

OUR LADYS CHILDRENS HOSPITAL CRUMLIN
NURSING CARE PLAN 17
SICKLE CELL CRISIS



(Please use in conjunction with care plan 1)

Care plan 17		Sickle Cell Crisis Goals	Issue date: Jan 2016 Review date: Jan 2019
<p>is admitted with a</p> <ul style="list-style-type: none"> ✓ Bony crisis ✓ Chest crisis ✓ Splenic crisis ✓ Abdominal crisis ✓ CNS event ✓ Priapism ✓ Other _____ 		<ol style="list-style-type: none"> 1. Observations 2. Intravenous hydration and antibiotics 3. Pain needs will be supported 4. Specific care needs 	
Commenced dated, time, and signature	No	Nursing Interventions	Discontinued, date, time and signature.
	1	<p>Observations</p> <ul style="list-style-type: none"> • Monitor vital signs of temperature, pulse, respirations, oxygen saturations and blood pressure on admission and as patient's condition dictates _____ • Monitor for signs of hypovolaemic shock – e.g. acute anaemia due to splenic sequestration crisis. • Spleen to be palpated on admission and daily unless otherwise indicated. Record on spleen chart. If spleen is enlarged perform one hourly spleen measurements until condition stabilises and haemoglobin level is stable. • Monitor oxygen saturations for any deterioration below 95% in room air and administer oxygen as prescribed, report and record response to same. • Check and record urinalysis on admission. Report any variations to haematology team. • Perform neurological observations if patient presents with a CNS event or as condition indicates. • Report and record deviations from normal to hematology team. 	
		<p>Pyrexia Use pharmacological and non-pharmacological means of reducing temperature:</p> <ul style="list-style-type: none"> • Nurse in a well ventilated room • Administer anti-pyretics as prescribed • Encourage cool drinks • Remove excess clothing <p>(Trigg & Mohammed, 2010) Administer IV antibiotics as prescribed.</p> <p>If afebrile, ensure child is nursed in a warm environment.</p>	

Patient name.....

HCRN.....

Ward.....

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2	Intravenous Fluids/ Antibiotics	
	<ul style="list-style-type: none"> • Administer intravenous fluids as prescribed, use care plan 9 • Administer intravenous/PO antibiotics as prescribed. • <i>Clarify the need to withhold prophylactic antibiotic Calvepen if commencing IV antibiotics.</i> 	
3	Pain	
	<ul style="list-style-type: none"> • Assess and document pain score on admission • If patient admitted with pain use care plan 17b • <i>Treat pain as per Sickle Cell Pain Management Protocol.</i> • <i>Liase with Pain Nurse Specialist for severe pain and not controlled with opioids.</i> 	
4	Specific instructions	
	<ul style="list-style-type: none"> • Assist medical team with obtaining blood samples. • Record and report any deviation in blood results to haematology team. • Administer blood transfusion if indicated as per blood transfusion guidelines OLCHC 2004 (care plan 9). Ensure hospital information leaflet on blood transfusion has been given to the parent (if patients first blood transfusion) and ensure consent has been obtained by the doctor. • Ensure child is nursed on intravenous fluids if fasting. <p>Administer routine medications as prescribed e.g.</p> <ul style="list-style-type: none"> • Folic acid _____ • Penicillin (Calvepen) • Erythromycin (if allergy to penicillin) _____ • Hydroxycarbamide (Hydroxyurea) _____ • Iron chelator eg. Deferasirox (Exjade) PO or Desferoxamine s/c • Laxatives 	
	Any other needs	

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