Kingston Hospital NHS
NHS Foundation Trust

Patient Sticker

Multiple Sclerosis Ambulatory Emergency Care Pathway

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Ambulatory Emergency Care (AEC) Unit Open: **Monday – Friday 8am – 8pm**		
Consultant: Dr M Oldfield Consultant: Dr D Harris Lead Nurse: Catie Paterson	**Direct Line: 0771 580 8241** **Land Line: 0208 934 3883** **Fax: 0208 934 3884**	Medical On Call Team SPR: 174 SHO:172/173

MS Pathway

Patient From
ED (Emergency Department)
AAU (Acute Assessment Unit)
GP

ASSESSMENT

MS Relapse Assessment (page 3)

EXCLUSION CRITERIA

Evidence of infection

Patient unable to give informed consent

MS Relapse Diagnosis (Page 7)

MS Pre Treatment Pathway (Page 10)

MS Treatment Pathway (Page 11)

Ambulatory Emergency Care (AEC)

IN HOURS AEC **08:00 – 20:00**	**OUT OF HOURS ED** **20:00 – 08:00**
Book appointment for patient in AEC	Book appointment for patient in AEC
Notes in AEC trolley in ED	Notes in AEC trolley in ED

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MS RELAPSE ASSESSMENT

Completed form to be faxed to MS Nurse on 0208 934 3991

DATE OF REFERRAL:	**REFERRAL MADE BY:**
PATIENT DETAILS: *(Affix patient label)*	**DATE OF ASSESSMENT:**
	DISEASE MODIFYING THERAPY: **DATE COMMENCED:**

RELAPSE HISTORY in past 2 years				
Dates of onset	Symptoms	Duration	Recovery full/partial/none	Steroid therapy prescribed
1				
2				
3				
4				

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REFERRAL MADE FOR DMT ASSESSMENT OR OTHER THERAPIES:	

HISTORY OF PRESENT RELAPSE WITH DATES: (SYMPTOMS / PROGRESSION)

NEUROLOGICAL EXAMINATION

Visual	*Visual acuity: L R* *Colour vision: L R* *Pain: Y N*
Brain stem	*Nystagmus* *Diplopia* *INO* *Facial sensation* *Facial weakness* *Dysarthria* *Dysphagia*
Motor	*Arms* *Legs* *Tone* *Reflexes* *Plantars*

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Sensory	*Light touch* *Pinprick* *Vibration*
Cerebellar	*Limb ataxia* *Trunkal Ataxia*

Inclusion Criteria for I/V Steroids	**Y**	**N**	**Exclusion Criteria for I/V Steroids**	**Y**	**N**
Acute symptoms (including optic neuritis)			Evidence of Infection		
Sufficient to cause distressing symptoms			Patient unable to give informed consent		
Increased limitation on activities of daily living			H/O adverse side effects post steroids		
			Neurological deterioration post steroids		

OBSERVATIONS		
Temperature:	Pulse:	Blood Pressure:

ALTERNATIVE EXPLANATION / INFECTION SCREEN	
MSU sent to lab:	MSU results:
Alternative infection/virus: Cold Throat Chest Other	
Recent antibiotic treatment: Y N	
Mood / depression:	
Fatigue	
Any history of gestational diabetes Y N N/A	

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OUTCOME			
Admit – MGPU Date of IV Steroids	Admit – MAC/Ward Date of IV Steroids	Declined steroids	Steroids not required
Written information on steroid treatment provided			

MDT Referrals

Physio		Other:
OT		
MS Nurse		

FOLLOW-UP CLINIC:	1 month follow up	Other - specify

Assessment completed by:

(Discussed with Registrar/Consultant YES / NO)

