

Glycogen Storage Disease Type III (GSD III) Care Plan

Addressograph

Pro		Planned By:	Problem No:				
 Goal: 1) To prevent hypoglycaemia and other complications secondary to debrancher enzyme deficiency. 2) To educate / assess parents regarding knowledge of diagnosis and provide support. 3) To establish /reassess feeding regime necessary to maintain glucose within normal limits and prevent complications. 							
Nursing Care					Self/ family care	Date and sign / countersign any changes	
1.	Assess neurological status. Observe and document any overt or subtle signs of hypoglycaemi Use Hypoglycaemia Care Plan	ia.			Parents will report		
	Assist with collection of specimens to confirm diagnosis and ascertain biochemical status Creatinine Kinase (C.K) GSD Enzymes and DNA.				unusual or abnormal		
3.	Continue glucose and lactate profile until directed otherwise by team (provides confirmation protocol for profile.	ents of	behaviour.				
	Record Glucose & Lactate levels (using <i>Glucose, Lactate & Urinalysis Record Sheet</i>) pre fee frequency). Keep glucose level >mmol/l. If Glucometer reading is <m< td=""><th></th><th></th><td>_ (<i>insert</i> or YSI.</td><td></td><td></td></m<>			_ (<i>insert</i> or YSI.			
4.	Liaise with Dietetic Team re. feeding regime. Administer feeds at prescribed times (even sho (insert name) is not to fast for periods greater thanhours (day) and	ort delays may result in hypogl					
	Administer prescribed diet (high protein / high CHO / low fat) to prevent hypoglycaemia and feeding to ensure cornflour / glycosade is adequately dispersed (cornflour / glycosade are s not heat feeds (cooks cornflour and minimises effectiveness). Cornflour / glycosade will be as appropriate).	d ensure growth and developm slow releasing CHO and are th added to feeds by Formula Ro	ne mainstay of treatme	ent). Do			
	Nasogastric feeding may be necessary to maintain euglycaemia (use in conjunction with NG feeding oral diet where possible.	feeding care plan).					
	Weigh on weekly basis (minimum) or (insert frequency). Plot on centile Monitor vital signs and report deviations from norm (4 hourly new diagnosis or intercurrent).		routine admission for	dietary	D		
10.	assessment). Administer IV Dextrose 10% as prescribed when is not tolerating oral feeds, is un	inwell or is fasting (use IV Canr	nulation care plan).		Parents will continue to		
11.	Liaise with other departments / teams re. consults and referrals etc. (ECG / ECHO etc).				feed		
12.	Cardiac Assessment Date:				when present.		
	Cation: New Diagnosis: Commence parental teaching programme re. diet, implications of delayed for Discharge Plan, Nasogastric teaching plan.	feeding, vomiting, nasogastric	feeding etc. Refer to	Patient			
	Known Patient: Assess Knowledge base. Re-educate or update knowledge where necess	sary.					