

NURSING CARE PLAN No 15
BURNS
(Please us in conjunction with Careplan 1)

Full Name:

Address: **Addressograph**

HCR:.....

Care Plan No 15 Problem	BURNS CARE Goals	Issue Date:	August 2018
		Review Date:	August 2021
<p>.....</p> <p>has a burn/scald</p>	<p>.....</p> <p>will receive safe and appropriate care relating to his/her burn or scald</p>		
NURSING INTERVENTION		Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	Pain		
<ul style="list-style-type: none"> Assess child for signs of pain, using an appropriate pain assessment scale. Utilize non-pharmacological means of pain relief, e.g. reassurance, explanations parental presence, distraction, play, positioning. Administer analgesia as required and monitor effects of same. <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
2	Itch		
<ul style="list-style-type: none"> Assess child for signs of itch. Administer antihistamines and monitor effectiveness. <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
3	Nutrition		
<ul style="list-style-type: none"> Record dietary intake in detail. Record if diet is refused by the child. Record all vomits – amount and type. Weigh child weekly or as indicated Liaise with dietician Bleep:..... Feed: <ul style="list-style-type: none"> Orally..... Nasogastric tube..... Other..... <p>Specific Instructions</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			

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4	Prevention / Management of Infection	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> Monitor and record vital signs as clinically indicated. Report any deviation from the norm. If child is pyrexial, perform Septic Screen, i.e. wound & throat swab, urine and sputum. Assist with blood sampling. Administer antipyretics as clinically indicated and monitor effectiveness. Administer antibiotics as prescribed <p>.....</p> <p>.....</p> <p>.....</p>		
5	Altered mobility		
	<ul style="list-style-type: none"> Protect skin by keeping skin clean and dry, and changing position frequently. Observe skin for evidence of breakdown. Use pressure relieving devices Record and report any changes in skin condition. Liaise with physiotherapist Bleep <p>Observe for constipation, administer laxatives as indicated. Record bowel motions.</p> <p>.....</p> <p>.....</p> <p>.....</p>		
6	Splint / Cast care		
	<ul style="list-style-type: none"> Splint/Cast type Liaise with Occupational Therapist..... Bleep Monitor and record neurovascular observations if clinically indicated. Observe for increase in pain, swelling or oozing. Record and report same. Pad splint edges to protect skin. <p>Specific Instructions</p> <p>.....</p> <p>.....</p> <p>.....</p>		
7	Jobst care		
	<ul style="list-style-type: none"> Child will wear Jobst garment x 23 hours/day Change daily. Wash with detergent and air dry. <p>Specific Instructions</p> <p>.....</p> <p>.....</p> <p>.....</p>		

Created by Caroline Reddy – CNF – St. Annes Ward
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