

OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN  
Nursing care plan Template



Care plan Problem 22		Cystic Fibrosis Care Plan 22	Issue date: Sept 2016												
		Goals	Review date: Sept 2019												
<p>..... has CF with related:</p> <p>1. Chest infection</p> <p>2. Actual/potential poor nutritional status.</p>		<ul style="list-style-type: none"> <li>Will receive appropriate treatment for chest infections.</li> <li>Patient will adhere to all treatments including medications/ nebulisers /physio</li> <li>Will take their pancreatic enzyme replacement therapy &amp; fat soluble vitamins</li> <li>Promote good nutritional intake to maintain/gain weight</li> <li>Will have limited steatorrhoea</li> </ul>													
Commenced date, time and signature	No	<b>Nursing Intervention</b>	Date discontinued, time and signature												
	<b>1.</b>	<b>Observations</b>													
		<ul style="list-style-type: none"> <li>Record baseline observations, temperature, pulse, respirations, blood pressure, and oxygen saturations on PEWS chart. Frequency as condition dictate-----</li> <li>Pyrexia. Use pharmacological &amp; non pharmacological means of reducing temperature</li> <li>Nurse in a well ventilated room</li> <li>Administer anti pyretics as prescribed</li> <li>Encourage cool drinks</li> <li>Remove excess clothing/blankets</li> <li>Report any signs of increasing respiratory distress to the medical team</li> <li>Pulmonary Function tests performed as requested. Report FEV1 result to team.</li> </ul> <p>Sputum * Send sputum sample to microbiology for culture and sensitivity. If unable to obtain sputum, take throat swab.</p> <table border="1"> <tr> <td><b>Date:</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Sputum Result:</b></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <ul style="list-style-type: none"> <li>Observe and record amount &amp; colour of sputum</li> <li>If having haemoptysis/ blood streaked sputum inform team and carry out instruction.</li> </ul>	<b>Date:</b>						<b>Sputum Result:</b>						
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	<b>2.</b>	<b>Respiratory Supports</b>													
		<ul style="list-style-type: none"> <li>Administer nebulised therapy (bronchodilators, hypertonic saline, Pulmozyne) as prescribed. Monitoring for effectiveness &amp; side effects. Administer using recommended sequence as per pharmacy.</li> <li>Administer bronchodilator prior to hypertonic saline if prescribed.</li> <li>Administer bronchodilator 15-30 mins prior to physio.</li> <li>Administer Pulmozyne 90mins – 2hrs prior to physio.</li> <li>Nebulised steroids &amp; antibiotics should be administered post physio.</li> <li>Nebulised antibiotics should be administered immediately following reconstitution.</li> <li>Sidestream attachment (with angled mouth piece) should be used for Pulmozyne, bronchodilator and hypertonic saline only.</li> </ul>													

Updated Jan 2016

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HCRN.....

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		<ul style="list-style-type: none"> <li>• Vent stream attachment should only be used for steroid and antibiotic.</li> <li>• Use appropriate filter for Colomycin/ Tobramycin neb pack.</li> <li>• Each component should be washed between each treatment in warm soapy water. Briel detergent should be used. The components should then be rinsed with sterile water. The sterile water should be changed daily. Use a sterile yellow bowl to clean nebs. Excess water should be dried from components before leaving it disassembled in the yellow bowl.</li> <li>• If commencing on Tobramycin nebulisers PFT's will be required pre and post administration. Inform team of results.</li> <li>• <i>Patients are not permitted to use own eflow device. Patients are only allowed to use Eflow device if requiring nebulized Caysten as the neb is only compatible with Eflow.</i></li> <li>• <i>Eflow machine to be sent to CSSD daily to be cleaned as per SOP.</i></li> <li>• Components should not be left to soak in detergent or left at sink space to dry as this increases the risk of contamination with bacteria such as Pseudomonas.</li> <li>• Components should be changed weekly (label &amp; date same).</li> <li>• Administer oxygen therapy/ humidified air as prescribed, monitor for effectiveness. Use appropriate humidification system where indicated.</li> <li>• Nurse upright/well supported with back rest and pillows.</li> </ul>											
	<b>3.</b>	<b>Antibiotics</b>											
		<ul style="list-style-type: none"> <li>• Nebulised antibiotics should be administered immediately following reconstitution.</li> <li>• Administer Tobramycin nebulisers as per pharmacy guidelines.</li> <li>• Administer antibiotics as prescribed as per Medication Policy OLCHC (2004) monitoring for effectiveness and side effects.</li> <li>• Monitor condition for response to antibiotic therapy report and record.</li> <li>• If on IV Tobramycin monitor blood levels &amp; U&amp;E at day 2, 5, and 10 of treatment. Inform team of results. Do not administer dose until level is received.</li> </ul> <table border="1" data-bbox="418 1094 896 1220"> <thead> <tr> <th>DAYS</th> <th>Day 2</th> <th>Day 5</th> <th>Day 10</th> <th>Day 15</th> </tr> </thead> <tbody> <tr> <td>Toby Level</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• If on IV Colistin monitor U&amp;E weekly.</li> <li>• Please refer to IV care plan for IV access type.</li> </ul>	DAYS	Day 2	Day 5	Day 10	Day 15	Toby Level					
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Toby Level													
	<b>4.</b>	<b>Psychological &amp; Social Support</b>											
		<ul style="list-style-type: none"> <li>• Organise and co ordinate nursing care to facilitate attendance to physiotherapy, school, play therapy or other recreational activities.</li> <li>• Liaise with play therapist in order to create a daily planner.</li> <li>• Organise referral to Psychologist</li> <li>• Organise referral to Social Worker.</li> </ul>											

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