

1. Introduction and Who Guideline applies to

This document provides guidance to all staff that issue or care for adult patients with a Twiddlemuff on inpatient wards / clinical areas.

Twiddlemuffs provide multisensory stimulation through tactile and visual means. They are calming, comforting and reassuring for patients with a dementia suspected dementia or cognitive impairment. Additionally, Twiddlemuffs provide a source of warmth. **Twiddlemuffs are not suitable for every patient.**

Twiddlemuffs were created by Margaret Light for her grandmother, who was living with dementia, to help settle her restless hands,

"The Twiddle Muff satisfied her need to keep her hands warm and busy; she enjoyed it so much that it was on her lap constantly." **Margaret Light - The Alzheimer's Society.**

The concept has since expanded to the UK within care facilities and community and acute hospital settings.

A standardised Twiddlemuff knitting pattern was developed for use within UHL by The Crafty Ladies knitting group, a Matron and the Patient Experience Team to ensure that Twiddlemuffs issued are safe for patients to use unsupervised in UHL.

This guideline applies to all staff, including registered and unregistered professionals, who come into contact with patients who have, or may benefit from, a Twiddlemuff.

2. Guideline Standards and Procedures

2.1 All Twiddlemuffs donated to UHL should be knitted in accordance with the UHL standardised knitting pattern. (Appendix 1)

2.2 It is the responsibility of all staff to ensure that Twiddlemuffs donated to UHL are sent to the Patient Experience Office, Level 0 Knighton Street Outpatients, Leicester Royal Infirmary. Follow the procedure outlined in Flowchart 1.

2.3 The Patient Experience Team will check all donated Twiddlemuffs for potential safety risks. Twiddlemuffs deemed to pass safety checks will be sealed in an individual bag containing an information leaflet (Appendix 2) and sticker (Appendix 3).

2.4 The Patient Experience Team will only distribute Twiddlemuffs that conform to the standardised pattern to patients/clinical areas that require them.

2.5 Twiddlemuffs issued outside of UHL are not permitted on site in order to minimise the risk to other patients. Ward staff should discuss this with the patient and their relatives/carers. A UHL approved Twiddlemuff may be issued to patients that this affects if deemed appropriate.

2.6 Prior to issuing a Twiddlemuff to a patient, consideration should be given to any potential causes of distress/agitation to ensure the patient is not expressing a physical, environmental or psychosocial need that is not being met.

