

OUR LADYS CHILDRENS HOSPITAL CRUMLIN  
NURSING CARE PLAN 17a

SCD patients on erythrocytapheresis programme



<b>Care plan 17a</b>		<b>Erythrocytapheresis programme for sickle cell disease patients</b>				<b>Issue date: August 2018</b>																																											
		<b>Goal</b>				<b>Review date: August 2021</b>																																											
_____ is admitted to the HODU for planned exchange blood transfusion.		<ol style="list-style-type: none"> <li>_____ will receive a safe exchange blood transfusion with no adverse effects.</li> <li>Safe discharge following scheduled procedure.</li> </ol>																																															
Commenced dated, time, and signature	<b>No</b>	<b>Nursing Interventions</b>				Discontinued, date, time and signature.																																											
	<b>1</b>	<b>Observations</b>																																															
		<ul style="list-style-type: none"> <li>Record and document <b>baseline observations</b>-HR, respiratory rate, BP and temperature. If any deviations from the normal limits please inform haematology team.</li> <li>Record and document <b>oxygen saturations</b>. If &lt;95% please inform haematology team.</li> <li>Check and record patients <b>weight and height</b> on transfusion kardex.</li> <li>Check and record <b>urinalysis</b>. Inform haematology of any positive findings.</li> </ul> <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>																																															
	<b>2</b>	<b>Bloods</b>																																															
		<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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	<b>3</b>	<b>IV access</b>																																															
		Ensure patient has 2 intravenous cannulae or a CVAD for administration and withdrawal of blood.																																															

Patient name.....

HCRN.....

Date: .....

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

Patient name.....

HCRN.....

Date: .....