

**Our Lady's Children's Hospital, Crumlin  
Nursing Careplan 3 d Prostin**

Care plan 3d		Goals	Issue date: <b>November 2015</b> Review date: <b>November 2018</b>
<p>..... is receiving prostaglandin E2 infusion for congenital heart Disease_____</p>		<ol style="list-style-type: none"> <li>..... will receive prostaglandin E2 infusion in a safe manner at ward level</li> <li>Change in vital signs or condition will be detected promptly and appropriate action taken</li> <li>Adverse reactions of Prostaglandin E2 to be detected, reported and documented immediately</li> </ol>	
Commenced, Date, Time & Signature	<b>No</b>	<b>Nursing Intervention</b>	Discontinued, Date, Time and Signature
	<b>1.</b>	<b>On Admission</b>	
		Ensure the infusion is prescribed and signed daily by doctor as per Prostaglandin SOP OLCHC 2015	
	<b>2.</b>	<b>Observations and Monitoring</b>	
		<ul style="list-style-type: none"> <li>Infant will have a baseline set of observations performed prior to commencement of prostaglandin E2 <b>continuous infusion utilising PEWS as per OLCHC.</b></li> <li>Infant will be nursed beside oxygen and suction. Keep bag valve mask and rebreather O2 mask available at bedside</li> <li>Nurse..... in close proximity to office/ observation area</li> <li>Nurse..... in an incubator to maintain optimum body temperature and facilitate observation</li> <li>Nurse .....on cardiac monitor for duration of infusion documenting vital signs hourly.</li> <li>..... will be nursed on apnoea monitor in place and alarms responded to promptly</li> <li>Report and record any abnormalities in observation chart</li> <li>Any acute deterioration, please refer to cardiology team/ medical registrar for immediate treatment and appropriate management</li> <li>Monitor blood sugars six hourly.</li> </ul>	
	<b>3.</b>	<b>Medication</b>	
		<ul style="list-style-type: none"> <li>Prepare and administer prostaglandin E2 as per the OLCHC SOP Summary of Product Characteristics (SPC) of Prostin® E2, OLCHC medication guidelines and Prostaglandin E2 SOP. Same will be prescribed on the prescription sheet</li> <li>IV cannula x 2, PICC X2 or other Central venous access device to be in situ as Prostaglandin E2 has very short half life</li> <li>On commencement or changing of infusion pump to be checked and verified by 2 nurses</li> <li>Check dosage, prescription, syringe label and pump settings are correct when connecting the Prostaglandin E2 infusion and when taking over the care of the child.</li> <li>Prostaglandin E2 to be prescribed daily</li> <li>New Prostaglandin E2 I.V. Infusion prepared at least every twenty-four hours</li> <li>Prostaglandin E2 I.V. Infusion including T piece will be changed from one peripheral IV site to a second I.V. site every 12 hours by 2 nurses</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Dose of Prostaglandin E2 titrated against response; minimum effective dose to be given as per doctors instructions</li> <li>• Prostaglandin E2 should be administered as a continuous infusion via braun infusor smart pump using the drug library</li> <li>• Ensure pump is securely clamped on IV pole</li> </ul> <p>.....will be monitored for side effects of Prostaglandin E2 which include-</p> <ul style="list-style-type: none"> <li>• Apnoea/ respiratory depression</li> <li>• Jitteriness</li> <li>• Pyrexia</li> <li>• Bradycardia/ tachycardia</li> <li>• Cutaneous vasodilation</li> <li>• Hypotension</li> <li>• Diarrhoea</li> <li>• Seizures</li> <li>• Increased risk of necrotising enterocolitis (high doses of Prostaglandin E2)</li> <li>• <b>Refer to product SPC for full list of side effects and Cautions in use</b></li> </ul> <p>Side effects will be reported to the medical team promptly and appropriate action will be taken to treat side effects if they occur.</p> <ul style="list-style-type: none"> <li>• When infusion is discontinued, attach a new T piece Connector, flushed with Sodium chloride 0.9% to prevent accidental bolus later. Document same</li> </ul> <p>Please refer Care Plan 9 for Care of the IVC/ CVAD</p>	
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