

Care plan: 3c Problem		Milrinone Goals	Issue date: June 2013 Review date: June 2016
_____ is on Milrinone therapy related to _____		<ul style="list-style-type: none"> • _____ will receive safe administration of I.V. Milrinone at ward level. • Change in vital signs or condition will be detected promptly and appropriate action taken • Adverse reactions of Milrinone to be detected, reported and documented immediately 	
Commenced date, time and signature	No	Nursing Intervention	Discontinued, date, time and signature
	1.	Observations	
		<ul style="list-style-type: none"> • Record baseline observations in PICU prior to transfer of _____ to the ward • Record baseline on arrival to ward and thereafter 1 hourly or as condition indicates <p>.....</p> <ul style="list-style-type: none"> • Nurse _____ on continuous oxygen saturation monitor for duration of infusion • Nurse _____ on apnoea monitor for duration of infusion • 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 • Record and report any abnormalities in vital signs • Ensure functioning resuscitation equipment is nearby • Ensure emergency drug dose calculations are at the bed side – recheck same daily • Monitor blood pressure as condition indicates - Report any changes in same • Assess capillary refill 4 hourly- unless condition indicates more frequently Report any abnormalities in same • Monitor temperature. Check peripheral temperature by touch and observations of colour of extremities. Report any deviations in same • Record in PEWs as per OLCHC <p>.....</p> <p>.....</p> <p>.....</p>	
	2.	Fluid Balance	
		<ul style="list-style-type: none"> • Record strict intake and output <p><i>If _____ has renal impairment, dose of milrinone may be reduced by medical team</i></p> <ul style="list-style-type: none"> • Administer prescribed diuretics and monitor the effectiveness of same <p>.....</p> <p>.....</p> <p>.....</p> <ul style="list-style-type: none"> • Record the volume of Milrinone infused each hour – read volume from syringe and corroborate using 'History' function of the infusion pump 	

3.	Medication
	<ul style="list-style-type: none"> Administer Milrinone as per the OLCHC Medication Policy and IV Guidelines Milrinone must be prescribed dated and signed daily by the medical team. <i>(Please see sheet for prescription)</i> When preparing and administering Milrinone, ensure: <ul style="list-style-type: none"> ✓ Dosage is correct ✓ Milrinone is well dispersed within the syringe ✓ tubing is primed ✓ syringe is clearly labeled with the drug name, dose, rate and patient name and chart number ✓ Correct infusion rate is set 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. Milrinone should be prescribed and changed every 24 hours (during day shift where possible) Milrinone should be administered as a continuous infusion via braun perfusor fm pump – A bolus can increase the risk of side effects. Administer using a giving set with an anti-syphon valve Ensure pump is securely clamped in position on IV pole Note: Milrinone should NEVER be infused with any other drug as there is a risk of interactions (particularly frusemide) <p>Side-effects of Milrinone Include list here- Arrythmias Hypotension Hypokalaemia Headache Changes in LFTs Thrombocytopenia</p> <ul style="list-style-type: none"> When infusion is complete and discontinued, attach a new 'T-Piece' connector – flush same with 0.9% Saline. Record same. <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"> Please refer to Careplan 9 for Care of the IV cannula) <p style="text-align: center;">Figure 1: Example Rate Calculation</p> <div style="background-color: #ffffcc; padding: 10px;"> <p style="text-align: center;">E.g. Milrinone 5mg/50mls Patient Wt = 4.22kgs</p> <p style="text-align: center;">Default dose = 0.5microgram/kg/min (A) Prescribed dose = 0.75microgram/kg/min (B)</p> <p>1. Calculate default rate as per right hand column on Standard Concentration Drug Library Table: 0.3 (value taken from table) x 4.22kg (patient's weight) = 1.27ml/hr (C)</p> <p>2. Calculate the actual rate (ml/hr) for the dose prescribed: = $\frac{(B) \times (C)}{(A)}$ =</p> <p style="text-align: center;">$\frac{\text{Prescribed dose (Actual Dose)} \times \text{Default Rate (mls/hour)}}{\text{Default Start Dose}} = \frac{0.75 \times 1.27}{0.5} = 1.9\text{mls/hour}$</p> </div>