PICU CAREPLAN RBHSC (2)

10/5/03

NAME: CONNOR MITCHELL HOSP. NO. CH 334505 DAY NO. (1) DATE: 09/05/03

SUMMARY: 15yr old boy transferred from CAH. Spastic Quadriplegia from 6/12 ago. ½ viral illness Vomiting ↓ intake Past 7 days, Respiratory arrest 8/5/03, ~~CAH.~~ ~~Surgeries~~. ½ seizures treated with Epilem. Peripheral line x 2 Central line (R) femoral Arterial line Lt Brachial Arterial line L subclavian *not to be used* Adrenaline infusion. ⅔ maintence fluids 0.9% N.saline with 10mmol KCL added, IVAB's CT Scan in CAH showed small subdural bleed.

ASSESSMENT OF CONDITION/NEEDS	GOALS AND PLANNED CARE
1. PHYSICAL	
(A) Respiratory (1) 2 3 4 5	(1) 2 3 4 5
Intubated & ventilated — Secretions	Monitor ventilation* — Saline suction x 4-6 hrly. PRN.
SIMV PC/PS FiO_2 30% Rate 6, Pressures 20/5.	Hourly BHs + ABG's
ETT size 6.5 - oral Taped 19cm at Lips	Assist with physio
Respiratory Arrest 8/5/03 - @ CAH.	
rate ↑ @, FiO2 ↓ 24%.	
(B) Cardiovascular (1) 2 3 4 5	(1) 2 3 4 5
Adrenaline @ 3mls/hr ◆ Weaning IVAB. ◆ Started on ceftriaxone.	Continuously monitor cardiovascular status — Record vital signs hrly.
HR Stable.	Care of I.A. line
2200 Temp unrecordable. Warming blanket insitu.	(L) Brachial Art. line. • Positional use cuff to check BP cautiously
◆ Adrenaline weaned to 0.3. ~~◆ Restarted 03~~	(L) Subclavian CVC * IS IN AN ARTERY *
BP Systolic keep between 90-100 MAP 80	
Adrenaline ↑ 2.0 mls/hr.	
(C) Pain/Sedation 1 2 3 4 (5)	1 2 3 4 (5)
Unresponsive to painful stimuli.	Ensure Connor - is painfree and relieve anxiety
	Administer analgesis and sedation as prescribed
(D) Neurology (1) 2 3 4 5	(1) 2 3 4 5
G.C.S. = 3 — Pupil size = 8	Observe for signs of neurological deficits
Large Dilated pupils -	Records G.C.S. at start of each shift and/or once hrly.
Brain Stem tests performed but legs moved when head Turned.	
CT → Small sub dural bleed.	
Right pupil slightly oval in shape.	

Continuum symbols Morning 8am ● Ever 2pm ▲ Night 8pm ■ 2am

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(E) Nutrition/Hydration	1	(2)	3	4	5
NUTRITION ASSESSMENT SCORE (12)					
NG tube insitu. 2/3 Maintenance.					
0.9% NaCl + 10mmol KCl @ 35mls/hr.					
22[25] - Fluids ↑ Full Maintenance = 63mls/hr.					
◆ 0.45% NaCl + 2.5% Dex to replace u/o if > 30mls ∴ output = 30 = replacement.					
Commenced on NG feeds 25 ml. of Jevity = 12mls/hr.					
To have actrapid if BM > 12.					

(F) Elimination	1	(2)	3	4	5
SPC in situ - Size 8.					
Replacement fluid for urine output are 20mls/hr.					
if urine output exceeded 60mls/hr. give DDAVP. SUBCUT.					

(G) Skincare/Wound Care	1	2	3	(4)	5
Mobility	(1)	2	3	4	5
Hygiene	(1)	2	3	4	5
Requires turned regularly					
NO spontaneous movement.					
Requires all hygiene needs to be met by mum & staff					
Nursing staff.					
● ankle slightly red skin bones very easily.					

(II) Psycho/Social/Cultural	1	2	(3)	4	5
Mum extremely angry + upset regarding care					
Conor received IM CAH.					

(III) Circumstantial
Ciprofloxacin 200mg IV @ 1600
Acyclovir 250mg IV @ 1100 } Given in CAH prior to admission.
Pantoprazole 20mg IV @ 1500
Diazepam 2mg @ 1600

	1	2	3	4	5
Record intake hrly. Record B.M. stix x ~~4~~ hrly. Weigh x 4hrly.					
Care of I.V./Central Lines*					
CVC (R) femoral					
PL (2) hand.					
PL (R) wrist.					