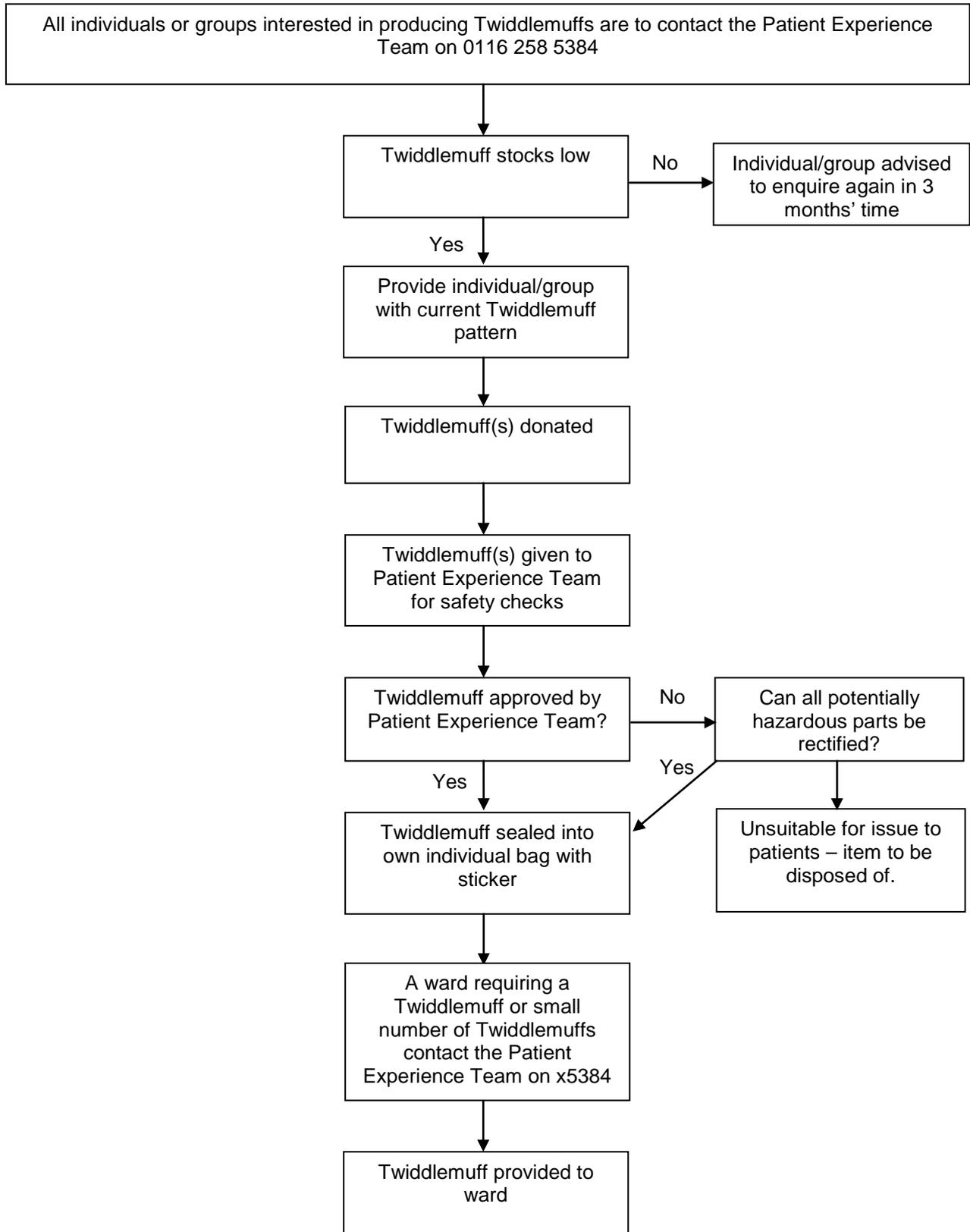
2.7 All Twiddlemuffs should be kept in the Patient Experience Office. No stocks should be kept elsewhere within UHL unless agreed by Patient Experience.

2.8 Staff must document in the nursing notes when a Twiddlemuff is initially issued to a patient using the sticker supplied in the bag with the Twiddlemuff (Appendix 3). Staff must document a

