



8am-10am – Admin, email & telephone (referrals, queries, requests)

My day typically starts with checking new referrals, responding to emails, updating my online diary and reading up on any out of hours correspondence. I will also catch up on any note writing from the day before and send emails or make phone calls resulting from visits I had yesterday. Today that includes making a referral to social services and updating an occupational therapy colleague from the Memory Service on a referral I am completing to their service.

Finally, I prepare myself for the day ahead by reading over my notes about the families I am seeing today and gathering the relevant information to take on my visits. By 9.30am I am usually on route to my first visit.

9.30am – 10am Travel time can range from 15 to 40 minutes across my locality.



10am-1pm – Home visits

10am-11am

10 am is my first visit of the day. I am visiting Mrs B who cares for her mother who has advanced Alzheimer's disease. Mrs B has been receiving Admiral Nurse support for the past 18 months; she has found the journey of dementia with her mother to be very stressful, particularly around issues of poor dietary intake (leading to nutritional deficiencies and increased risk of falls), resistance to care and verbal hostility. Mrs B has, as a result, been experiencing feelings of low mood, anxiety, frustration, isolation and despair.

I spend an hour with Mrs B listening to the events of the past week in her caring role and providing emotional support and advice where required. This support includes validating her feelings and emotions around the changing presentation of her mother and supporting her with the change in relationship and roles they are both adjusting to. I suggest that she may benefit from meeting others who are caring for someone with dementia and provide Mrs B with the details of the Admiral Nurse carers group, which focuses on peer support and is facilitated jointly by the Admirals Nurse team and a voluntary sector carers organisation.

11am-11.20am I am on route to my next appointment. Travel takes about 20 minutes.

11.20am-12.20pm

I spend another hour at this visit with a gentleman, Mr D, who has been receiving Admiral Nurse support for a year. He cares for his wife who has young onset Alzheimer's with symptoms of psychosis. His wife's Alzheimer's has deteriorated very quickly and she now requires round the clock supervision and care. Mr D has found the progression of the illness to be hugely emotional and has suffered feelings of profound grief and loss over their marriage but is passionate about keeping his wife at home for as long as possible.

I spend the hour discussing emotional coping skills for him to utilise and behaviour management strategies for when his wife becomes confused, agitated and frightened, which can be frequently. We also discuss the possibility of accessing the bereavement support service provided by the psychologist at the local hospice for the ongoing grief he is experiencing. He agrees to consider this and we agree to review this at our next planned visit.

12.20pm-1pm I find somewhere to stop for a quick lunch before heading back to the office.

1pm-2.30pm – Admin, emails and telephone



After lunch I return to the office and check my emails again, write up notes from the morning visits and make some follow-up phone calls. There are two referrals waiting for me, one of which is urgent. After triage, I respond to the urgent referral by contacting the carer by telephone and following discussion arrange an appointment to visit them. I also email our administrator to send an appointment letter to the family in respect of the other referral.

While I am at my desk the occupational therapist I made a referral to this morning comes over to ask about the family the referral relates to “I thought I’d catch you while you were here rather than send an email.” We spend 10 minutes discussing the case before I have to leave for my next appointment.



1.45pm-4pm – Home visits

2.30pm

I am back on the road to my final appointment of the day. It takes approximately 15 minutes to drive from the office to the appointment location.

2.45pm

The lady I am seeing this afternoon, Mrs G, supports her 50-year-old brother, Mr C, who lives in residential care; he has moderate Alzheimer’s and a moderate learning disability. He has not settled well into residential care, and the home has been struggling to manage his frequent displays of physical hostility, high anxiety and risk of absconding. Mrs G really wants her brother to remain in the residential home because they have got to know him, he is familiar with the local area, and it is very nearby to where she lives so she can see him regularly.

Mrs G and I meet at the residential home and initially spend 20 minutes talking with her brother about how he is feeling and assessing his overall well-being. We then spend approximately 30 minutes talking with senior care staff about Mr C’s behaviours, his medication regime and activity/occupational therapy timetable. We all agree that increased structure to the day and purposeful activity via one-to-one support from a local Specialist Learning Disability Outreach Service may help to alleviate some of Mr C’s stress, anxiety and low mood during this transition stage into residential care and on an ongoing basis; this will be organised via the local authority.

4pm-4.30pm

After leaving the residential home I make some notes to enable me to record my visit the following day. I phone the office to say I have finished for the day and make my way home.