

OUR LADYS CHILDRENS HOSPITAL CRUMLIN
NURSING CARE PLAN 17a

SCD patients on erythrocytapheresis programme



Care plan 17a		Erythrocytapheresis programme for sickle cell disease patients				Issue date: May 2015																																											
		Goal				Review date: May 2018																																											
_____ is admitted to the HODU for planned exchange blood transfusion.		<ol style="list-style-type: none"> _____ will receive a safe exchange blood transfusion with no adverse effects. Safe discharge following scheduled procedure. 																																															
Commenced dated, time, and signature	No	Nursing Interventions				Discontinued, date, time and signature.																																											
	1	Observations																																															
		<ul style="list-style-type: none"> Record and document baseline observations-HR, respiratory rate, BP and temperature. If any deviations from the normal limits please inform haematology team. Record and document oxygen saturations. If <95% please inform haematology team. Check and record patients weight and height on transfusion kardex. Check and record urinalysis. Inform haematology of any positive findings. <p>Date _____ Urinalysis _____ Sent to lab Yes/No Date _____ Urinalysis _____ Sent to lab Yes/No Date _____ Urinalysis _____ Sent to lab Yes/No Date _____ Urinalysis _____ Sent to lab Yes/No Date _____ Urinalysis _____ Sent to lab Yes/No</p>																																															
	2	Bloods																																															
		<p>Ensure appropriate bloods are taken prior to the exchange transfusion (either prior to exchange day or on the same day as exchange transfusion). Bloods include:</p> <table border="1"> <thead> <tr> <th>Bloods</th> <th>Date</th> <th>Date</th> <th>Date</th> <th>Date</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>FBC, Retics</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Haemoglobinopathy screen</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ferritin</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>GXM</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>U+E, Creatinine</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LFTs, LDH</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Bloods	Date	Date	Date	Date	Date	FBC, Retics						Haemoglobinopathy screen						Ferritin						GXM						U+E, Creatinine						LFTs, LDH							
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	3	IV access																																															
		Ensure patient has 2 intravenous cannulae or a CVAD for administration and withdrawal of blood.																																															

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4	Pre-medication	
	<ul style="list-style-type: none"> • Ensure a stat dose of Calcium Sandoz PO (Dose- 0.25mmols/kg to max of 10mmols) is prescribed and administered pre-exchange. • Ensure Piriton PO (Dose-age dependent) is prescribed and administered pre-exchange unless contra-indicated by haematology team. Check HCR. 	
5	Amount of RCC to be exchanged	
	<ul style="list-style-type: none"> • 40mls/kg RCC will be prescribed by the doctor on Prescription & Administration record for Blood & Blood Components • In some patients 60mls/kg is required (decision is made by the Consultant Haematologist). • Exchange will be performed by the apheresis nurse. • Adhere to OLCCH transfusion policy 	
6	Specific care during and post exchange	
	<ul style="list-style-type: none"> • Observations during transfusion as per OLCCH transfusion policy • Monitor and record patients observations every 30 minutes post exchange for 2 hours. Report any deviations from baseline observations to haematology team. • Administer intravenous fluids pre and post exchange as prescribed. • Maintain an accurate fluid balance sheet. • If transfusion reaction is suspected adhere to OLCCH transfusion policy • Observe patient for signs of reaction to the exchange e.g. hypotension, abdominal pain, sweating, vaso-vagal episode, haematuria. Pause transfusion and report any signs/symptoms to the haematology team for urgent review. • Transfusion may be restarted following discussion with the haematology team. 	
7	Prior to discharge	
	<ul style="list-style-type: none"> • Ensure observations are within normal limits. • Flush the CVAD with 0.9% Sodium Chloride followed by appropriate Heparin. • Ensure patient/parent/guardian has been given next exchange transfusion date. • Ensure date is in the HODU diary. • Inform parent/guardian to contact hospital if patient becomes unwell following discharge home e.g fever, rash, haematuria 	
	Any other needs	

Patient name.....

HCRN.....

Date: