

OUR LADYS CHILDREN'S HOSPITAL
NURSING CARE PLAN 11
Neurovascular deterioration
(Please use in conjunction with careplan 1)



| Care plan 11 Problem | | Neurovascular Deterioration Goals | Issue date: January 2012 Review date: January 2015 |
|--|-----------|---|---|
| <p>Has a potential for neurovascular deterioration related to:</p> <ul style="list-style-type: none"> • Fracture of _____ _____ (Any bone e.g. Humerus, Tibia, Metacarpal etc) • Dislocation of _____ _____ (Any bone or joint) • Injury to _____ _____ (Crush/burn) • Post surgery of _____ | | <ol style="list-style-type: none"> 1. Alteration in neurovascular status will be promptly detected and reported 2. Pain needs will be supported 3. Observations will be monitored | |
| Commenced, date, time and signature | No. | Nursing intervention | Discontinued, date, time and signature |
| | 1. | Neurovascular care | |
| | a. | <ul style="list-style-type: none"> • Monitor colour of affected limb, report and record deviations from normal. • Monitor movement of affected limb, all digits, report and record deviations. • Monitor limb sensation, checking each digit separately, report and record deviations. • Monitor temperature of affected limb, (using the back of the assessors hand on each digit separately for effectiveness) report and record deviations. Kunkler, E.C. (1999) <i>Neurovascular Assessment: Orthopaedic Nursing</i>. 3:63-67 <p>*Compare all above with unaffected limb or use baseline assessment, Contact Orthopaediac Sho/Reg if any deviations from normal.</p> <ul style="list-style-type: none"> • Palpate all pulses distal to the fracture. • If observation is restricted observe capillary refill. • Observe affected limb for swelling, oozing. Report and record deviations from normal. | |
| | 2. | Pain | |
| | a. | <ul style="list-style-type: none"> • Assess pain score on admission as per pain assessment guidelines (<i>NPC, 2011</i>). • Utilize both pharmacological and non-pharmacological means of pain relief. • Administer analgesia as required as prescribed as per OLCHC Formulary 2010 • Monitor and record effect of analgesia. | |

Updated Jan 2012

Patient name.....

HCRN

Ward.....

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| | 3. Observations | |
|--|---|--|
| | <ul style="list-style-type: none"> Monitor temperature, pulse, respirations, blood pressure, oxygen saturations and Colour, Movement, Sensation and Temperature (CMST) of affected limb on admission and then as condition dictates. Report and record deviations from normal. | |

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