

OUR LADY'S HOSPITAL FOR SICK CHILDREN
Nursing care plan 3
Cardiac Catheterisation



(All care plans must be used in conjunction with care plan 1)

Care plan 3 Problem		Cardiac Catheterisation Goal	Issue date: January 2012 Review date: January 2015								
<p>.....</p> <p>I will be safely prepared for cardiac catheterisation I will have a potential risk of cardiac arrhythmia or haemorrhage related to</p>		<ul style="list-style-type: none"> Will be safely prepared for Cardiac Catheterisation Cardiac needs will be supported Cardiac Arrhythmias will be detected and treated 									
Commenced, date, time, signature & grade	No.	Nursing Intervention	Discontinued, date, time, signature & grade								
	1	Pre Cardiac Catheterisation									
		<ul style="list-style-type: none"> Explain procedure to patient and family. Involve play specialist in the process. Discuss any requests that the parent or child may have in relation to the procedure/Anaesthetic. Ensure child has a bath/shower prior to the procedure. Fast from Milk solids from: _____ Clear fluids from: _____ Place fasting sign over bed and explain to parents and child the meaning of same. Remove food from child's reach Specific pre-operative needs _____ _____ Complete cardiac catheterization check list Complete pre-operative checklist, date and sign, ensure consent is signed Administer pre-medication and or other medications if prescribed: _____ _____ Accompany child/infant and parent safely to Cardiac Catheterisation laboratory (Xray) Child/infant may bring comforter to Xray with him/her 									
	2.	Post Cardiac catheterisation support									
	A.	<ul style="list-style-type: none"> Monitor observations of temperature, pulse, respiration, oxygen saturations and blood pressure: <table border="0"> <tr> <td>Infants</td> <td>Children</td> </tr> <tr> <td>¼ ° x 1 hour</td> <td>½ ° x 3 hours</td> </tr> <tr> <td>½ ° x 5 hours</td> <td>1° x 4 hours</td> </tr> <tr> <td>1 ° x 6hours</td> <td>4 hourly over night</td> </tr> </table> <p>then 2 hourly if stable</p> <ul style="list-style-type: none"> Monitor wound sites with observations Monitor pedal pulses with observations 	Infants	Children	¼ ° x 1 hour	½ ° x 3 hours	½ ° x 5 hours	1° x 4 hours	1 ° x 6hours	4 hourly over night	
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Updated January 2012

Patient Name.....

HCRN.....

Ward.....

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		<ul style="list-style-type: none"> • Nurse flat if possible. • Maintain on bed rest for 12 to 24 hours 	
	3.	Cardiac Arrhythmias	
	A.	<p>Nurse on cardiac telemetry as ordered, report and record any deviations in rate or rhythm.</p> <ul style="list-style-type: none"> • Apply electrodes to clean, dry skin—monitor sites regularly for redness/irritation. • Check leads for intactness and positioning • Monitor effectiveness of treatment and report/record. • Observe first void of urine and document. • Remove pressure dressing from wound site 12-24 hours post procedure. • Observe and redress wound site prior to discharge. • Report and record deviations from normal • Parental advice on discharge. 	
	4.	Pain	
		<ul style="list-style-type: none"> • Assess pain score on return from catheterisation laboratory as per Pain assessment guidelines OLVHC (2011) • Use non pharmacological means of pain relief for dressings etc, distraction, play therapy. • Administer analgesia as required as prescribed and monitor and record effects of same. <p>Paracetamol/Ibuprofen _____</p>	
	5.	Medications	
		<ul style="list-style-type: none"> • Administer other medications as and if prescribed, e.g. antibiotics, anticoagulants _____ <p>_____</p>	