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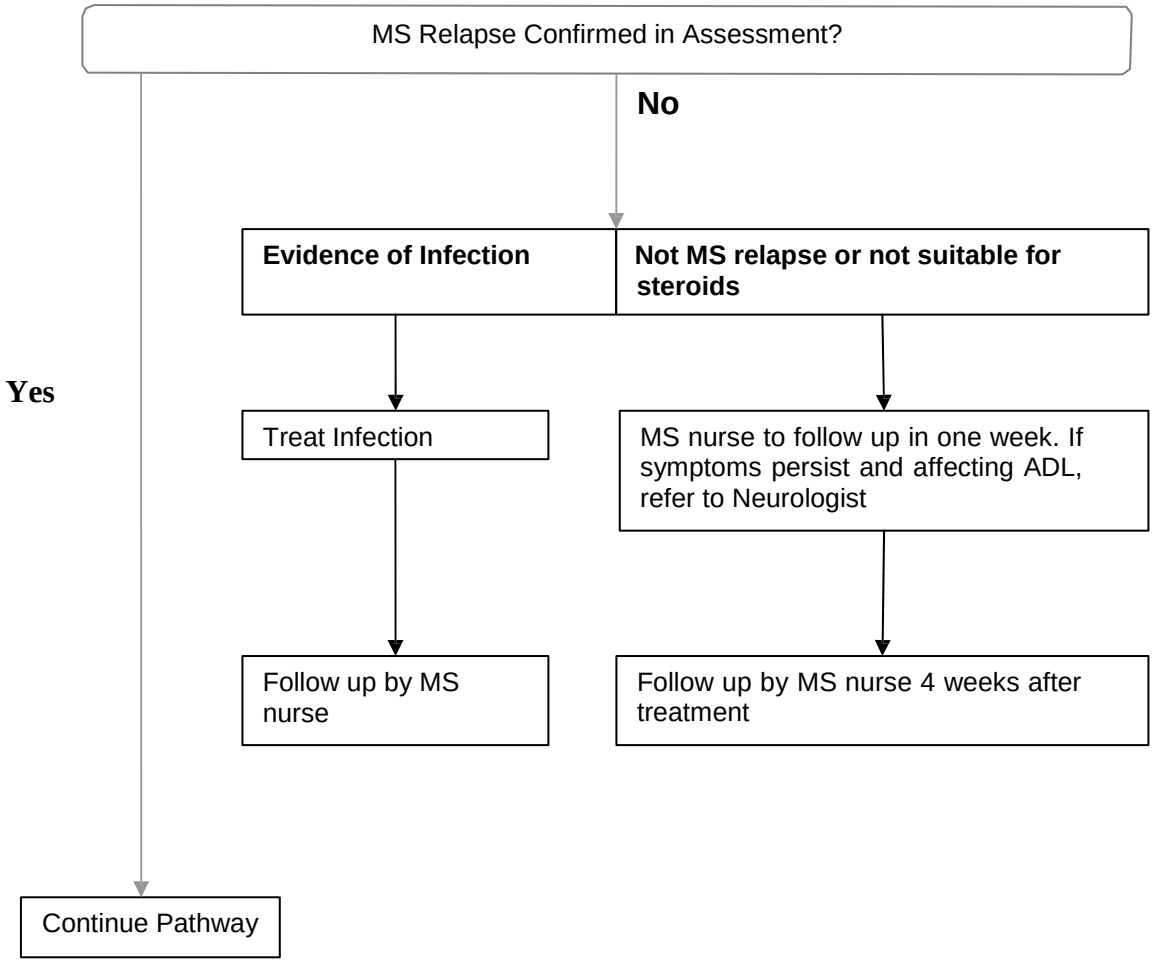
MS Relapse Diagnosis



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MS RELAPSE FOLLOW UP - EVALUATION

