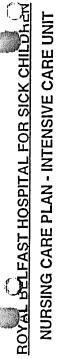


ROYAL BELFAST HOSPITAL FOR SICK CHILDREN NURSING CARE PLAN - INTENSIVE CARE UNIT

PROBLEM	LEM	GOAL	NURSING CARE PLAN	Date	EVALUATION
(j) increased susceptibility to infection.	eptibility to	To prevent the developmer of infection.	To prevent the development for C & S as ordered.	+ C C T	(1) sexchorn sext by Out
			TPN - fluid samples sent daily.	-89C	(in) in Aucho a Carto Con o
			All staff to adhere to strict hand-washing technique prior to and following handling		Same Poly function
			of patient.		<i>i</i> 5
			Introduce parents to the correct		a reduction with
			hand-washing technique.		former and chope coolege
			Individualised nursing care.	8.11.95	And mad allegand
				<	Penairo insular
(i) 12-4-17	has a wound(s)	To promote healing.			Oldan Colombia
		•	inspect wound(s) daily using aseptic technique		
B	- tomotor		Badrace Wound(e)		かんしている かんしょうかん かんしん
•	-		· · · · · · · · · · · · · · · · · · ·		
1			Observe for / report signs of redness, inflammation or leakage	\ \ .*\	
က					
			Document state of wound(s).		
4					
			Sutures to be removed in days.		
			Date of removal		
Has drains			individualised fidibility cale.		
			3		
				A STATE OF THE STA	
PATIENT'S NAME	!	ADAM STRAIN	- HOSPITAL NO. 364377		DATE33/1, 5-7-

2. (C) MAINTAINING A SAFE ENVIRONMENT





To ensure safe administration IV fluids erected as prescribed via one of whom is RSCN.	Check rate and flow, record intake hourly.	Ad	by doctor via correct route.	contrients page	ble adverse side side side side side side side si	observe for same.	Secure central / peripheral lines.	Inspect sites 1/2 hourly and document.	San>	DOCUMENT any of these adverse signs.	Cover all central line sites and joints according to ward policy. Change	daily using an according
	will be	free from the hazards of central / peripheral lines insitu.										
intravenous fluid and drug	venous lines.	SITE DATE OF INSERTION REMOVAL	Resubstanta 27 1.187	Lt band 26 14 95								

2. (B)

(N)

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN NURSING CARE PLAN - INTENSIVE CARE UNIT

EVALUATION					
Date			.		
NURSING CARE PLAN	Secure ET/ trache tube adequately with tapifig as used in Unit. Change taping around tube as necessary.	_	as necessary. Cover arterial canula with bioclusive dressing and secure with elastoplast. Secure limb to splint to prevent dislodgement of canula.	Observe line constantly for discolouration, swelling or signs of haemorrhaging. Use leur lock connections. Do not cover, do not give drugs via this line.	Ensure dressing around site is clean and changed as necessary. Change hep. saline 24 hourly according to ward policy.
GOAL	To prevent dislodgement.	To prevent interruption in	circulation to limb.		
PROBLEM	T / trache tube insitu. otential risk of dislodgement T / trache tube.	/\ terial line insitu.	SITE DATE OF DATE OF INSERTION REMOVAL		058-038-151

ATIENT'S NAME

SPITAL NO.

DATE

(A) CONT.

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

NURSING CARE PLAN - INTENSIVE CARE UNIT

EVALUATION	(1) (11) (11) (11) 14 (12 cold (1) (11) (11) (11) (11) (11) (11) (11)					DATE 27 (11 (9.T
Date	26-11-50 200-14-00 200-8-200 200-8-200 38-11-95					
NURSING CARE PLAN	Bed area to be checked each morning for the presence of a rebreathing bag, face mask of appropriate size, suction equiptment, adequate oxygen supply, ambu bag. Ensure alarm limits on monitor at all times.	Always be aware of possible interruption of ventiliation.	Ventilator and alarms to remain at ON position at all times.	Support ventilator tubing and connections adequately to prevent 'tugging' on ET / trache tube.		HOSPITAL NO. 364 377
GOAL	will be free from hazards in their environment.	To maintain constant ventilation.				Albana STRAIN
PROBLEM	is totally sendent for safety in their vironment with the additional sards of intubation, IV lines 1 invasive monitoring.	tential risk of interruption of utilation.				TIENT'S NAME FIDA

