

**Our Lady's Children's Hospital, Crumlin  
Nursing Careplan 2a  
Care of an infant/child on CPAP/ BIPAP**

Care plan 2a CPAP		Non Invasive Ventilation Goals	Issue date: Feb 2015 Review date: Feb 2017
..... Require Non Invasive Ventilation CPAP Related to:_____		<ol style="list-style-type: none"> <li>1. Prescribed NIV will support respiratory needs safely &amp; effectively.</li> <li>2. Facial Skin Integrity is protected.</li> <li>3. Psychological support for child &amp; family</li> <li>4. Infection Control</li> <li>5. Discharge Planning</li> </ol>	
Commenced, date, time and signature	<b>No</b>	<b>Nursing Intervention</b>	Discontinued, date, time and signature
	<b>1</b>	<b>Prescribed NIV will support respiratory needs of child safely &amp; effectively. (newly prescribed NIV)</b>	
		<ul style="list-style-type: none"> <li>• Carry out respiratory observations as requested by the medical team, report and record any deviations from normal.</li> <li>• Detail observations in the recording sheet as requested by consultant</li> <li>• Ensure Mode of NIV &amp; parameters are prescribed by medical team &amp; liaise with Clinical engineering re set up:               <ul style="list-style-type: none"> <li>• CPAP as per script</li> <li>• Liaise with Clinical engineering re mask fittings</li> <li>• Mask Type &amp; Size_____</li> </ul> </li> <li>• Administer Oxygen as prescribed report and record effect. Detail oxygen requirement (Children who are readmitted with NIV must have the machinery checked by clinical engineering).</li> <li>• Assess child's response to prescribed NIV report &amp; document same.</li> <li>• <b>Ensure the ventilation machine is turned on and oxygen tubing is connected if in use<sup>1</sup></b></li> </ul>	
	<b>2.</b>	<b>Facial Skin Integrity is Protected</b>	
		<ul style="list-style-type: none"> <li>• Ensure correct mask &amp; type are tolerated by the child.</li> <li>• Observe for air leaks.</li> <li>• Assess for potential pressure areas &amp; document skin integrity.</li> <li>• Liaise with Clinical engineering re adjustment of mask size for child.</li> </ul>	
	<b>3.</b>	<b>Psychological Needs</b>	
		<ul style="list-style-type: none"> <li>• Provide age appropriate explanations to the child &amp; family.</li> <li>• Liaise with the Play Specialist</li> <li>• Provide support, reassurance &amp; address any concerns expressed.</li> </ul>	
	<b>4.</b>	<b>Infection Control ask IPCT for guidance here</b>	
		<ul style="list-style-type: none"> <li>• Decontaminate hands before and after each intervention</li> <li>• Ensure equipment is clean as per OLCHC policy</li> <li>• Filter and tubing change weekly</li> <li>• Water change daily</li> </ul>	
	<b>5.</b>	<b>Discharge Planning</b>	
		<ul style="list-style-type: none"> <li>• Ensure discharge prescription is completed prior to discharge</li> <li>• Ensure copy of discharge prescription is sent to sleep lab for filing</li> <li>• Ensure parent/carer is provided with a laminated copy of same</li> <li>• Contact homecare provider to ensure appropriate support is available in the community for child &amp; family.</li> <li>• If child is requiring O2 ensure the area medical officer is contacted</li> <li>• Contact &amp; complete Public Health Nurse referral</li> </ul>	

<sup>1</sup> NHS/Patient Safety Alert W/2015/003, (2015) Risk of severe harm and death from unintentional interruption of non-invasive ventilation. NHS, UK

Created by JC CNF St Michaels Ward and the NIV group

Patient Name.....

HCR Number.....

Ward.....

**Our Lady's Children's Hospital, Crumlin**  
**Nursing Careplan 2a**  
**Care of an infant/child on CPAP/ BIPAP**

Care plan 2b BIPAP		Non Invasive Ventilation Goals	Issue date: December 2015 Review date: December 2018
Require Non Invasive Ventilation BIPAP _____ _____		<ol style="list-style-type: none"> <li>1. Prescribed NIV will support respiratory needs safely &amp; effectively.</li> <li>2. Facial Skin Integrity is protected.</li> <li>3. Psychological support for child &amp; family</li> <li>4. Infection Control</li> <li>5. Discharge Planning</li> </ol>	
Related to: _____			
Commenced, date, time and signature	<b>No</b>	<b>Nursing Intervention</b>	Discontinued, date, time and signature
	<b>1.</b>	<b>Prescribed NIV will support respiratory needs of child safely &amp; effectively. ( newly prescribed NIV)</b>	
		<ul style="list-style-type: none"> <li>• Perform respiratory observations as <b>required and detail in PEWs</b></li> <li>• Ensure Mode of NIV &amp; parameters are prescribed by medical team &amp; liaise with Clinical engineering re set up:</li> <li>• Bipap IPAP EPAP as per script</li> <li>• Liaise with Clinical Engineering re mask fittings</li> <li>• Mask Type &amp; Size</li> <li>• Oxygen (if required)</li> <li>• (Children who are readmitted with NIV must have the machinery checked by Clinical Engineering).</li> <li>• Assess child's response to prescribed NIV &amp; parameters respond, report &amp; document appropriately to same.</li> <li>• <b>Ensure the ventilation machine is turned on and oxygen tubing is connected<sup>1</sup></b></li> </ul>	
	<b>2.</b>	<b>Facial Skin Integrity is Protected</b>	
		<ul style="list-style-type: none"> <li>• Ensure correct mask &amp; type are tolerated by the child.</li> <li>• Observe for air leaks.</li> <li>• Assess for potential pressure areas &amp; document skin integrity.</li> <li>• Liaise with Clinical Engineering re adjustment of mask size for child</li> </ul>	
	<b>3.</b>	<b>Psychological Needs</b>	
		<ul style="list-style-type: none"> <li>• Provide age appropriate explanations to the child &amp; family.</li> <li>• Liaise with the Play Specialist</li> <li>• Provide support, reassurance &amp; address any concerns expressed.</li> </ul>	
	<b>4.</b>	<b>Infection Control</b>	
		<ul style="list-style-type: none"> <li>• Decontaminate hands before and after each intervention</li> <li>• Ensure equipment is clean as per OLCHC policy</li> <li>• Filter and tubing change weekly</li> <li>• Water change daily</li> </ul>	
	<b>5.</b>	<b>Discharge Planning</b>	
		<ul style="list-style-type: none"> <li>• If the Medical Team has identified the need for Home Care support contacts the discharge coordinator.</li> <li>• Ensure discharge prescription is completed prior to discharge</li> <li>• Ensure copy of discharge prescription is sent to sleep lab for filing</li> <li>• Ensure parent/carer is provided with a laminated copy of same</li> <li>• Contact PHN &amp; complete PHN referral</li> <li>• If child is requiring O2 ensure that O2 prescription is completed and forwarded to the PHN.</li> </ul>	