



# NURSING CARE PLAN 39 ACUTE LIVER FAILURE

Full Name: .....

Address: **Addressograph** .....

HCR.....

Use this careplan in conjunction with Careplan 1

Care Plan 39 Problem	<b>ACUTE LIVER FAILURE</b>	Issue Date: January 2018 Review Date: January 2021
GOAL		
<p>..... Is admitted with acute liver failure .....</p>	<ol style="list-style-type: none"> <li>1. Observations</li> <li>2. Pruritus</li> <li>3. Encephalopathy</li> <li>4. IV antibiotic/Albumin infusions</li> <li>5. Fluid Balance, Hydration/Nutrition</li> <li>6. Blood Sugar monitoring</li> </ol>	
Commencement Date Signature Grade	NURSING INTERVENTION	Discontinued Date, time, Signature, grade
No		
1	OBSERVATIONS	
	<ul style="list-style-type: none"> <li>• <b>Baseline observations.</b> Temps, Pulse, BP, O2 Sats, PEWS</li> <li>• <b>Respiratory</b> – related to full abdomen from ascites:               <ul style="list-style-type: none"> <li>- Oxygen Saturations</li> <li>- Increased work of breathing</li> </ul> </li> <li>• <b>Stool Colour :</b> <ul style="list-style-type: none"> <li>• Pale/pigmented (refer to stool colour chart supplied by Liver CNSp).</li> <li>• Document colour changes and report to team if change from pigmented to pale</li> </ul> </li> <li>• <b>Urine Colour:</b> <ul style="list-style-type: none"> <li>- Document colour of urine on admission clear/yellow/dark (tea coloured)</li> <li>-report changes to the GI Team</li> </ul> </li> <li>• <b>Jaundice:</b> <ul style="list-style-type: none"> <li>• Monitor skin and sclera for increased/decreased levels,</li> <li>• Document and report deepening jaundice to team</li> </ul> </li> <li>• <b>Blood sugar monitoring:</b> <ul style="list-style-type: none"> <li>- To determine the body's ability to maintain Normal blood sugar</li> <li>- Hypoglycemia may due to decrease in synthetic liver function</li> </ul> </li> </ul> <p>Report significant changes to GI Team.</p>	
2	SKIN OBSERVATIONS	
	<ul style="list-style-type: none"> <li>• Scratching due to cholestasis</li> <li>• Observe child for scratching</li> <li>• Monitor skin for generalized scratch marks/skin lesions</li> <li>• Ensure skin is well moisturized and nails cut short.</li> <li>• Encourage cotton clothing</li> <li>• Administer antipruritic medication as prescribed and monitor effectiveness as conventional antihistamines may not be effective in Cholestatic itch</li> <li>• Bruising/petechia/bleeding, secondary to deranged clotting</li> <li>• Administer Vit K as prescribed</li> </ul>	
3	ENCEPHALOPATHY	



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		<p><b>Encephalopathy Due to increased Ammonia</b></p> <ul style="list-style-type: none"> <li>• Mild symptoms:             <ul style="list-style-type: none"> <li>- Forgetfulness, mild confusion</li> <li>- Mood changes</li> <li>- Poor concentration/poor judgement</li> <li>- Changes in sleep pattern</li> </ul> </li> <li>• Severe Symptoms:             <ul style="list-style-type: none"> <li>- Unusual hand movements</li> <li>- severe confusion</li> <li>- Sleepiness/slurred speech</li> <li>- Aggressive outbursts</li> </ul> </li> <li>• Neuro observation as per team /child's condition dictates</li> <li>• Inform GI Team of <u>any change</u> in level of consciousness/or behaviour.</li> <li>• Administer medications, e.g. Lactulose (mode of action: it changes the acidity of stools to decrease growth of bacteria which produces ammonia in the bowel.</li> </ul>	
	<b>4</b>	<b>IV ANTIBIOTIC / ALBUMIN INFUSIONS</b>	
		<ul style="list-style-type: none"> <li>• <i>IV cannula:</i></li> <li>• to be sited on admission</li> <li>• Bloods as directed by GI team</li> <li>• <i>IV Antibiotic therapy:</i></li> <li>• Ensure child well hydrated, may need supplemental IV fluids under direction of GI team and adhering to OLCHC prescribing guidelines</li> <li>• <i>IV Albumin therapy:</i></li> <li>• Administer albumin as prescribed by GI team adhering to OLCHC Blood Product Protocol</li> </ul>	
	<b>5</b>	<b>ASCITES</b>	
		<ul style="list-style-type: none"> <li>• Strict intake and output monitoring &amp; recording Daily Weights – reporting rapid gain to GI team</li> <li>• Liaise with dietician – may need small frequent meals due to abdominal fullness</li> </ul>	