(A) MAINTAINING A SAFE ENVIRONMENT

	SIGNATURE									A. 18. 1	, r								
(52)	EVALUATION CONTINUED								7.00	1 .									
INTENSIVE CARE UNIT	DATE																		
INTENSIVE	SIGNATURE			,															•
	EVALUATION CONTINUED																		
	DATE																		

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN NURSING CARE PLAN - INTENSIVE CARE UNIT



EVALUATION	BP whathy on admission BP white 1300 - BP Graduolly 11500	Lo Steek Futter Suco	gradient guens I wan I	abolat leginged as allocation	contraction of the	200	money continued (0)	(1) the sortifactory	SOO WALL JOHN HAR IN THE	Layson affect Dop	with a effect Boomise Bould	1	Collowing plane ston Took	continued	his Mun-	(1-) et 1000
Date	120		6	do-udo				00 8 50C				28.11.95	Sar ->			
NURSING CARE PLAN	Minimal handling. Ensure continuous ECG monitoring with limits alarms set.	Observe and record hourly limits.	Blood pressure. Systolic <u>< (</u>	≔	Heart rate 40 - 100	Oxygen saturation 95-700	CVP (0 - 15)	INOTROPES IN PROGRESS	DOPAMINE		•	Observe for sensing and pacing.	Inspect insertion site daily.	Pacing box / wires removed as per	cardiac surgeon.	
GOAL	Early detection and treatment of unstable cardiovascular system. Ensure continuous with limits alarms											To maintain optimum cardiac	output.			
PROBLEM	(i) From is susceptible to deterioration in cardiovascular system.											Pacing wires / Box insitu.				

1. (B) BREATHING OBSERVATIONS 364377

HOSPITAL NO.

PATIENT'S NAME ADAM

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN ALCSING CARE PLAN - INTENSIVE CARE



EVALUATION	ye post modera (10-) CHOOO				DATE 27 4 197
Date					364377
NURSING CARE PLAN	To promote and maintain Assist with chest physiotherapy adequate air entry to all lobes of the lungs.	Specimens of tracheal secretions to Lab, MON, WED, and FRI for culture and sensitivity. Nurse upright if possible.	Pass nasogastric tube and Place on free drainage. Aspirate stomach contents Record type and amount of drainage accurately.	Observe hourly for swinging, draining and bubbling. Ensure drain well secured in position. Ensure no tugging on tubing. Ensure chest drain clamps are at hand. Record type, amount drainage hrly. Change bottles according to ward policy.	HOSPITAL NO 36
GOAL	To promote and maintain adequate air entry to all lobes of the lungs.		To prevent aspiration of stomach contents.	To allow lung expansion.	N STRAN
PROBLEM	(v) Potential risk of lung collapse and consolidation.		ion of lungs.	Potential pneumothorax - chest drain insitu.	PATIENT'S NAME TO

1. (A) CONT.

REAL BELFAST HOSPITAL FOR SICK CIODALN NURSING CARE PLAN - INTENSIVE CARE UNIT



100 JOSEPH JOSEPH らんべんと Paralla Trains saylote at merthatie Ticklou ABG own the out extiction Vertiaños confect 377000 45 CR their minned EVALUATION Sworth ! 5,7) howard worktow. acepolar J 900000 145 202 poser+ ماساده No Sportanono aghnasan 11 See return るろろと Shipated 4 SULVINO /000/· 8 Tacko Choraci armer ر 0 attered same 200 port 0 oboli Mun プライナ SON 8 6 5 3 200 14 DO 8 15 11・せる 28·11·35 San -2000-8 Date 200 To aid and support breathing Stze 5.0 ET / trache tube in situ respirations and percentage oxygen down ET / trache tube using manual ET / trache tube. Check water level 0.9% sodium chloride Vaspharyngeal suction 3 hrly &PRN Ensure adequate humidification via and humidi. temp. hourly. (Temp. Observe and record spontaneous Administer oxygen via headbox **NURSING CARE PLAN** ventilation prior to and during Observe colour and perfusion constantly and record oxygen Record type and amount of hourly. Check and record hourly tracheal secretions. ventilatory settings. saturation hourly. should be 36 C.) or face mask. suction __ delivered. Instil adequate oxygen saturation. To maintain a patent airway. To re-establish spontaneous respirations. gaseous exchange and Requires ventilatory assistance | To promote adequate via a cléar airway. GOAL to maintain adequate gaseous is breathing requires oxygen Adam may be unable is unable spontaneously via ET tube / Potential risk of blockage of to clear secretions without via headbox or facemask. to breathe adequately. 1. (A) BREATHING PROBLEM trache with oxygen / ET / trache tube. Agam humidivent. assistance. exchange. (§). 9 (E)

