

Full Name:
 Address: Addressograph

 HCR.....

REASON FOR ADMISSION				PAST HISTORY			
Consent signed: Yes <input type="checkbox"/> No <input type="checkbox"/>				ID Band in situ: Yes <input type="checkbox"/> No <input type="checkbox"/>		Religion	
PEWS SCORE ON ADMISSION:.....							
Temperature	Pulse	Blood Pressure	Oxygen Sat	Respiratory Effort:	Respiratory Rate		
Port-a-cath inserted Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Port-a-Cath Access Date: __/__/__		Gripper size (inches)		Urinalysis: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Intravenous Cannula Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Insertion Date: __/__/__		Care Bundle Commenced __/__/__			
MEDICATIONS ON ADMISSION							
VACCINATIONS				ALLERGIES			
UP TO DATE: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please give details				Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details: None/medications food/lotions/latex/tape/other: If applicable, send dietitian consult card and/or diet kitchen card			
INFECTION CONTROL AND PREVENTION							
Resistant Pseudomonas Yes <input type="checkbox"/> No <input type="checkbox"/>		Mycobacterium Abscess Yes <input type="checkbox"/> No <input type="checkbox"/>		B Cepacia Yes <input type="checkbox"/> No <input type="checkbox"/>		Staph Aureus Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is airborne precautions required Yes <input type="checkbox"/> No <input type="checkbox"/>				Attended a hospital abroad or known CRE hospital Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other Multi-drug resistant organism: (please circle) CRE/ VRE/ ESBL/ MRSA/ Stenotrophomonas maltophilia				Any contact with infection in the last 4 weeks: Yes <input type="checkbox"/> No <input type="checkbox"/> (please circle) Measles / Mumps / Chickenpox / Gastroenteritis / other:			
PLAY & LEARNING		Primary School <input type="checkbox"/> Secondary School <input type="checkbox"/> class/year: _____					
Admission Weight		Type of Scales (Please tick type of scales used) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
Weight							
Date							
PULMONARY FUNCTION TEST		Admission Forced Expiratory Volume (FEV1) %					
Date							
Forced Expiratory Volume (FEV1%)							

Outline airway clearance techniques as per physio regime: <i>Please tick</i> Acapella <input type="checkbox"/> Positive Expiratory Pressure <input type="checkbox"/> Bubble PEP <input type="checkbox"/> Aerobika/Aeroeclipse <input type="checkbox"/> Document regime:						
Non-Invasive Ventilation in use BIPAP <input type="checkbox"/> CPAP <input type="checkbox"/> (Pressure _____)						

3. INTRAVENOUS ANTIBIOTIC THERAPY

Assess intravenous line each shift, monitor and document any abnormalities.						
Complete applicable care bundle						
Consider peripherally inserted central catheter, if indicated; initiate referral process: PICC CNSp Referral Yes <input type="checkbox"/> No <input type="checkbox"/> PICC Pathway Yes <input type="checkbox"/> No <input type="checkbox"/>						

<h2>Day 1 – Continued...</h2>	DAY SHIFT			NIGHT SHIFT		
	Date:			Date:		
	MET	NOT MET	N/A	MET	NOT MET	N/A
	Enter Initials/Time			Enter Initials/Time		

Administer intravenous antibiotics, as per <i>Medication Policy (OLCHC 2017)</i> Ensure allergies are clearly documented on medication kardex						
Monitor effect and / or side effect of treatment.						
Liaise with Laboratory regarding specimen sensitivities.						
Monitor condition and response to antibiotic therapy document & report same.						
Intravenous Tobramycin is commenced on day of admission, if prescribed.						
All patients on medical trials, must have new medication discussed with respiratory consultant prior to commencement.						
Liaise with CF CNSp re: Home Intravenous therapy if appropriate						

4. PSYCHOLOGICAL & SOCIAL SUPPORT

Provide supportive, safe and positive environment						
Organise and co-ordinate care to facilitate physiotherapy, school, play therapy and / or recreational activities.						
Utilise daily planner: Optimising whiteboards in CF suites to plan timetable in conjunction with patient and parent(s)/guardian(s)						
Organise Medical Social Worker input, where required.						
Liaise with psychologist for additional support; anxieties, treatment						
Utilise play specialist in Activities of Living						
Commence discharge planning if indicated at this stage.						

5. NUTRITIONAL SUPPORT

Assess patient's dietary preferences, link in with dietician and diet kitchen regarding these.						
Record intake and output						
Document compliance with pancreatic enzymes (<i>creon</i>) on fluid balance with meals						
Weigh at time of admission and, twice weekly Tuesday's pre-MDT meeting, and Fridays. Plot same on weight chart						
Link with dietician regarding weight loss/gain.						

GLOSSARY OF TERMS

Anti-emetics	Help with nausea and vomiting that are side effects of other drugs
Activities of Living	Assessment and Evaluation of: <ul style="list-style-type: none"> • Hydration needs • Nutritional needs • Hygiene needs • Elimination needs • Safety needs • Isolation needs • Anxiety/Play/education and parental needs
B Cepacia - Burkholderia cepacia complex	Consists of different species of bacteria that are found in the natural environment
Cannula	A thin tube inserted into a vein or body cavity to administer medication, drain off fluid, or insert a surgical instrument.
Forced expiratory volume (FEV)	Measures how much air a person can exhale during a forced breath
Haemoptysis	Coughing of blood
Humidification system	A humidifier is a device that increases humidity (moisture) in a single room or an entire building. In the home, point-of-use humidifiers are commonly used to humidify a single room, while whole-house or furnace humidifiers, which connect to a home's HVAC system, provide humidity to the entire house
Intravenous	An intravenous drip is used to put fluid or medicines directly into a vein.
Medical Escalation Suspension (MES)	Medical escalation suspension
Mycobacterium Abscess	Non-tuberculous mycobacteria (NTM) which can cause chronic pulmonary infection in patients with CF. M. abscesses can be transmitted by the airborne route.
Nebuliser	An instrument used for supplying a liquid in the form of a fine mist usually for inhalation
Nasogastric Tube (NG)	Nasogastric intubation is a medical process involving the insertion of a plastic tube through the nose, past the throat, and down into the stomach
Pancreatic Enzymes	They are used to treat malabsorption syndrome due to pancreatic problems
Percutaneous Endoscopic Gastrostomy (PEG)	Percutaneous endoscopic gastrostomy is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.
PEWS	Paediatric Early Warning System
Port-a-cath	A proprietary indwelling device that provides long-term IV access for administering TPN, blood products, drugs, high-dose chemotherapy
Resistant Pseudomonas	Demonstrating negative clinical outcomes in drug-resistant Pseudomonas aeruginosa infections
Staphylococcus aureus	Common germ that infects airways of people with CF
Tobramycin	Mainstay antibiotics in the treatment of respiratory exacerbation