



Care plan: 3c Problem		Milrinone Goals	Issue date: August 2018 Review date: August 2021
is on Milrinone therapy related to		<ul style="list-style-type: none"> <li>_____ will receive safe administration of I.V. Milrinone at ward level.</li> <li>Change in vital signs or condition will be detected promptly and appropriate action taken</li> <li>Adverse reactions of Milrinone to be detected, reported and documented immediately</li> </ul>	
Commenced date, time and signature	No	<b>Nursing Intervention</b>	Discontinued, date, time and signature
	<b>1.</b>	<b>Observations</b>	
		<ul style="list-style-type: none"> <li>Record baseline observations PICU discharge _____ to the ward</li> <li>Record baseline on arrival to ward and thereafter 1 hourly or as condition indicates</li> </ul> <p>.....</p> <ul style="list-style-type: none"> <li>Nurse _____ on continuous oxygen saturation monitor for duration of infusion</li> <li>Nurse _____ on apnoea monitor for duration of infusion</li> </ul> <ul style="list-style-type: none"> <li>Nurse _____ on a cardiac monitor at all times - Record hourly heart rate, rhythm and oxygen saturation, more or less frequently as condition or consultant in charge dictates .....</li> <li>Record and report any abnormalities in vital signs</li> <li>Ensure functioning resuscitation equipment is nearby</li> <li>Ensure emergency drug dose calculations are at the bed side – recheck same daily</li> <li>Monitor blood pressure as condition indicates - Report any changes in same</li> <li>Assess capillary refill 4 hourly- Report any abnormalities in same</li> <li>Monitor temperature Check peripheral temperature by touch and observations of colour of extremities. Report any deviations in same</li> </ul> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
	<b>2</b>	<b>Fluid Balance</b>	
		<ul style="list-style-type: none"> <li>Record strict intake and output</li> </ul> <p><i>If _____ has renal impairment, dose of milrinone may be reduced by medical team</i></p> <ul style="list-style-type: none"> <li>Administer prescribed diuretics and monitor the effectiveness of same</li> </ul> <p>.....</p> <p>.....</p> <p>.....</p> <ul style="list-style-type: none"> <li>Record the volume of Milrinone infused each hour – read volume from syringe and corroborate using 'History' function of the infusion pump</li> </ul>	
	<b>3</b>	<b>Medication</b>	

		<ul style="list-style-type: none"> <li>• Administer Milrinone as per the OLCCH Medication Policy and IV Guidelines</li> <li>• Milrinone must be prescribed on the pink IV prescription sheet daily dated and signed by medical team. (Please see sheet for prescription)</li> <li>• When preparing and administering Milrinone, ensure:             <ul style="list-style-type: none"> <li>√ Dosage is correct</li> <li>√ Milrinone is well dispersed within the syringe</li> <li>√ tubing is primed</li> <li>√ syringe is clearly labeled with the drug name, dose, rate and patient name and chart number</li> <li>√ Correct infusion rate is set</li> </ul> </li> <li>• Check dosage, prescription and syringe label are correct prior to attaching infusion or when taking over the care of a patient on the drug infusion.</li> <li>• Milrinone should be prescribed and changed every 24 hours (during day shift where possible)</li> <li>• Milrinone should be administered as a continuous infusion via braun perfusor fm pump – A bolus can increase the risk of side effects.</li> <li>• Administer using a giving set with an anti-syphon valve</li> <li>• Ensure pump is securely clamped in position on IV pole</li> <li>• <b>Note: Milrinone should NEVER be infused with any other drug as there is a risk of interactions (particularly frusemide)</b></li> </ul> <p><b>Side-effects of Milrinone</b>              Include list here- Arrhythmias                                Hypotension                                Hypokalaemia                                Headache                                Changes in LFTs                                Thrombocytopenia</p> <ul style="list-style-type: none"> <li>• When infusion is complete and discontinued, attach a new 'T-Piece' connector – flush same with 0.9% Saline. Record same.</li> </ul> <p>Note: the child should have a second intravenous cannula in situ for access in an emergency situation. Check patency as per IV Guidelines. 6 hourly 0.9% NaCl Flushes</p> <ul style="list-style-type: none"> <li>• Please refer to Careplan 9 for Care of the IV cannula)</li> </ul>	

Our Lady's Children's Hospital, Crumlin, Dublin 12.

Care plan number: 3c

*All care plans must be used in conjunction with care plan 1*



*Created by M. Lavelle & NPDU  
Updated June 2018*

Patient name.....

HCRN.....

Ward.....