PATIENTS NAME ACACA STICE

HOSPITAL NO. 364377

5/11/5

DATE_

AS - ROYAL

FAMILY NAME: ADAM.	DATE: 27.11.45 TIME: 6pm	HOSP. NO: 344377 (56) PARENT(S), CARER(S) RESIDEN:
CHILD'S ADDRESS:	fost level teansplant internate stall	WHERE: ROOM I
AGE: 45/2 AGE: 48/4 D.O.B.: 4/8/91 BIRTHWEIGHT: RELIGION: BAPTIZED: YES/NO NEXT OF KIN POLOGY	WHY DO THE PARENTS THINK THE CHILD HAS BEEN ADMITTED: Nun Nos expecting Adam K he admitted & Act port	DO THEY WISH TO PARTICIPATE IN THE GARE OF THE CHILD? Yes. Munn well work Adom
RELATIONSHIP TO CHILD: MOTEQ. ADDRESS: AS about	MEDICAL DIAGNOSIS: Ouppostic Kichorys Clastinethore (Reopostin)	SOCIAL ARRANGEMENTS
TELEPHONE NOS CO OBOUR WORK: WITH WHOM DOES THE CHILD RESIDE: Where & Glodpering RELATIONSHIP TO CHILD:	PREVIOUS RELEVANT HISTORY/ADMISSIONS: Luve with his	huse with his notesner
WHO HAS PARENTAL RESPONSIBLITY FOR THIS CHILD:		NAME AND AGE OF SIBLINGS:
WULLALEPHONE NO: NAME OF SCHOOUPLAYGROUP/NURSERY:	CONSULTANTS: De Savage / De O' Comor De Taylor	
s*	Named Nuese: 5/N K. Knaggs	` .

		RED TO		X	7		7			
		WARD FACILITIES - TICK BOX WHEN EXPLAINED TO	PARENTS ACCOMODATION WITH NO SMOKING POLICY	PARENT INFORMATION	PARENT SHOWER / TOILET FACILITIES	TELEPHONE Mun staying	DINING ROOM FACILITIES	SOCIAL WORKER Musquare wood		
DISEASES: Nort Knows ALLERGIES: RADON	CURRENT MEDICATIONS AND METHOD OF ADMINISTRATION:		Perkosmoli.	ANY-LOOSE TEETH:	OTHER PROSTHESIS:			SIGNATURE OF NURSE TAKING HISTORY:	DATE: OF INLAS	
DR SCIAL WORKER / OTHER CONTACTS:			0	**************************************	MEASLES/MUMPS/RUBELLA YES/NO	BOOSTER, DIP. TET. POLIO YES / NO (PRE-SCHOOL)	B.C.G. ADMINISTERED	- DATE OF LAST TETANNUS		D. D.

