Temple Street
CHILDREN'S UNIVERSITY HOSPITAL

Phenylketonuria (New Diagnosis) Care Plan

Problem: Parental Knowledge deficit due to new diagnosis of Phenylketonuria (PKU)	S/N Sig:	Date:_____ Planned by:	Problem No: 52

Goal: 1) To stabilise Phenylalanine (Phe) levels
2) Establish special feeding regime (diet for life)
3) Provide emotional support and educate parents.

Nursing Care	Self/ family care	Date and sign / countersign any changes
1. Assess vital signs _____hourly. Record on Paediatric Observation Chart (PEWS score). Note: Any deviation from the normal should be promptly reported to the metabolic team. 2. Assist with initial blood work up. Record results in blood flow chart. Send blood for Pterin* defect (co-factor to enzyme) _____ (*insert date)* prior to commencing new diet regime. (* Fill 5 circles on screening/Guthrie cards) 3. Monitor Phenylalanine levels daily or _____ *(insert frequency)* as otherwise directed by Metabolic Team. Take Phenylalanine samples via heel prick before a.m. feed. Note: For same day results ensure sample is received in the Laboratory. by 10am. Ensure lab form is correctly labelled 'For Phe / Tyr'. Micro tubes are available from St. Brigid's Ward and Laboratory Stores. Ensure Metabolic Investigation Lab form is used. Tubes must be filled completely. 4. Commence synthetic feed _____ *(name of formula)*. Refer to Daily Diet Sheet for direction re. prescribed volume. Check all feeds and volumes with a second staff member prior to administration. 5. Introduce Natural Protein _____ *(insert name baby formula*) as directed by Consultant or dietitian. **Bottle feeding:** Offer _____ *(name formula feed)* first followed by_____ *(name synthetic feed*). **Breast feeding:** Offer synthetic feed followed by breast feed. Liaise daily with dietitian re adjustment of feed volume in response to Phenylalanine levels. Refer to Daily Diet Sheet for direction. 6. Record Intake and Output. 7. Weigh weekly while in hospital to ensure adequate protein for growth and development is being delivered in diet. 8. Commence Parental Education Programme in liaison with Metabolic Nurse Specialist and Dietetic Team re condition, the dietary management and rationale for same, implications of non-compliance, blood sampling and mode of inheritance. 9. Complete Patient Discharge plan and ensure that a follow up OPD appointment within 2 weeks of discharge is given to parents.	Parents will be encouraged to take blood samples outside routine times to develop competence. Family will be encouraged to take early morning samples. Ensure parent(s) visit the formula room. Parents will assist with preparing feeds and feeding…… Parents will receive written information on PKU.	