

Submission
No 133

**INQUIRY INTO REGISTERED NURSES IN NEW SOUTH
WALES NURSING HOMES**

Name: Name suppressed

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Partially Confidential

Removal of the requirement to have Registered Nurse coverage 24/7 in Residential Aged Care Facilities will have a detrimental effect on the aged people living and dying within their confines. I am a Nurse Practitioner in Palliative Care, I believe that the safety of residents will be negatively effected, there will potentially be an increase in transfers to acute hospitals due to uncontrolled symptom issues and the chances of residents achieving a good death in their own home (residential aged care facility) will be greatly diminished.

Dying is not a linear process. A person does not die and exhibit symptoms only in business hours. Dying is an earthy process, unique to each individual. To achieve a good death an individual often needs multiple assessments and adjustments to their care plan, to get their journey to death right for them.

Registered Nurses are required in Residential Aged Care facilities 24/7 to provide the individualised assessments and provide medication to promote comfort as per each dying persons unique needs. The ability to assess and differentiate care needs is a role unique to Registered Nurses and not a role that can be deputised.

As a prescriber of medications for dying patients, it is of concern that without a Registered Nurse, I will not have a suitably qualified staff member to oversee the comfort of my patients and continue the care plan. Often when a person is dying, prn (as required) medications are prescribed pre-emptively, so as the persons condition changes and a new but expected symptom occurs it can be treated in a timely manner causing less distress. Without suitably skilled Registered Nurses available around the clock to administer prn medications, as a prescriber I may be forced into regular prescribing of medications that are not indicated, but may be required, causing potential unwanted side effects or not prescribing potentially required medications and allowing patient suffering.

Examples of pre-emptive prescribing include medication for lessening moist respiratory secretions and reducing the potential for death rattle, medications for anxiety and fear, medications for restlessness and extra opioid analgesia in case of a flare up of pain or breathlessness.