80 no staret SKIN INTACT :- (YES) NO SITES OF (1) WOUNDS (EL) MANAR COLOCHOME -(3) CONDITION OF MOUTH CLEON & LEOUX ! COMFORTER: (YES) NO BLANKEST (BLLE) TOYS : YES(NO) PERSONAL CLEANSING AND DRESSING Starps with num starping pattern SPIRITUAL AS DES Burily (Nothing chuld (2) SKIN BREAKS / PRESSURE SORES.. lado arrindance (4) CONDITION OF EYES...... **WORKING AND PLAYING** BAPTIZED :- YES / NO ON ADMISSION ON ADMISSION RELIGION :-SLEEPING DYING į Goods to be used and at right. Supervised by Mun / family Temp & 35°c at this OBILISING INJURIES / FRACTURES : YES /(0) 'ENOUSY ARTERIALY EPIDURAL CANNULAE **SOLLING BODY TEMPERATURE** AINING A SAFE ENVIRONMENT at all times nomal pe age :- HEATING / COOLING BLANKET EDSIDES IFREQUIRED **NEOUS MOVEMENTS** INCUBATOR WARM GAMGER NT FOR SURGERY **MILK SYRINGES** MISSION MISSION MISSION ISING

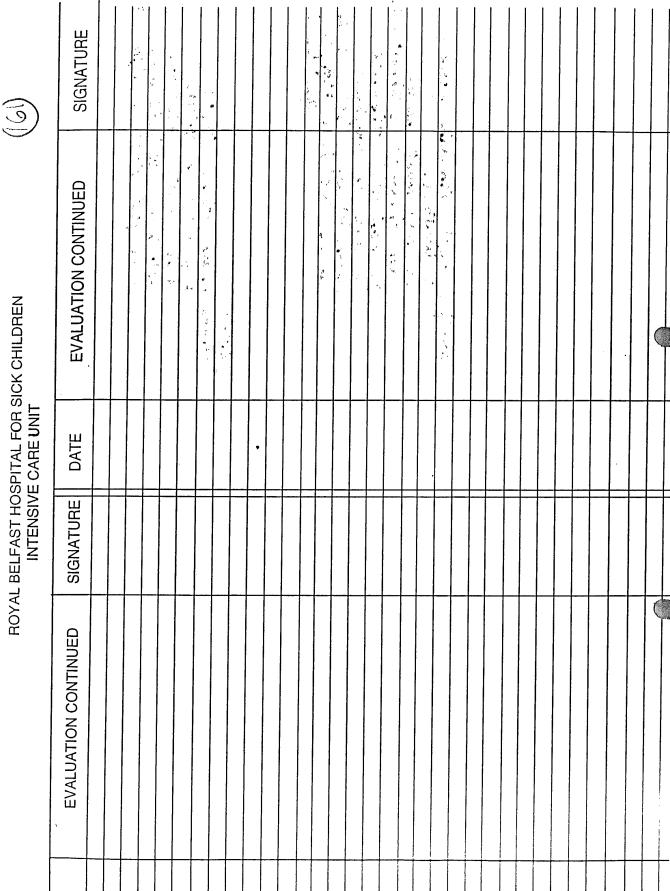
	PAEDIATRIC INTESTIVE CARE UNIT	:- PATIENT ASSESSMENT (59)
	NAME : ADAM STRAIN D.O.B : 4/8/91 HOSPITAL NO. :364377	
	BREATHING Intumated Size 5:0 et tuke.	EATING & DRINKING HOP a gastlostomy tuso e.
	No peoplem with presentating usually.	72.55 7
*	:- PALLOR/ CYANOSED/WELL PERFUSED) :- YES(NO) :- SELF/ ORAL AIRWAY/(ET TUBE) TRACHEOSTOMY	ON ADMISSION NIL BY MOUTH TYPE OF FLUID(S) INSITU LAM ASIX LAM ASIX
		 (-)
**	LAB	NASO-GASTRIC TUBE INSITU ∴ YES/NO SIZE ∴
•		alabo a nappy to
		Carey Carey
	SION USE PAIN SCALE } [IF APPROPRIATE]	ON ADMISSION CATHETERIZED CATHETER SIZE: DAY NO.
	:- YES/NO SEDATION/ ANALGESIA/ PARALYSED :- PCA/ INFUSION/ EPIDURAL/ ORAL OR RECTAL PREPARATION :- CONSCIOUS/ UNCONSCIOUS/ IRRITABLE/ DROWSY	DAFFE OF LAST BOWEL MOTION :- YES/NO SITE : DAY NO. : P.D. CANNULA :- YES/NO
	COMA SCALE ICP MONITOR-TYPE IL	COLOSTOMY COLOSTOMY LEOSTOMY - YESMO - YESMO - YESMO - YESMO - YESMO
	TEMPERATURE: 364 HEARTRATE: 100 RESPIRATIONS:	RESPIRATIONS: 35 Dom BLOOD PRESSURE: 120, WEIGHT: 20 Kg
	##T	

