

OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN
NURSING CARE PLAN 15
BURNS NURSING CARE



(Please use in conjunction with Careplan 1)

Care plan 15 Problem	Burns Care Goals	Issue date: January 2012 Review date: January 2015
<p>..... has a burn/scald</p>	<p>..... will receive safe and appropriate care relating to his/her burn or scald</p>	
Commenced date, time and signature	Nursing Intervention	Discontinued date, time and signature
1	Pain	
	<ul style="list-style-type: none"> ▪ Assess child for signs of pain, using an appropriate pain assessment scale. ▪ Utilize non pharmacological means of pain relief, e.g. reassurance, explanations parental presence, distraction, play, positioning. ▪ Administer analgesia as required and monitor effects of same. <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
2	Itch	
	<ul style="list-style-type: none"> ▪ Assess child for signs of itch. ▪ Administer antihistamines and monitor effectiveness. <p>.....</p> <p>.....</p> <p>.....</p>	
3	Nutrition	
	<ul style="list-style-type: none"> ▪ Record dietary intake in detail. ▪ Record if diet is refused by the child. ▪ Record all vomits – amount and type. ▪ Weigh child weekly or as indicated ▪ Liaise with dietician _____ Bleep _____ ▪ Feed: ___ orally ___ nasogastric tube ___ other <p>Specific Instructions</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

Updated January 2012

Patient name.....

HCRN.....

Ward.....

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4	Prevention/Management of Infection	
	<ul style="list-style-type: none"> ▪ Monitor and record vital signs as clinically indicated. Report any deviation from the norm. ▪ If child is pyrexial, perform Septic Screen, i.e. wound & throat swab, urine and sputum. Assist with blood sampling. ▪ Administer antipyretics as clinically indicated and monitor effectiveness. ▪ Administer antibiotics as prescribed <p>.....</p> <p>.....</p> <p>.....</p>	
5	Altered mobility	
	<ul style="list-style-type: none"> ▪ Protect skin by keeping skin clean and dry, and changing position frequently. ▪ Observe skin for evidence of breakdown. ▪ Use pressure relieving devices <p>.....</p> <ul style="list-style-type: none"> ▪ Record and report any changes in skin condition. ▪ Liaise with physiotherapist _____ Bleep _____ ▪ Observe for constipation, administer laxatives as indicated. Record bowel motions. 	
6	Splint/Cast care	
	<ul style="list-style-type: none"> ▪ Splint/Cast type _____ ▪ Liaise with Occupational Therapist _____ Bleep _____ ▪ Monitor and record neurovascular observations if clinically indicated. ▪ Observe for increase in pain, swelling or oozing. Record and report same. ▪ Pad splint edges to protect skin. <p>Specific Instructions</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
7	Jobst care	
	<ul style="list-style-type: none"> ▪ Child will wear Jobst garment x 23 hours/day ▪ Change daily. Wash with detergent and air dry. <p>Specific Instructions</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

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