**MS NURSE FOLLOW- UP CLINIC CONSULTATION**

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| **Diagnosis**- *I normally ask them when they were diagnosed and what/when their 1st symptom was* |  |
| **Main Discussion** *how they have been since last review* |  |
| **Any relapses since last review/ Any progression of symptoms** |  |
| **Treatment:** *DMT, compliance, side effects* |  |
| **Other Medications** *including OTC& herbal supplements*  |  |
| **Ongoing MS Symptoms:** *How are they managing these; discuss suggestions and support including potential medication or therapy* |  |
| **Mobility-** *indoor, outdoor, balance, aids* |  |
| **Past Medical History/ Comorbidities** *I also ask about family history of MS, EBV infection*  |  |
| **General Health-** *I ask about smoking and discuss its relationship to disease progression, alcohol intake, NOP staff measure the height & weight for me then I calculate their BMI, I ask about up to date smear test, mammogram or prostate check if applicable**I encourage self- breast examination in female patients* |  |
| **Diet & Exercise/ Activities -** *I discuss the importance of these and low salt, limiting animal fat diet & Brain Health**Offer local MS Society exercise groups* |  |
| **Social/economic/support system-** *employment ( hours if still manageable ), hobbies, support system* |  |
| **Bloods-** |  |
| **Observations-** |  |
| **Referrals:** |  |
| **Care Plan:** *Next review, action plan* |  |

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**MS NURSE LED PRE-ASSESSMENT CLINIC TEMPLATE:**

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| **Diagnosis including EDSS** |  |
| **Treatment Proposed-** *Document patient involvement in the decision and include if this was an MDT decision as well*  |  |
| **Patient Treatment Goal-** |  |
| * **Mode of Action-** *In very simple terms, effectiveness compared to other treatments. Quote data from clinical trials if appropriate*
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| * **Side effects ( short term and long term)-** *What to expect and when to seek help*
* *Common vs Uncommon side effects, quote how many patients you have seen this against*
 |  |
| * **Monitoring Requirements** *Schedule and how patients will incorporate this in their life*
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| * **Precautions including pregnancy -***Vaccinations, Contraception and appropriate pre-treatment*
 |  |
| **Current Medications & Allergies** |  |
| **Investigations-** *Bloods, chest xray, MRI, cervical smear, OCT, ECG, etc*  |  |
| **Baseline observations including height and weight -** *BP, Heart rate* |  |
| **Care Plan-** *Proposed date to help organise child care and work commitments**I encourage patients to see their GPs re: the proposed treatment and discuss how can Primary care can support them as well.*  |  |





**MS NURSE LED NEWLY DIAGNOSED CLINIC TEMPLATE:**

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| **Diagnosis**  |  |
| **History of Symptoms-** *I would compare this timeline with the what the Consultant has written*  |  |
| **Information about MS-** *I normally ask what they have read so far and go from there. “ De-bunk any wrong information”**Use power point presentation if needed/ available* |  |
| **Self Management-** *Symptom Diary, Brain Health**When to seek help; relapse vs. exacerbations*  |  |
| **Sources of Information of Support-** *Reputable websites: MS Trust & MS Society**Online community platforms: Shift MS**Local charities: MS Society**CAB, Access to Work, Employment rights*  |  |
| **Discuss Treatment Proposed ( if appropriate)** *Use leaflets and MS Decisions*  |  |
| **Past Medical History/ Comorbidities**  |  |
| **Current Medications & Allergies**  |  |
| **Legal Requirement following Diagnosis** | DVLA |
| **Role of MS Nurse-** *Discuss what they can expect from your service, access, contact details, time frame**Working together and shared responsibilities*  |  |
| **Care Plan-** *Next review, frequency of review*  |  |



**MS NURSE LED RELAPSE TRIAGE FORM:**

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| --- | --- |
| **Telephone Contact Date:** | **Clinic Review Date:** |
| **Patient Details** |  |
| **Presenting Complaint** |  |
| **Time Frame** *( When, sudden, gradual, fluctuating ?)* |  |
| **Pre symptom history**: *Infection, stress, sleep, change/s in life/family/ work dynamics* |  |
| **How do you feel now?** |  |
| **Previous Relapse History** |  |
| **Drug History including DMT and steroid use in the past** |  |
| **Social History**- *Family support, absence from work* |  |
| **Care Plan:** *Clinic review** *Steroids*
* *Consultant review*
* *CNRT referral*/ *Rapid response*
 |  |
|  | **Neuro Exam:**Romberg: Tandem Gait:  Walking on heels & toes: Drift: Finger /Nose test: Finger & Hand skill: Visual field: Eye movement: Face: Reflexes/Plantars**:**  |
|  | **Care Plan:** * *Steroids*
* *Consultant review*
* *CNRT referral*
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