

From:
To: [Community Affairs Committee \(SEN\)](#)
Subject: Senate Aged Care Inquiry - Public Submission
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I am a Registered Nurse with 35 years experience and several post-graduate qualifications. As a Clinical Specialist in Critical Care I look after far too many frail aged patients who are admitted suffering the effects of poor standards of general nursing care (nutrition, hygiene e.t.c.) such as renal failure secondary to dehydration.

I frequently feel that those who make policy (unless they have frequent contact with qualified nurses) think that all nurses do is feed one end of the patient and clean the other end so they can be replaced with cheaper barely trained carers.

To analyse one "simple" task - when I shower a patient I observe and note - their strength, their co-ordination, their cognitive abilities, any changes to their sight, hearing, balance. I observe their skin for wounds, areas of blanching / redness (precursor signs of pressure sore development), I note rashes, areas of excoriation such as sweaty areas in skin folds, I'll pick up on signs of thrush, I'll note their general body condition (thin - signs of recent weight loss), skin turgor (indicator of hydration or dehydration). I'll pick up on changes in the colour of the skin or conjunctiva indicative of jaundice. I'll talk to the patient and if they are capable of response in amongst the general chat about visitors, the weather, their grandchildren I'll find out about their appetite, any problems with their waterworks, bowels, any pain and it's location, causation, severity - is it a problem or under control.

Now that's just a shower and only a brief summary. Don't get me started on the patient with severe pneumonia which wasn't caught in time because the "carer" doing the shower didn't notice shortness of breath, unusually rapid or laboured breathing, fatigue, a cough producing offensive sputum. I've looked after many of these unfortunates where a better qualified person with adequate time to observe as well as complete tasks might have meant a short course of oral antibiotics for say \$50 rather than sedation, mechanical ventilation, intravenous antibiotics, fluids and drugs to support blood pressure, kidney function and the like at around \$2000 a day for say two weeks in ICU followed by six weeks in general and rehab wards at say \$300 a day.

Not to invest in adequate numbers of qualified nurses at appropriate nurse to patient ratios, assisted by closely supervised "carers" is a false economy which lines the pockets of aged "care" providers at the expense of the clients and the taxpayer. It's time we stopped privatising profits and socialising losses to the detriment of the frail aged, their families and the wider community.

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