PATIENT DETAILS: *(Affix patient label)*	**DATE OF ASSESSMENT:**	
	DATE OF STEROIDS:	
	IV STEROIDS:	**ORAL STEROIDS:**

RELAPSE OUTCOME:					
Full		**Partial**		**None**	

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NEUROLOGICAL EXAMINATION	
Visual	*Visual acuity: L R* *Colour vision: L R* *Pain: Y N*
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Motor	*Arms* *Legs* *Tone* *Reflexes* *Plantars*
Sensory	*Light touch* *Pinprick* *Vibration*
Cerebellar	*Limb ataxia* *Trunkal Ataxia*

FOLLOW-UP CLINIC:	Routine	Other - specify

Assessment completed by:

(Discussed with Registrar/Consultant YES / NO)

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MS Pre Treatment Pathway

Pre Treatment

Ensure supply of Methypred available on unit

↓

Drug chart written up as follows:

1 gram Methyprednisolone diluted in 100mls of normal saline

Administered over 1 hour

For 3 consecutive days

RISK FACTORS:

Patients who have never previously had intravenous steroids may be at risk of adverse events. This will be discussed on admission.

If a patient requires steroids more than twice in one year they will be referred to their Consultant Neurologist in order to reduce the potential risk of long term complications and to discuss ongoing management. In addition, the necessity for hip and pelvis X – Ray and or Dexa scans should be considered.

Patients who are deemed to be in 'mild' relapse (mainly sensory relapses or where the main feature of the relapse is fatigue) should have their case discussed the Consultant Neurologist prior to having any treatment instigated. They should be advised in respect of their symptoms and recommended against treating unless symptoms become disabling.

Patients need to be well informed. An information leaflet on the use of steroids in MS must be provided and discussed. (Page10) This will ensure that they are aware of any potential side effects and risks of steroid treatment.

Exclusion Criteria:

H/O adverse side effects post steroids

Neurological deterioration post steroids

Doctor to assess if patient deteriorates or there is an emergency situation during treatment

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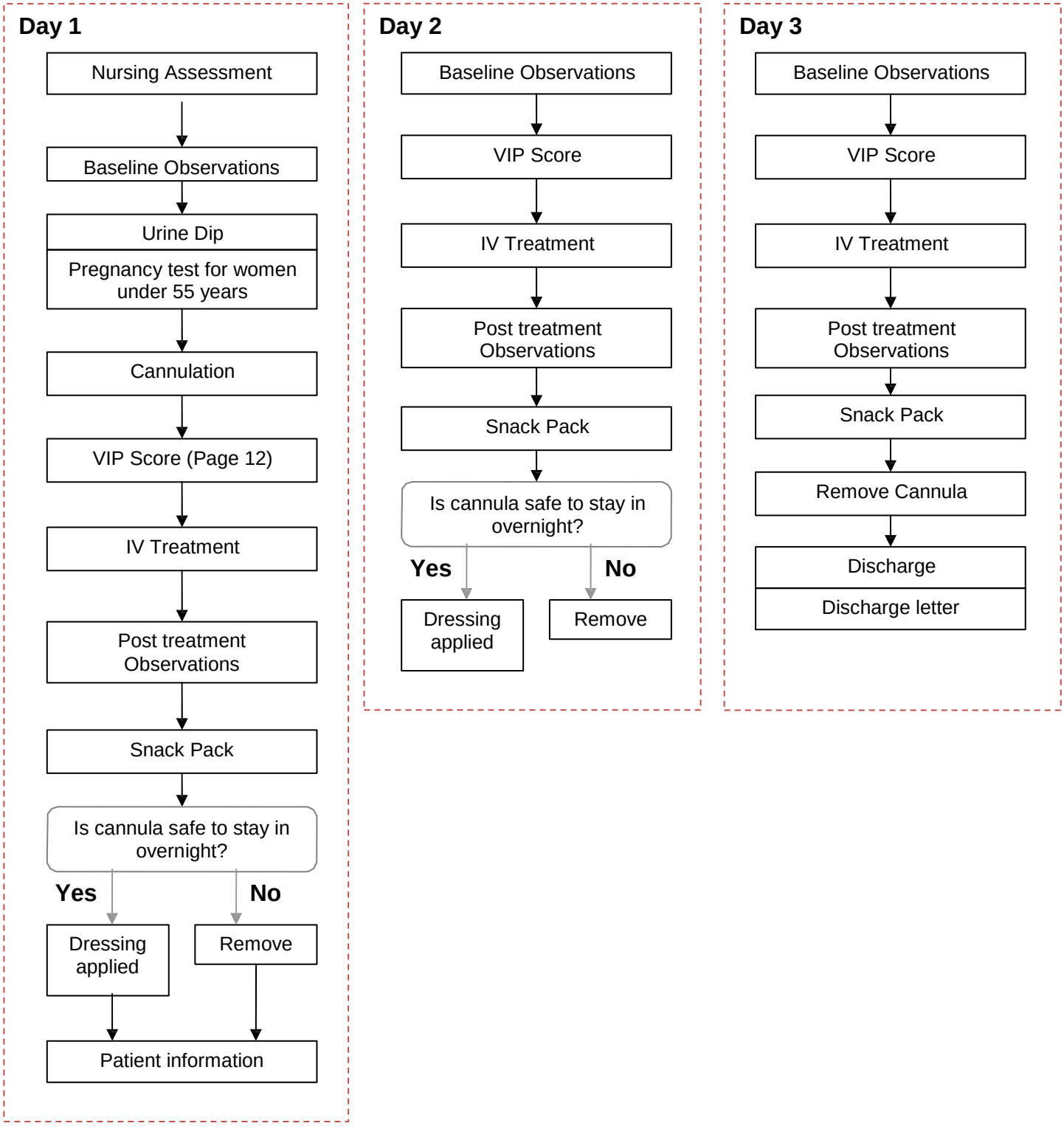
MS Treatment Pathway



