Children's Health Ireland at Crumlin

NURSING CARE PLAN No 6b
PRE AND POST ANAESTHETIC CARE AND IV ACCESS
(All care plans must be used in conjunction with care plan 1)

Full Name: ....
Address: Addressograph
....
HCR..

Care Plan No 6b Problem	PRE AND POST ANAESTHETIC CARE AND IV ACCESS GOALS	Issue Date: October 2019 Review Date: October 2022
.... is undergoing anaesthesia for	• Pre-anaesthesia, the child/infant and family will be safely prepared for anaesthesia physically and psychologically. • Post-Anaesthesia care. The child/infant will have a safe and comfortable recovery post-anaesthesia Intravenous access.	

	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	**Pre-Anaesthesia Care**		
	• Explain procedure to patient and family. Involve play specialist in the process. • Discuss with child his / her preferred method of induction if appropriate. • Discuss any other requests that the parent or child may have in relation to surgery. • Ensure child has a bath/shower prior to surgery / procedure • Ensure child is fasting as per OLCHC fasting guidelines • Remove food from child's reach. • **Specific pre-operative needs** e.g. I.V. fluids, bowel preparation, stoma siting, swabs, transfusions etc. • Complete pre-operative checklist, date and sign, ensure consent is signed. • Administer pre-medication and or other medications if prescribed: .... • Accompany child/infant and parent safely to theatre / radiology department • Child/infant may bring comforter to theatre with him / her		
2	**Post-Anaesthesia Care**		
	• **Check that Airway, Breathing, Circulation and Condition are stable** prior to safe transfer from recovery to the ward. • Assess and respond promptly to altered **respiratory effort**, **shock** and **haemorrhage**. • Monitor colour, pulse, respirations, blood pressure, oxygen saturations, and temperature as directed by the surgeon / anaesthetist / nursing staff. ………………………………………………………………………………………………... • Document vital signs in PEWS chart, report and escalate as per recommendations on PEWS chart. (Cardiac Catheterization Observations as appropriate) • When stable monitor observations as condition indicates.		
3	**Wound Care**		
	• Monitor wound site for redness, pain, ooze, haemorrhage. • Dressing: ………………………………………………………………………………. • Change dressing: ……………………………………………………………………. *(for complicated wounds/drains/tubes use care plan number 7)*		
4	**Nausea and Vomiting**		
	• Observe for nausea/vomiting. Assess possible cause. • Support child and provide emesis bowl. • Administer anti-emetics and evaluate same …………………………………………….. • Record colour, consistency and volume of vomitus in intake/output chart		

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5	Pain	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
• Assess pain score on return from Theatre / Radiology • Utilise non-pharmacological means of pain relief. • Administer analgesia as required and monitor effects of same, report and record. • Morphine as per Opioid guidelines OLCHC 2015 *(Prior to leaving Recovery Department ensure Morphine infusion is secured in a locked pump)*			
6	**Urinary Output**		
• Monitor / record first void post operatively if indicated. • Urinary catheter care as per OLCHC guidelines (2013) (see care plan number 7)			
7	**Peripheral IV Access**		

• Check cannula site for signs of infiltration, dislodgment or infection:
  ○ Hourly if child is on intravenous fluids /medication
  ○ After each administration of medication
  ○ Check cannula is secure.
• Maintain patency of the cannula by flushing with Sodium Chloride 0.9%,
  ○ When the cannula is not in use
  ○ Prior to administration of treatment
  ○ Between administration of different fluids or medications and
  ○ Post administration of treatment using the 'positive-pressure technique'.
  ○ Record intake and output.
  ○ Record and report any deviation from the norm.
• Administer ***intravenous fluids*** as prescribed ,check prescription sheet at each shift to verify rate and type of infusion
• Administer ***intravenous medications*** as prescribed and as per Medication Policy
• Change intravenous giving sets every 48 hours or as directed by IV Guidelines
• Document and sign when cannula sited / resited / removed
• Consider blood sugar in infants/children fasting / vomiting			

8	**Discharge Criteria as per Anaesthetic Guidelines OLCHC**		

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