	1	2	3	4	5
Record urinary output hrly. Aspirate nasogastric tube x hourly					
Record type and amount of aspirate & free drainage. Urinalysis 6 hrly.					

	1	2	3	4	5
Ensure Connors skin is clean and healthy. Daily bed bath					
Provide care to eyes and mouth.* x 4 hrly PRN.					
Turn x 2 hrly, use manual handling aids as required. Pressure area care x 4 hrly					

	1	2	3	4	5
Provide Connors parents/relatives with support and information					

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PICU CAREPLAN RBHSC

4 Reviewed 12.05.03 N Donnelly

NAME: Conor Mitchell HOSP. NO. 334505 DAY NO. 3 DATE: 11/5/03

SUMMARY: 15 yr old boy with Cerebral Palsy + Quadraplegia transferred from CAH. History of vomiting dehydration, seizures Respiratory Arrest. Intubated and ventilated. Decreased level of consciousness Adrenaline infusion in situ to maintain BP Arterial and femoral lines in situ

ASSESSMENT OF CONDITION/NEEDS	GOALS AND PLANNED CARE
1. PHYSICAL	
(A) Respiratory (1) 2 3 4 5	(1) 2 3 4 5
Intubated & ventilated Secretions 1-2 P.	Monitor ventilation* Saline suction x 4 hrly. +PRN.
SIMV Pc/PS FiO_2 25% Rate 6 Pressures 17/5 12/5 FiO_2 21% oral ET Tube size 6.5 cuffed.	Assist with physio. Monitor ABG's 12/5 Deflating E.T. Tube cuff for 5mins hrly. Maintain ET CO_2 at 4 T.
(B) Cardiovascular (1) 2 3 4 5	(1) 2 3 4 5
Adrenaline infusion @ 1.5ml/hr. BP unstable when turning + change of adrenaline infusion Temperature unstable : (requiring heating blanket to maintain temperature. IVAB : Ceftriaxone Ciproxin Acyclovir.	Continuously monitor cardiovascular status Record vital signs hrly. Care of I.A. line (Left Brachial).
(C) Pain/Sedation 1 2 3 4 (5)	1 2 3 4 (5)
Minimal response to painful stimuli.	Ensure Conor is painfree and relieve anxiety Administer analgesis and sedation as prescribed
(D) Neurology (1) 2 3 4 5	(1) 2 3 4 5
G.C.S. = 3-5 Pupil size = 8. large dilated pupils Right pupil slightly oval in shape.	Observe for signs of neurological deficits Records G.C.S. at start of each shift and ~~or~~ once hrly.

Continuum symbols Morning 8am ● Evening 2pm ▲ Night 8pm ■ 2am ◆

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(E) Nutrition/Hydration	1	(2)	3	4	5

NUTRITION ASSESSMENT SCORE ( )

Full maintenance fluids.
feeds (Jevity) @ 25%. (12ml/hr)
IV fluids 0.9% NaCl c 10mmol KCl (30ml/hr).
Na 163. • 158 New NG tube passed (14fg).
Large gastric aspirate : feeds stopped.

	1	(2)	3	4	5

Record intake hrly. Record B.M. stix x → hrly. Weigh x 3days.
Care of I.V./Central Lines* With bloods.
Rt femoral CL.
Lt hand peripheral : sensitive to use.

(F) Elimination	1	(2)	3	4	5

Urinary catheter in situ.
Output of over 40mls/hr to be replaced (0.45% NaCl).
Output of over 150 mls per hour administer DDAVP.

	1	(2)	3	4	5

Record urinary output hrly. Aspirate nasogastric tube x ~~hourly~~ as per protocol.
Record type and amount of aspirate & free drainage. Urinalysis 6 hrly.

(G) Skincare/Wound Care	1	2	3	(4)	5
Mobility	1	(2)	3	4	5
Hygiene	1	(2)	3	4	5

Breeze' Mattress in use.

	1	2	3	(4)	5
	1	(2)	3	4	5
	1	(2)	3	4	5

Ensure Conors skin is clean and healthy. Daily bed bath
Provide care to eyes and mouth.* x 2-4 hrly
Turn x 2 hrly, use manual handling aids as required. Pressure area care x 4 hrly
Hoist used for weight + charge of bed.

(II) Psycho/Social/Cultural	1	2	(3)	4	5

	1	2	(3)	4	5

Provide Conors parents/relatives with support and information
Mum + family members assisting with care.

(III) Circumstantial

PLEASE DO LFTs MONDAY 12th MORNING AS PER DR. LOAN.

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