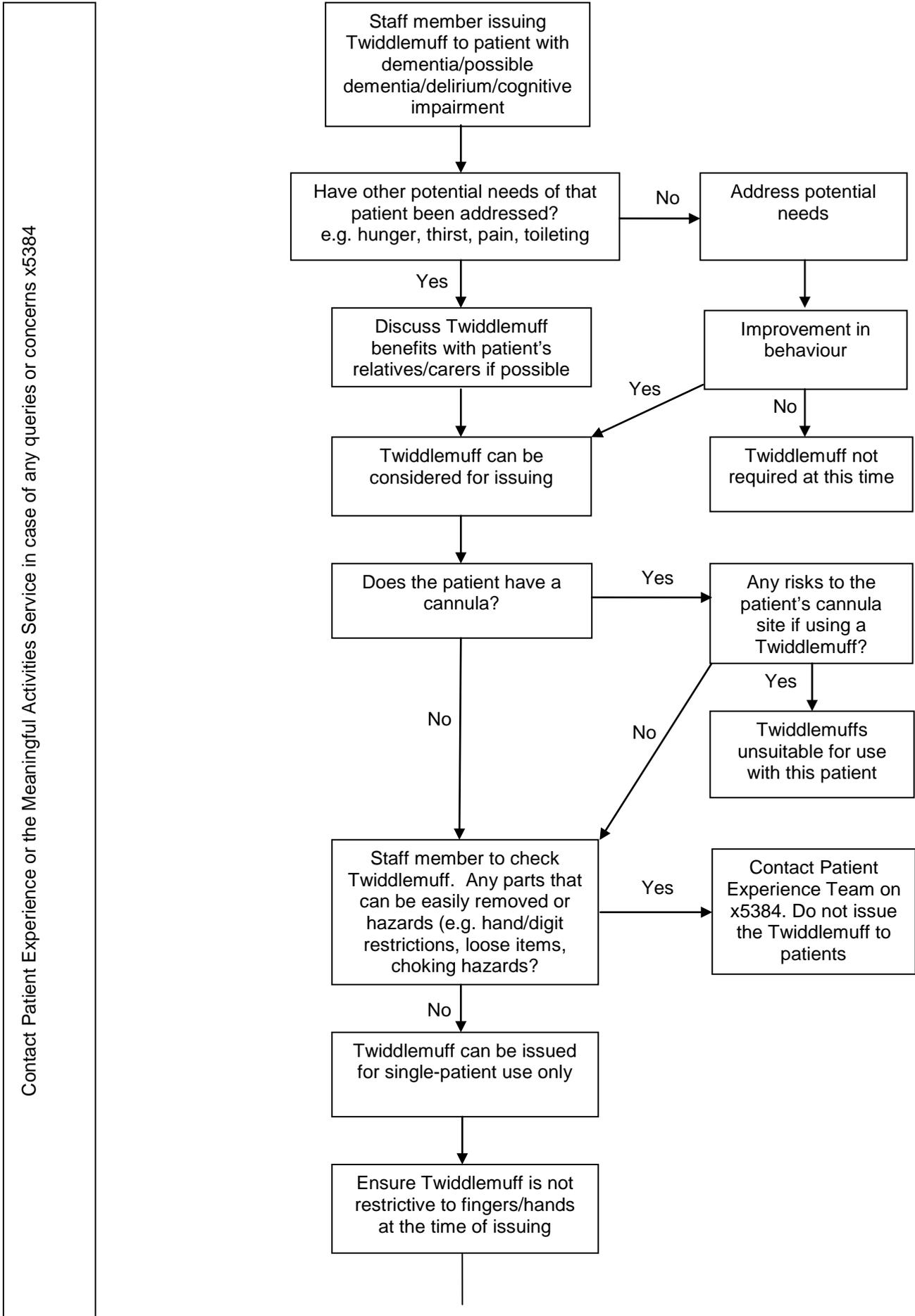
daily review of the Twiddlemuff in the nursing notes to ensure they are safe to be reissued to the patient, following guidance on the information sheet (Appendix 2).