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Visual Infusion Phlebitis Score

	IV site appears healthy	No sign of phlebitis	Observe Cannula
1			
2			
3			

Information for Patients

You have been asked to attend the Ambulatory Care Unit [ACU] at Kingston Hospital for continuing treatment for an MS Relapse

Treatment of an MS Relapse

Your doctor/Nurse feels that you are having a relapse of your MS and that treatment with a steroid is indicated.

Studies suggest that steroids can be effective in speeding up the recovery from a relapse but it is important to be aware that steroids will not alter the degree of recovery or affect the long term disease progression.

Not all relapses require steroids and they are usually reserved for people who are experiencing symptoms that are painful, disabling, causing distress or affecting activities of daily living.

As with any drug, steroids are not without side effects. Any side effects that you may experience generally disappear soon after the treatment has finished.

You MAY experience some of the following;

- Slight reddening or flushing of the face
- Ankle swelling
- A metallic taste
- Urinary tract infections, thrush or sugar in your urine
- Altered mood or sleep
- Weight gain , increased appetite
- Indigestion *

*If you are prescribed steroid tablets and you experience symptoms of indigestion whilst taking them, your doctor as they may wish to prescribe a drug called Omeprazole to protect you stomach lining.

Repeated courses of steroids can lead to thinning of the bones (osteoporosis) and you should not be given more than three courses in any 12 month period. If your doctor is concerned about your risk of osteoporosis he may arrange a bone (DEXA) scan or suggest that you supplement your diet with Vitamin D and Calcium

Treatment during pregnancy is not recommended especially during the first three months. If it is thought that steroids are necessary during pregnancy they should be prescribed by your Neurologist

What is a Relapse?

A relapse or ‘attack’ is defined as a recurrence of old symptoms or the appearance of new symptoms that last for more than 24 hours which cannot be attributed to any other cause. The symptoms usually come on over a short period of time – hours or days. They often remain for a number of weeks although this will also vary and can range from a few days to several months.

A relapse is caused by an area of inflammation in the brain or spinal cord which blocks the nerve messages that are sent and received in a particular area. Once the inflammation dies down the block is relieved and the

symptoms improve. The level of improvement is dependent on the degree of damage that has occurred.

