|  |
| --- |
| **Nursing Care Plan for Patients requiring Metabolic Investigations.** |
| **Problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is to undergo metabolic investigations.** | **S/N Sig:\_\_\_\_\_\_\_\_\_\_\_****NMBI\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Planned By:\_\_\_\_\_\_\_\_\_\_\_\_****Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Problem no:****98** |
| **Goal: a) To ensure patient safety during investigations b) To ensure safe collection, labelling and transfer of samples to Laboratory.** **c) to allay anxiety and provide reassurance during investigations and during recovery period.**  |
| **Nursing care:** | **Self / Family care** | **Date/Signature/Grade/NMBI no for any changes made to care.** |
| 1. Nurse patient in a safe environment close to oxygen and suction.
2. Prepare child and family for investigations by re-enforcing explanation given by doctors. Ensure specific, clear instructions in relation to fasting, collection of specimens etc. are given. Provide parent(s) / patient with information leaflets re. study/ protocol.
3. Obtain weight and urinalysis on admission. Ensure positive identification of patient with checking of ID bands.
4. Record vital signs and document on Paediatric Early Warning System (PEWS) chart. Thereafter, record daily or more frequently as condition dictates.
5. Ensure necessary laboratory forms have been completed by Metabolic Team.
6. Inform laboratory of intention to commence study at \_\_\_\_\_\_\_\_\_ hours (if applicable).
7. Liaise with ward nurses competent in intravenous cannulation insertion / Intravenous Cannulation Nurse Specialist / medical team re. insertion of Cannula for blood sampling (use Intravenous Cannula care plan RF-NUR-019).
8. Encourage adequate water intake throughout study to ensure adequate hydration to facilitate timely blood and urine sample collection.
9. Adhere to Hospital policy regarding blood sampling from cannula. Ensure where possible that samples are atraumatic.
10. Refer to individual protocols for method, timing and list of required samples. Attach individual Protocol/s to be used to this care plan.
11. **Ensure that samples are correctly labelled and ensure rapid transfer of samples to laboratory.**
12. Record results of samples from YSI machine on Glucose & lactate flow sheet – document if from heel/ finger/cannula.
 | Parents/guardians will inform staff prior of giving feed/drink to \_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Test / Study Commenced on \_\_\_\_\_\_\_\_\_\_\_\_**  🗸 / x **❒** | **Test / Study Commenced on \_\_\_\_\_\_\_\_\_\_**  🗸 / x **❒** | **Test / Study Commenced on \_\_\_\_\_\_\_\_\_\_\_\_**  🗸 / x **❒** | **Test / Study Commenced**  **on \_\_\_\_\_\_\_\_\_\_**🗸 / x **❒**  |
| **Glucose & Lactate profile** **PP-CLIN-NCIMD-14**Adhere to home dietary regime where possible to give best possible indication of normal response to fasting. | **Lactate: Pyruvate Study****RF-CLIN-037**No. of meals \_\_\_\_\_\_\_\_\_Fast from \_\_\_\_\_\_\_\_\_hours | **Fasting Study: RF-CLIN-036**No. of hours to fast \_\_\_\_\_\_\_\_\_\_ Fast from \_\_\_\_\_\_\_\_\_\_\_\_ hours. Finish fast at \_\_\_\_\_\_\_\_\_\_ hours. Ensure IV rescue doses have been prescribed and glucagon if requestedObserve closely for signs and symptoms of hypoglycaemia. | **Oral Glucose Load PP-CLIN-NCIMD-16**Administer \_\_\_\_\_\_\_\_\_g / kg glucose at \_\_\_\_\_\_\_\_\_\_\_ hours in the form of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*insert name).* **Must drink glucose within 10mins**. If refused orally, pass nasogastric tube and administer via tube. Nasogastric tube size \_\_\_\_\_\_\_ Fr |



Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Ward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Addressograph**