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN NURSING CARE PLAN - INTENSIVE CARE UNIT 2. (D) MAINTAING A SAFE ENVIRONMENT



	PROBLEM		GOAL	NURSING CARE PLAN	Date	EVALUATION
<u> </u>	Deteriorating level of conscious- ness due to	nscious-	To monitor and detect changes in the	Record Glasgow coma scale	27 11.50 120 1.30	Or adrivering pupils
	untrous Couse	Sme	tus of	Report any changes in level of consciousness.		Kondo Mannuts 20 START NO COURT ON SER
					g &	Pupulo Cenaire Juscal
						0 6
ίij	re intracranial pressure.	requires	To ensure Richmond screw / ventricular catheter / camino	Ensure Richmond screw / vertricular catheter / camino is securely insitu.		the ogg has coughing population
			is secured in position.	Observe constantly and record ICP and CPPhourly.	25. Pos	Japan (2.5-3)
				Daily calibration of transducer. Maintain withinlevels set by neurosurgeon and		ho werenest is orms/legs
				report itelevated > 5 mins.	98-11-95 Par>	Klaux stor Jaks
				Dress site as necessary using aseptic technique. Position patient as ordered		sote of (a)
				by neurosurgeon Midline for first 24 - 48 hours.		o of lost mooton. (mm) alos
				Elevate head at 45 degrees.		
				•		
	PATIENT'S NAME	ALAN	ADRI STRAN	HOSPITAL NO. 30437		DATE 27 (11 (9 t

		INIENSIVE	IINI ENSIVE CARE UNII)
DATE	EVALUATION CONTINUED	SIGNATURE	DATE	EVALUATION CONTINUED	SIGNATURE
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3. EATING AND DRINKING

ROYA SELFAST HOSPITAL FOR SICK CHILDMEN NURSING CARE PLAN - INTENSIVE CARE UNIT



Date EVALUATION	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	with dans and sedoned (4)			DATE 27 LI (SJ
NURSING CARE PLAN	Administer prescribed fluid. Monitor infusion CONSTANTLY. Record amt and type of fluid infused hourly. Change IV Giving Set every 24 hours using an aseptic technique. Be aware of fluid restriction.	dietician's	Record Bm Stix 4 - 6 hourly.	. Weigh on admission if possible. Weigh cardiac / renal or children receiving TPNdaily if condition permits and record. Observe for signs of oedema.	HOSPITAL NO. 364 377
GOAL	To prevent fluid and electrolyte imbalance.	is dependant To maintain good nutritional for provision status and fluid intake.	To monitor blood sugar and maintain within normal limits	To monitor weight gain / loss. Weigh weigh receiving and receiving and receiving the company of the contract o	ADAN STRAIN
PROBLEM	is unable to take fluids and nutrients orally due to	of food and fluids	POTENTIAL Hypoglycaeman	Weight gain - :	PATIENT'S NAME ADAM

3. EATING AND DRINKING CONT.



ROYAL BELFAST HOSPITAL FOR SICK CHILDREN NURSING CARE PLAN - INTENSIVE CARE UNIT

EVALUATION														***	· · · · · · · · · · · · · · · · · · ·						U +
Date																				7	:
NURSING CARE PLAN	Secure tube in position.	Aspirate stomach-contents 6 hrly or as feeding regime requires.	Record type and amount of aspirate.	Record type and amount of feed given.			will receive TPN Administer TPN solution as prescribed	by doctorusing an aseptic technique.	Observe constantly and bracel	amount infrised	Adhere to Unit policy regarding TPN.	Send daily specimens to Lab for culture	and sensitivity.			•			 		HOSPITAL NO.
GOAL	To enable enteral feeding.				* * * * * * * * * * * * * * * * * * *		 will receive TPN	to promote optimal nutritional	status.												
PROBLEM	Naso gastric tube.	12 T			3		The patient is receiving TPN														PATIENT'S NAME

