

Our nurses and midwives

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Why I wanted to become a nurse or midwife

I wanted to become a nurse from the age of five years old. I never changed my mind. I was more determined to achieve my goal when I completed the old YTS course when I was 18 years old and helped on an older peoples ward.

I would say to anyone interested in a career in nursing and midwifery to go with your heart. I still believe it is a vocation but with the developments of such diverse and specialist areas in the area now there is so much choice of places to specialise in later. It is a career for life, the satisfaction of helping others is immense, you're able to continually learn and have study days paid for. I have been a nurse for over 30 years and have never regretted the day I put my uniform on.

On a typical day

I start my day in healthcare at 7.30am. I will check the diary to see which duties I am first doing; this may be completing the security paperwork for residents who have hospital appointments the following day, or I could be working with another nurse giving the controlled medications to residents. I then go and see some of my palliative patients in their cells - the amount of times varies in how far in their palliative journey they are. I will check to see if their symptoms are under control, if they need to see a Doctor or if any equipment is needed to help them remain comfortable. Each person that I see I create or update their care plans and liaise with my colleagues at the MDT meetings at lunchtime and update. I could also be conducting a diabetes clinic and seeing and helping those with diabetes in our care. This could entail providing annual diabetes checks, taking bloods, discussing complications or updating the patient of their results.

At 11.30am we have triage where anyone can come and book appointments or buy paracetamol. We also see emergencies at any time.

At other times I will be conducting a triage clinic where we would see a number of previously booked patients with a range of ailments. I would signpost a patient to either a Doctor or an appropriate person for their particular need or treat a person should they need antibiotics for an infection or to redress a wound.

How I've made a difference as a nurse or midwife

When I first moved from the hospice to the prison five years ago, there were no palliative patients and after over 20 years in a hospice, it was a refreshing change if somewhat scary until I settled in. My first palliative patient came about six months after I had arrived. My colleagues were not used to working with people who were end of life and I found the constraints of giving appropriate medication, symptom



control and end of life care a challenge. My manager had a special interest in end of life care which was wonderful. I found myself giving presentations on palliative and end of life care to my colleagues to help them understand. I completed Advanced Care Plans, so that we knew of the patient's wishes, I was able to use my counselling skills with my patient and had to learn very quickly the prison regime of what was allowed or not due to the nature of the place of care. I was able to provide the information to the GP's in the prison to give excellent symptom control, I was able to ask the Palliative Consultant at the local hospice whom I had previously worked with, about my patient being cared for in the hospice when the patient had entered the end of life/small number of weeks to live pathway. My patient passed away in the hospice with dignity and pain free a few days after his at the hospice.