

# British Neurovascular Nurses Group

## Clinical Nurse Specialist for subarachnoid haemorrhage

---

Core roles and responsibilities

**Authors: Louise Dulhanty, SAH Nurse Specialist Salford Royal Hospitals, Manchester,  
Lesley Foulkes, Neurovascular Nurse Specialist Wessex Neurological Centre, Southampton,  
Tina Stephen, Neurovascular Nurse Specialist, National Hospital for Neurology and  
Neurosurgery, London. On behalf of British Neurovascular Nurses Group**

**12<sup>th</sup> May 2019**

## **Clinical Nurse Specialist (CNS) role for SAH – Specific core recommendations**

These guidelines are specific to the CNS role for SAH patients and are based on the general NMC recommendations for CNSs<sup>1</sup>

They are also written in line with NHS England recommendations Making Every Contact Count (MECC agenda) and the National Service Framework for Long term conditions<sup>2,3</sup>

They are designed to be adaptable and responsive to local needs

### **Clinical**

It is well recognised that continuity, specialist assessment, communication and symptom management as well as on going psychological and emotional support have a positive impact on SAH recovery.<sup>4,5,6,7,8,9,10</sup>

#### **In order to provide a minimum standard of care the CNS needs to:**

- Demonstrate a clear understanding of the aetiology, physiology and pathophysiology of SAH
- Demonstrate knowledge of the diagnosis, treatment and complications and pathway associated with SAH
- Assess patients' physical, psychological, social, cultural and spiritual aspects of wellbeing in the context of their SAH diagnosis; ensuring care is planned and delivered in a holistic manner.
- Provide specialist clinical assessment of patients
- Offer symptom management and early identification of problems
- Signpost and refer to other services
- Enable patients in recovery and return to daily lifestyle as able
- Offer health promotion advice
- Provide advice and support for practical and social aspects of life e.g work, driving
- Offer psychosocial and emotional support to patients and families/carers

These recommendations uphold and work in line with NHS Health Education England MECC agenda (Making Every Contact Count) 2016

**In order to achieve this as a minimum the CNS service should offer:**

- Involvement throughout the patient journey – including as a neurosurgical inpatient, during acute recovery and as an outpatient following discharge – with involvement in discharge planning and preparation for discharge
- Act as a source of specialist knowledge and assist in meeting the information needs of individuals, their families, carers and staff members both directly and indirectly through information provision and signposting.
- Individualised assessments and discussions with patients and families during inpatient and outpatient phases of recovery
- Provide written information relevant to SAH as well as CNS contact details for each patient/family
- Provide open access to specialist advice for patients and families and health care professionals
- Offer Telephone follow up/contact post discharge
- Actively participate in patient clinical outpatient review
- 

**In order to effectively provide the continuity and holistic approach required it is also important that the CNS is:**

- Involved with relevant MDT meetings
- Based within neurovascular team liaising and working across both neuroradiology and neurosurgery

## **Leadership**

**The CNS engages with and leads teams, managing resources and facilitating change to enhance the delivery of quality, person-centred care and services - therefore it is important that the CNS:**

- Is a member of a recognised specialist professional body

- Actively contribute to relevant professional networks
- Implements evidence based practice and benchmarks care provision nationally
- Undertakes SAH service development locally including developing patient services
- Work collaboratively to implement initiatives to streamline patient care
- Contributes to relevant policies and guidelines

## **Research and Audit**

**The CNS should develop and update their knowledge of research evidence, and policy initiatives relevant to caring for SAH patients, their families and carers, to promote and develop effective, evidence-based practice. The CNS therefore needs to:**

- Undertake a SAH CNS service review at least every 3 years
- Contribute to local and/or national data collection for SAH
- Use audit of SAH care and outcomes to enhance services locally
- Critically appraise research in specialist area and where appropriate use evidence based practice to inform clinical decision making.
- Use specialist knowledge to identify areas of potential research and audit.

## **Education**

**The CNS should maintain and develop professional knowledge and practice by participating in lifelong learning, personal and professional development for self and with colleagues through supervision, appraisal and reflective practice. The CNS should:**

- Accept personal responsibility for professional development and the maintenance of professional competence and credibility.
- Identify and participate in the development, delivery and evaluation of educational initiatives for health and social care providers that address the needs of SAH patients/clients, their families/carers.
- Participate actively in clinical forums or professional groups and facilitate sustainable partnerships.

## References

- 1 Standards for Specialist Education and Practice, Nursing and Midwifery Council (2001) (updated 2015)
- 2 National Service Framework for Long term conditions, Department of Health (2005)
- 3 Making every contact count (MECC): Public Health England. NHS England publications (2016) (updated 2018)
- 4 The self-reported needs of patients following subarachnoid haemorrhage (SAH). Dulhanty, L; Hulme, S; Vail, A; Patel, H C; Tyson, S F. *Disability and Rehabilitation*; Apr 2019 ; p. 1-7
- 5 Unmet needs, community integration and employment status four years after subarachnoid haemorrhage. Boerboom, W; Heijenbrok-Kal, M H; van Kooten, F; Khajeh, L; Ribbers, G M. *Journal of Rehabilitation Medicine*; Jun 2016; vol. 48 (no. 6); p. 529-534
- 6 Long term outcomes of patients with aneurysmal subarachnoid haemorrhage Rinkel, G J E; Algra, A. *The Lancet. Neurology*; Apr 2011; vol. 10 (no. 4); p. 349-356
- 7 Cognitive and mental health difficulties following subarachnoid haemorrhage Thompson, J N; Sheldrick, R; Berry, E *Neuropsychological Rehabilitation*; Jan 2011; vol. 21 (no. 1); p. 92-102
- 8 Re-evaluating the National Subarachnoid Haemorrhage study (2006) from a patient related outcome measure perspective: comparing fiscal outcomes of treatment as usual with an enhanced service. Pritchard, C; Lindsay, K; Cox, M; Foulkes, L. *British Journal of Neurosurgery*; Jun 2011; vol. 25 (no. 3); p. 376-383
- 9 Two year prospective study of psychosocial outcomes and a cost analysis of treatment as usual versus and enhanced (specialist liaison nurse) service for aneurysmal subarachnoid haemorrhage (ASAH) patients and families Pritchard, C; Foulkes, L; Lang, D A; Neil-Dwyer, G *British Journal of Neurosurgery*; Aug 2004; vol. 18 (no. 4); p. 347-356
- 10 Psychosocial outcomes for patients and carers after aneurysmal subarachnoid haemorrhage. Pritchard, C; Foulkes, L; Lang, D A; Neil-Dwyer, G. *British Journal of Neurosurgery*; Dec 2001; vol. 15 (no. 6); p. 456-463