DATE

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN NURSING CARE PLAN - INTENSIVE CARE UNIT



EVALUATION	College Colleg	DATE 37/11/57.
Date	लव अ । त व	
NURSING CARE PLAN	Record axilla temperature hourly with tempô-dot. Patient nursed in :- thermoneutral environment / in incubator / ohio / cooling - heating blanket.	HOSPITAL NO. 364377
GOAL	Temperature will be maintained between 355 and 324	ADAM STRAIN HO
PROBLEM	staff for provision of granton provision of grantonment to maintain body femperature.	PATIENT'S HAME (A DAV

4. CONTROLLING BODY TEMPERATURE

SIGNATURE (165) **EVALUATION CONTINUED** ROTTE DELINATION OF THE FUR STON CHILDREIN INTENSIVE CARE UNIT DATE SIGNATURE , 7 **EVALUATION CONTINUED** DATE

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN NURSING CARE PLAN - INTENSIVE CARE UNIT

Date	20/2 - 1/2 (11) 1/1 (20/20) (11) 0/20 (11) 0/2	8an > hether bookned asconing										
NURSING CARE PLAN	Change position turning patient from side to side - 2 hourly where possible.	Nursed on Spenko mattress if indicated.	Avoid damp / wet bed clothes.	Avoid creases / hard objects on bed.	Individualised nursing care.	1 1						
GOAL	To prevent the formation ofpressure sores.											
PROBLEM	has no spontaneous movement due to infusion of muscle relaxant.	(Potential risk of developing pressure sores)	Totally dependent on staff for change of postion.			H. Arv. is confined	to pedrest, dependent on staff for change of position due to	weak condition.				

5. MOBILISING

ROTAL BELLAST HOSPITAL FOR SICK CHILDREN INTENSIVE CARE UNIT

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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN NURSING CARE PLAN - INTENSIVE CARE UNIT



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Date	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_
NURSING CARE PLAN	Observe for signs of pain / distress Encourage parents to be present. Give simple explanations and reassurance prior to procedures. Offer alternative means of communication. Be aware if child has comforter e.g. favourite toy or blanket. Individualised nursing care.	HOSPITAL NO. 36437
GOAL	more aware and secure in his /her environment.	ADAM STRAIN
PROBLEM	usual means of communication due to livasive procedures. Potential pain, anxiety, stress.	PATIENT'S NAME 1704-74

6. COMMUNICATION

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN INTENSIVE CARE UNIT

DATE	EVALUATION CONTINUED	SIGNATURE	DATE	EVALUATION CONTINUED	SIGNATURE
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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN NURSING CARE PLAN - INTENSIVE CARE UNIT

Date EVALUATION	22-11-56 1202 1450 (1) Leenan Sutput 5000	a mis	No output on present hom	Jac-8, (i) (i) (A) Ouch	2009806 (1) was Dutput watisfactory maintainence (luich commons recolumnence) lunci @ evancous tono cop put	Leton Dowon	be postmone (1pm) Choop								DATE 27 (11/51)
NURSING CARE PLAN	Record urinary output accurately.	Observe colour and odour of urine.	Record 6 hourly urinalysis.	Catheter care 4 hourly.	Perform dialysis as per nephrologist's instructions.		Observe for passage of faeces	and record type / amount on fluid balance chart.	-	Observe stoma 4 hourly for colour / bleeding and record	Change dressing 4 hourly initially.	Place stoma bag on as per	surgeon's instructions.		HOSPITAL NO. 364379
GOAL	To monitor and record accurate urinary output.				To maintain fluid / electrolyte balance.		ular bowel	movements.	To monitor howal function						
PROBLEM	(f) Potential risk of urinary Retention.	(A R.C. urinary catheter.	NEW URGE SICER INTO	is being dialyzed via peritoneal route or haemodialysis.		(10 \ Potential risk of constipation /	maning to emply bower.	lhas a	colostomy / ileast my					 PATIENT'S NAME BOAND SIRA