2.9 All staff members issuing a Twiddlemuff to a patient should follow Flowchart 2.

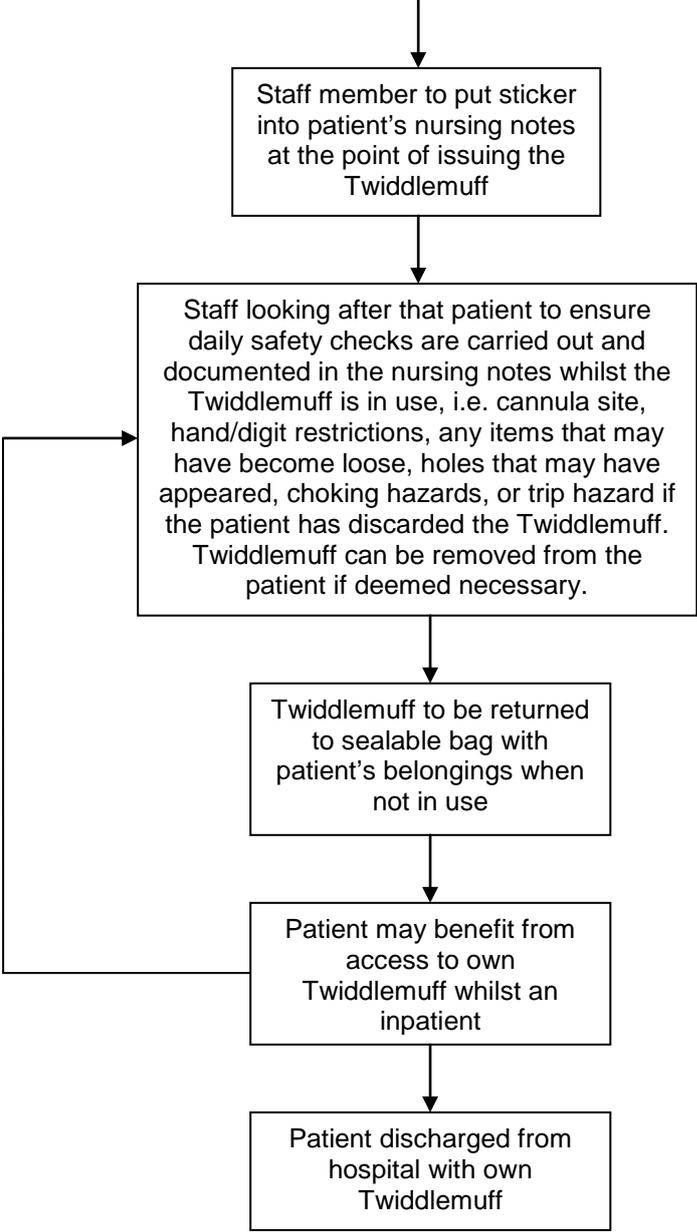
Flowchart 1. Process for Twiddlemuffs coming into UHL.



Flowchart 2. Process for issuing Twiddlemuffs to patients.



Contact Patient Experience or the Meaningful Activities Service in case of any queries or concerns
x5384



3. Education and Training

There is no formal training that is required as part of this guidance. Information can be sought from Patient Experience and/or the Meaningful Activities Service if required.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Twiddlemuff provision to adult inpatient wards	Log of numbers of Twiddlemuffs provided	Patient Experience Team	Annually	Report to Dementia Strategy Action Group
Stickers being added to patient notes	Audit of patient notes	Patient Experience Team	Annually	Report to Dementia Strategy Action Group

5. Supporting References (maximum of 3)

None

6. Key Words

Twiddlemuff, Dementia, Knitting

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Charlotte Leeds, Meaningful Activities Team Leader	Executive Lead Carolyn Fox, Chief Nurse
Details of Changes made during review: Addition to final paragraph of Section 1: 'or may benefit from' Removal of 'Team' in 2.2 * Addition of 2.7: supply of Twiddlemuffs for UHL to be kept only in the Patient Experience Office. Addition of Patient Experience to where information can be sought from in Section 3. Reporting arrangements updated in Section 4. *agreed under the PGC Chair's minor amendment process on 29 October 2018 following full PGC consideration of the guideline at its meeting on 21.9.18	

UHL Twiddlemuff Knitting Pattern

Materials

- Needles; 6.5mm straight needles or 8mm circular needles.
- Different textures of wool as you can create different senses.

Please note: some textures of wool are unsuitable, particularly those with loose fibres that can be easily pulled out, as these can pose a choking hazard.

- Knitted buttons or flowers.
- Large pieces of ribbon/velvet/lace.
- Pieces of brightly colored material to stitch into the muff.
- Fleece or another soft material to line the inside of the muff (not all muffs need to be fleece-lined – those that are can be used for patients that may have dressings on hands/arms).