A relapse will vary in severity and duration and will often present with a wide variety of symptoms.

Typical symptoms may be;

- Visual loss
- Double vision
- Weakness
- Bladder disturbances

Symptoms may occur in isolation or there may be several at once.

It is important to be sure that an increase in symptoms is not caused by an underlying infection such as a urinary tract infection or a chest infection**. If you think that you are experiencing a relapse it is important to see your doctor so that any underlying infection can be ruled out as a cause**. This will need to be treated before you can be considered for steroid treatment.

The NICE guidelines state that any individual who experiences an acute episode (including optic neuritis) sufficient to cause distressing symptoms or an increased limitation on activities should be offered a course of high dose steroids to be started as soon as possible after the onset of the relapse.

If you think you are experiencing a relapse please contact your MS Nurse on 07805 304768 so that she can assess and document your symptoms and arrange for you to be seen if appropriate.

Ambulatory Emergency Care Unit: Information for Patients and Carers

What is Ambulatory Emergency Care?

Kingston Hospital Trust Ambulatory Emergency Care (AEC) Unit delivers a range of treatments which have historically been administered within the in-patient setting i.e. with you sitting in a hospital bed on a ward. However, evidence and experience has shown that for certain carefully selected conditions it is just as safe and the treatment is just as effective when given as an outpatient. Many people also prefer to have their treatment whilst staying in their own home.

Eligible patients receive their care in the AEC area situated on level 3 of the Surgical Unit and visit the unit on a daily basis during the course of treatment. Of course if you do require hospital admission during your treatment beds are available 24 hours a day on our associated wards.

What advantages does Ambulatory Emergency Care offer me?

You will receive the same treatment as on the ward except that it is scheduled between the hours of 9am and 7pm. This allows you to continue daily life at home.

You will continue to have 24 hours access to Medical and Nursing care despite not staying in a hospital ward. You will be given contact numbers telling you how to contact us throughout your treatment period.

Is Ambulatory Emergency Care right for me?

As you will be required to take a more active role in you care, it is important to find out whether Ambulatory Emergency Care is suitable for you. Your nurse or doctor will discuss this with you.

What can I expect?

You will be assessed and treated by an advanced nurse practitioner who has extensive experience in working with patients receiving treatments in ambulatory emergency care.

The unit is open 5 days a week: Monday to Friday – 8am to 8pm. Outside of these hours you continue to have access to medical support through contacts in the Accident and Emergency department. Of course the usual ways to access medical advice e.g. NHS direct and your GP will also still be able to advise you in an emergency.

What to expect in the Ambulatory Emergency Care Unit:

- You will be seen and assessed. Your AEC nurse will take your temperature, pulse, blood pressure and weight.
- Blood tests and other necessary investigations will be carried out
- You will receive your prescribed treatment, any additional investigations and consequent treatment.

  Treatments may sometimes run later than expected, you should allow some flexibility for this.
- The details of the condition you are being treated for and what happens now will be given to you in writing along with contact numbers and details of any appointments.
- If you require hospital admission this will be arranged for you by the AEC nurse who will accompany you to the ward
- If you have any concerns or questions please don't hesitate to ask-we are here to help!

If you feel unwell before your appointment please contact

08:00 – 20:00	**MGPU**	**0208 934 3883**
20:00 – 08:00	**ED**	**0208 546 7711 ext 2178**

Kingston Hospital NHS
NHS Foundation Trust

Galsworthy Road
Kingston upon Thames
Surrey
KT2 7QB

Dear

Patient Sticker

Your patient attended the Ambulatory Emergency Care (AEC) Unit at Kingston Hospital for treatment on the MS relapse ambulatory emergency care pathway.

A full discharge summary will be faxed to you.

Should you require urgent information please contact AEC: 0208 934 3883

Regards,