7. ELIMINATION

NOTAL BELFAST HOSPITAL FOR SICK CHILDREN INTENSIVE CARE UNIT

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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN
NURSING CARE PLAN - INTENSIVE CARE UNIT 8. PERSONAL CLEANSING AND DRESSING



PROBLEM	GOAL	NURSING CARE PLAN	Data
(1) (ADAM) is totally dependent on parents and staff for maintainance of hygiene needs and dignity.	AD Avv. ं । hygiene will be maintained.	Encourage parents where possible to take part in care of A down-Daily bed bath / bath if condition permits.	99-11-51 125-1400 (1) (1) (1) (1, (1, (1, (1, (1, (1, (1, (1, (1, (1,
		Paying attention to hair, nose and nails.	
(II) Potential risk of eye and mouth infection.	Pdan will not develop mouth or eye infection.	Administer mouth and eye care 4 hourly.	
		Respect dignify of patient at all times.	
(4) Absent blink rellex due to paralysis.	To prevent corneal damage.	Clean eyes 2 hourly with saline and lint squares.	
		Instill 1 drop light liquid paraffin into each eye 2 hourly. Cover eyes with moistened pads.	
N		<u>' </u>	
PATIENT'S NAME ADAM SIKA	7	HOSPITAL NO. 3643 77	DATE_ スチ・バ・らT

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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN NURSING CARE PLAN - INTENSIVE CARE UNIT

EVALUATION	Bre Pagari	des d (0 9.100 CABOO)			DATE 37- (いら)
Date	25-16-5 20-82 20-836 28:11.95	8an-			
NURSING CARE PLAN	Anticipate needs of patient. Provide tranquil atmosphere.	Arrange procedures around sleep where possible. Make patient as comfortable as possible.		·	HOSPITAL NO. 364377
GOAL	ADAM will have regular undisturbed sleep periods.				ADAM STRAIN HOSI
. V	is dependent on ods due to ince.				AD AM
PROBLEM	is dependent of the state of th				PATIENT'S NAME

9. SLEEPING

NOTAL DELITABLE HOR SICK CHILDREN INTENSIVE CARE UNIT

· Andrewson	SIGNATURE																		
	EVALUATION CONTINUED												The second secon	The second secon					
	· DATE																	•	
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	EVALUATION CONTINUED																		
	DATE																		_

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ROYAL BELFAST HOSPITAL FOR SICK CHILDREN NURSING CARE PLAN - INTENSIVE CARE UNIT

10. SPIRITUAL NEEDS

EVALUATION	Date (22) 11 St (12 St	38.11.95 11.95 Same												P DATE 27 /11 /97	
NURSING CARE PLAN	Ensure own minister has an opportunity to speak with	Respect spiritual wishes and beliefs of the family.	ř.				•	'			•			HOSPITAL NO. 364377	
GOAL	िन्य र्ये spiritual needs will be met.													ADAM STRAIN	
PROBLEM	(Aつみい is dependent on staff and parents for spiritual care.	• .			-									PATIENT'S NAME ADAM	

NOTAL DELLAST HOSPITAL FOR SICK CHILDREN INTENSIVE CARE UNIT

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SALL MOD 3 samples mother DATE 27. 11.5 **EVALUATION** 200 OHEC 2 Acian BOYAL BELFAST HOSPITAL FOR SICK CHILDREN NURSING CARE PLAN - INTENSIVE CARE UNIT 28-11-95 Provide quiet atmosphere in a side 5 Date 364374 Remove unnecessary equipment Give opportunity to nurse child. Ensure spiritual needs all met. NURSING CARE PLAN and dress child comfortably. Respect family's wishes and Provide opportunity to speak to medical staff. Position patient to ensure Administer analgesia as maximum comfort. ward if possible. spiritual beliefs. HOSPITAL NO. prescribed. have a peaceful, dignified and painless death. W. GOAL To comfort family. ADAM: Parents fears and anxiety. Deteriorating condition of PROBLEM PATIENT'S NAME ADAM Potential death. 11. DYING

INTENSIVE CARE UNIT

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SIGNATURE **EVALUATION CONTINUED** DATE SIGNATURE **EVALUATION CONTINUED** DATE

RELATIVE COUNSELLING RECORD

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