Decorating

- Please **do not** use any buttons/beads/bells or attachments that can be pulled off as these items could be a hazard to the patient. Be cautious of attaching zips, as some may cause damage to the skin of our older patients.
- When using large pieces of ribbon/lace/velvet, please secure with a knit stitch over the middle of the ribbon to ensure it stays on.
- Knit in the shape of flowers and buttons using different textured wool.
- Consider sewing a pocket on the front for busy hands.
- **Please note: all suitable decorations must be securely attached and not leave gaps that fingers or cannulas could become trapped in.**
- **Please note: Unsuitable items will be removed before being given to a patient.**

Pattern

Cuff

- Cast on 40 stitches using 2 strands of double knitting wool and you can also use 1 strand of chunky wool if wanted.
- Work in stocking stitch (knit a line, purl a line) for 11 inches (28cm).
- Consider stitching in the fleece to create the lining (if applicable).

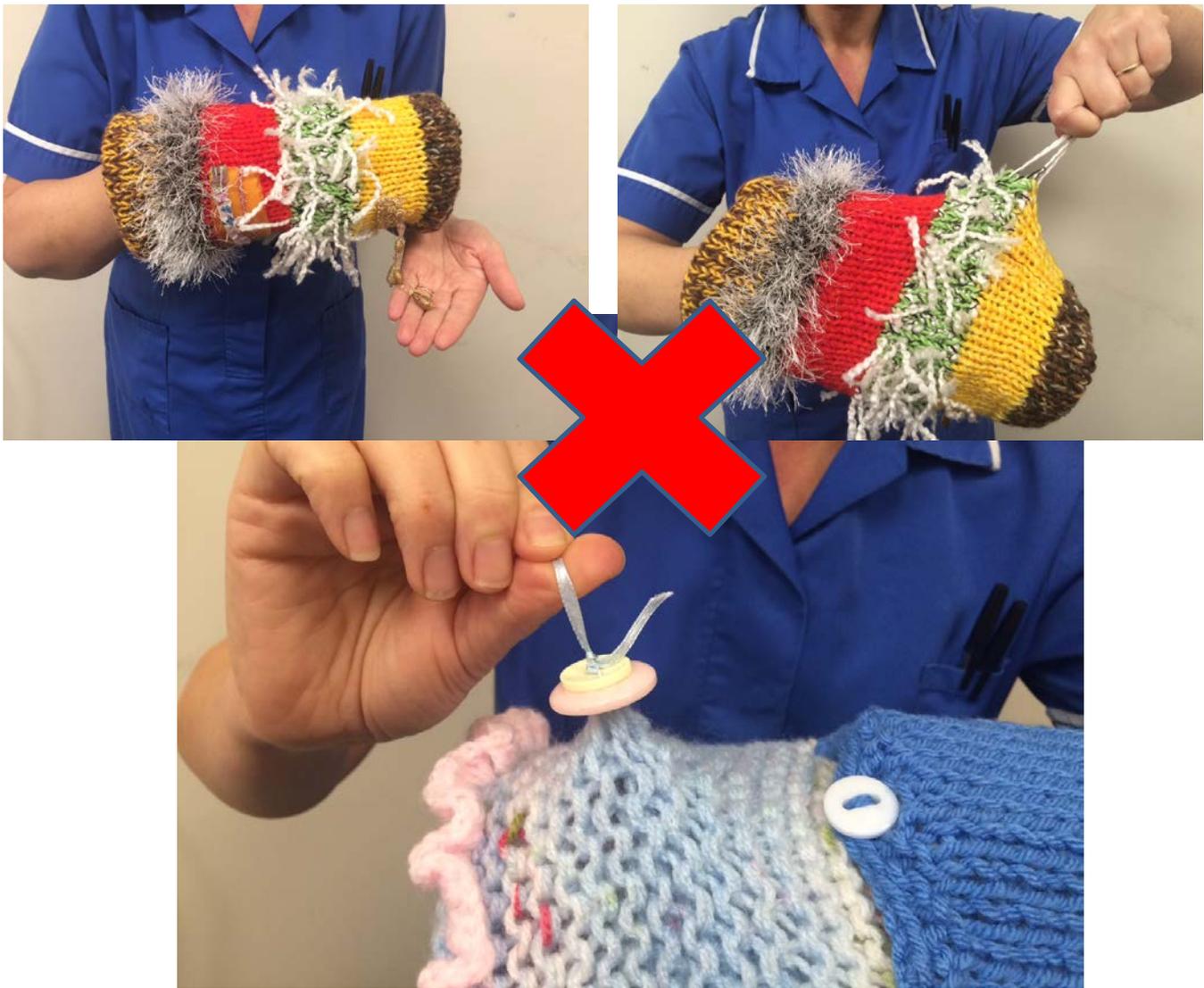
Muff body

- Continue with stocking stitch. This is a great way to use up any old bits of leftover wool (for example – chunky, rainbow)
- Knit body until it measures 23 inches (58.5cm).
- Cast off

Finishing

- Neatly sew along the edges together with purl side facing you.
- Turn the muff inside out.
- Push the cuff (lining) up inside the muff body and neatly sew the cast on and cast off edges together.





Please avoid using any items that can be pulled off or removed as they may create a hazard to your patient

Important information for Staff

Safety checks should be completed each time a Twiddlemuff is issued to a patient. When initially issuing a Twiddlemuff, please complete and place the enclosed sticker in the patient's nursing notes. Daily safety checks should be documented in the patient's nursing notes whenever the Twiddlemuff is in use.

Safety checks include looking for:

- Loose threads
- Holes that may have appeared
- Choking hazards
- Contamination e.g. bodily fluids, food, drink
- Potential restrictions to hand/digit use
- General wear and tear that may pose a safety risk

Other risks to consider:

