongside your GP and the team providing your treatment.

### **Specialist Palliative Care**

Palliative care is for people with an advanced or progressive illness which may be incurable. Palliative care can be provided alongside other active medical and therapeutic treatments such as radiotherapy or chemotherapy. The aim of palliative care is to maintain, and, as far as possible, improve the quality of life for patients and their families.



The staff looking after you will usually refer you to the team, if appropriate, and if they feel it would help you. It is important that the oncology consultant currently looking after you has agreed to the referral.

### **Nurse Leadership Rounds**

During your stay you may see the senior nursing staff perform leadership rounds on the patient wards, part of the rounds is to ask patients about their experience and the quality of their stay in hospital. This is your opportunity to highlight anything you feel can be done better or things that you feel we have done well.

## **Contact Details**

### **The Clatterbridge Cancer Centre NHS Foundation Trust**

0151 556 5000 or [www.clatterbridgecc.nhs.uk](http://www.clatterbridgecc.nhs.uk)

### **Macmillan Cancer Support**

0808 808 0000 or [www.macmillan.org.uk](http://www.macmillan.org.uk)

### **Macmillan Cancer Information and Support at:**

Clatterbridge Cancer Centre – Wirral 0151 556 5570

Clatterbridge Cancer Centre – Aintree 0151 556 5959

## How we produce our information

All of our leaflets are produced by staff at The Clatterbridge Cancer Centre and this information is not sponsored or influenced in any way. Every effort is made to ensure that the information included in this leaflet is accurate and complete and we hope that it will add to any professional advice you have had. All our leaflets are evidence based where appropriate and they are regularly reviewed and updated. If you are concerned about your health in any way, you should consult your healthcare team.

We rely on a number of sources to gather evidence for our information. All of our information is in line with accepted national or international guidelines where possible. Where no guidelines exist, we rely on other reliable sources such as systematic reviews, published clinical trials data or a consensus review of experts. We also use medical textbooks, journals and government publications.

References for this leaflet can be obtained by telephoning 0151 556 5570.

If you need this leaflet in large print, Braille, audio or different language, please call 0151 556 5570.

**If you have a comment, concern, compliment or complaint, please call 0151 556 5203.**

The Clatterbridge Cancer Centre NHS Foundation Trust  
Clatterbridge Road, Bebington,  
Wirral, CH63 4JY.

Tel: 0151 556 5000

Web: [www.clatterbridgecc.nhs.uk](http://www.clatterbridgecc.nhs.uk)

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