- Does the patient have a cannula? If so, is the Twiddlemuff appropriate for them to use? Please check any cannula sites regularly when a Twiddlemuff is in use.
- The Twiddlemuff could become a trip hazard if dropped on the floor whilst in use.

The presence of any of the above may deem the Twiddlemuff unsafe or unsuitable for use. The staff member issuing the Twiddlemuff is responsible for determining safety and suitability.

Twiddlemuffs that have been used by a patient but are no longer safe to use must be disposed of with clinical waste.

Twiddlemuffs that are deemed unsafe to use **before** being initially issued to a patient must be disposed of in general waste and the Patient Experience Team informed on 5384.

For any queries please contact the Patient Experience Team on 5384

Appendix 2. Sticker to be placed into patients' notes when issuing Twiddlemuff

UHL Approved Twiddlemuff University Hospitals of Leicester 

Twiddlemuff checked and sealed by the Patient Experience Team

Name (Print) _____ Sign _____

Designation _____ Date _____

Patient name _____ S Number _____

Ward staff issuing Twiddlemuff: Initial safety check* completed

Name (Print) _____ Sign _____

Designation _____ Date _____ Time _____

*See list of safety checks in sealed bag.
Please document daily safety checks in nursing notes when
Twiddlemuff in use.

Checklist for the Review and Approval of P&G Documents

Title of P&G Document Being Reviewed: Insert Details Below:		Yes / No / Unsure	Comments
1.	Title and Format		
	Is the title clear and unambiguous?	Unsure	Requires knowledge of what a Twiddlemuff is.
	Does the document follow UHL template format? <i>If no document will be returned to author</i>	Yes	
2.	Consultation and Endorsement		
	Complete the consultation section below	No	No further consultation completed during the review process.
3.	Dissemination and Implementation		
	Complete the dissemination plan below	Yes	
	Have all implementation issues been addressed?		
4.	Process to Monitor Compliance		
	Ensure that the Monitoring Table has been properly completed.	Yes	
5.	Document Control, Archiving and Review		
	Ensure that the review date and P/G Lead is identified.	Yes	
6.	Overall Responsibility for the Document		
	Ensure that the Board Director Lead is identified	Yes	

1. OVERVIEW**2. EQUALITY IMPACT ASSESSMENT**

		Comments	
1.	What is the purpose of the proposal/ Policy	To ensure that Twiddlemuffs are produced to a standardised pattern, have had safety checks carried out, and are issued appropriately within UHL.	
2.	Could the proposal be of public concern?	No	
3.	Who is intended to benefit from the proposal and in what way?	Twiddlemuffs are intended for patients within UHL. In particular, those with a cognitive impairment such as dementia. The proposal ensures that those who may benefit from a Twiddlemuff are in receipt of an item that has been checked for potential safety risks before being issued.	
4.	What outcomes are wanted for the proposal?	Twiddlemuffs to be issued safely within UHL.	
		Yes/No	Comments
5.	Is there a possibility that the outcomes may affect one group less or more favourably than another on the basis of:		

		Comments	
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and transsexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
6.	Is there any evidence that some groups are affected differently?	No	
7.	If you have identified that some groups may be affected differently is the impact justified E.g. by Legislation: National guidelines that require the Trust to have a policy, or to change its practice.	No	
8.	Is the impact of the proposal / policy likely to be negative?	No	
9.	If so can the impact be avoided?	N/A	
10.	What alternatives are there to achieving the proposal/ policy without the impact?	N/A	None identified
11.	Can we reduce the impact by taking different action?	N/A	Twiddlemuffs could be removed from UHL if deemed unsuitable for patients to use. Still considered of benefit for some patients at this time.

If you have identified a potential discriminatory impact; please ensure that you do a Full Impact Assessment.

If you require further advice please contact Service Equality Manager on 0116 2584382.

3. CONSULTATION SECTION

(To be completed and attached to Policy and Guidance documents when submitted to the UHL Policy & Guidelines Committee)

Elements of the Policy or Guidance Document to be considered (this could be at either CMG/Directorate or corporate level or both)	Implications (Yes/No)	Local or Corporate	Consulted (Yes/No)	Agree with P/G content (Yes/No)	Any Issues (Yes / No)	Comments / Plans to Address
Education (ie training implications)	No					

Corporate & Legal	No					
IM&T (ie IT requirements)	No					
Clinical Effectiveness	No					
Patient Safety	Yes					Consulted prior to Version 1 of guidance. No second consultation indicated.
Human Resources	No					
Operations (ie operational implications)	No					
Facilities (ie environmental implications)	No					
Finance (ie cost implications)	No					
Staff Side/ (where applicable)	No					
Any others	No					

Committee or Group (eg CMG/Directorate Board) that has formally reviewed the Policy or Guidance document	Date reviewed	Outcome / Decision

Lead Officer(s) (Name and Job Title)	Contact Details
Charlotte Leeds, Meaningful Activities Team Leader	0116 258 5384, 07950 861202

Please advise of other policies or guidelines that cover the same topic area:

Title of Policy or Guideline:
N/A

4. IMPLEMENTATION AND REVIEW

Please advise how any implications around implementation have been addressed:	
Financial	Minimal implications. Supply of sealed bags and labels were purchased through Charitable Funds prior to Version 1 of Guidelines being produced, and this supply is still being utilised. Next purchase of these items required in approximately 2-3 years' time at current rate of usage.
Training	None identified.
REVIEW OF PREVIOUS P&G DOCUMENT	
Previous P&G already being used? Yes	Trust Ref No:

If yes, Title: UHL 'Twiddlemuff' Guidance		B16/2017
Changes made to P&G? Yes	If yes, are these explicit Yes If no, is P&G still 'fit for purpose? N/A	
Supporting Evidence Reviewed? Yes	Supporting Evidence still current? Yes	

5. DISSEMINATION PLAN

DISSEMINATION PLAN			
Date Finalised:	Dissemination Lead (Name and contact details) Charlotte Leeds 0116 258 5384 / 07950 861202		
To be disseminated to:	How will be disseminated, who will do and when?	Paper or Electronic?	Comments
All staff	Through email, via Communications Team promotion boxes, and an ongoing process of engaging with ward staff.	Electronic	

CATEGORY 'C' POLICIES OR GUIDELINES ONLY CMG/Directorate Approval Process:	
CMG Approval Committee:	
Date of Approval:	
Copy of Approval Committee Minute to be submitted with request to upload into Policy and Guideline Library	