

## **Cystic Fibrosis**

## **Care Pathway**



Developed by Warren O'Brien

Clinical Nurse Facilitator

Admission Date	Time	

Date	Na	ame	Grade		NMBI Pin	Initials
		PATIEN	IT DETAILS			
Insert	Addressograph	Insert Next of Kin J	Addressograph	Ins	ert GP Addressog	raph
				<u> </u>		



	REAS	ON FOR ADMISSION					P	AST HISTORY	,
Consent signed	d: Yes 🗆 No						Religion		
-		***PEWS SCO		1					
Temperature	Pulse	Blood Pressur	e	Оху	gen Sa	It	Respiratory	Effort:	Respiratory Rate
Port-a-cath ins	erted	Port-a-Cath Access	s Date	e:				Urinalysis:	
Yes 🗆 No 🗆 N	/A 🗆	//			Gripp	per	size (inches)	Yes 🗆 No	□ N/A □
Intravenous Ca Yes 🗆 No 🗆 N		Insertion Date:	]]	/	Care	Bur	ndle Commenced		
MEDICATIONS ON ADMISSION									
		IAIT				VIIJ	51014		
VACCINATION	S			ALLERG	IES				
UP TO DATE: Y	'es 🗆 No 🗆	If no, please give details		Yes 🗆 N	lo 🗆 If	<sup>;</sup> yes	, please give details:	None/medica	tions food/
				lotions/lo		-			
			4	If applica	ıble, sei	nd d	lietitian consult card o	and/or diet kit	chen card
		INFECT	ION C	ONTRO	LAND	PRE	EVENTION		
Resistant Pse	eudomonas	Mycobacteriu Abscess	m	n B Cepacia			Staph Aureus		rne precautions required
Yes 🗆	No 🗆	Yes 🗆 No 🗆					Yes 🗆 No 🗆		es 🗆 No 🗆
		ad or known CRE hospi					rug resistant organ		
Yes 🗆 No 🗆	-			CRE/	VRE/ I	ESB	L/ MRSA/ Stenotro	phomonas m	altophilia
-		n in the last 4 weeks:			lo 🗆				
		mps / Chickenpox / Gastr							
PLAY & LEARN	ING P	Primary School   Secon	ndary	School	□ clas	s/y	ear:		
Admission We	ight		Тур	pe of Sca	ales (P	lea	se tick type of scale	es used) 1 🗆	2 🗆 3 🗆
Weight									
Date									
PULMONARY FUNCTION TES		Admission Forced Expin	ratory	y Volum	e (FEV	1) %	6		
Date									
Forced Expirat	ory								
Volume (FEV19	%)								
			I						



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			DAY SHIF	Г	N	IGHT SH	IFT
		Date:			Date:		
PATIENT A	CTIVITY ON DAY OF ADMISSION	MET	NOT MET	N/A	MET	NOT MET	N/A
		Enter	Initials /	Time	Enter	Initials	/ Time
Ensure room equipped wi oxygen masks, and yellow	th all necessary supplies: nebulisers, O2 tubing,						
	) on-call, to complete consent and perform						
	d prescription kardex. Must liaise with						
If patient requires Port-a Emla Cream: apply as pre	a-Cath <sup>®</sup> access, assess need for Ametop gel / scribed.						
Liaise with intravenous te document date and site o	am, if intravenous cannula is required,						
	are bundle relevant to IV access in situ.						
Record baseline observa	tions, temperature, pulse, respirations, blood urations in Paediatric Early Warning chart						
Ensure appropriate enter	al feed is ordered if required						
Perform CF throat swab /	sputum, if not completed in CF drop in clinic						
Date Time	Variance	:					Sign
Date Time	Evaluation / Comn	nunicatio	on				Sign



 Full Name:

 Address:

 Address:

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DAV 4	C	DAY SHIF	т	NIGHT SHIFT			
DAY 1	Date:	-		Date:			
1. OBSERVATIONS	MET	NOT MET	N/A	MET	NOT MET	N/A	
	Enter	Initials/1	Time	Enter	nitials/	Time	
Perform PEWS: Frequency as indicated by clinical assessment							
Liaise with Respiratory team regarding medical escalation suspension or amend parameters if indicated.							
If medical escalation suspension or parameters in place, please document Review date:							
Escalate and report any signs of increased respiratory distress and actions taken.							
Observe and record amount & colour of sputum, if having haemoptysis / blood streaked sputum inform team and carry out instruction.							
2. RESPIRATORY CARE							
Administer nebulisers and/or inhalers using recommended sequence as per pharmacy							
Ventolin   Frequency:							
Becotide   Frequency:							
Seretide   Frequency:							
Hypertonic saline 3%  7%  6%  Frequency:							
Colistin							
Tobramycin  Frequency:							
Pulmozyme   Frequency:							
Other 🗆 (aztreonam) Frequency:							
Observe nebuliser/ inhaler technique and provide education were necessary. Monitor for effectiveness & side effects of same.							
Supply sterile water and briel daily for nebuliser and physio device cleaning Please refer to the Eflow rapid nebuliser guideline if in use in hospital							
If commencing any new nebulised therapy pulmonary function testing will							
be required pre and post first dose administration. Inform team of results.							
Administer oxygen therapy / humidified air as prescribed, monitor for effectiveness. Use appropriate humidification system, where indicated.							
Administer Oxygen as prescribed, wean as tolerated.	1						

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Outline airway clearance techniques as per physio regime: Please tick Acapella  Positive Expiratory Pressure Bubble PEP  Aerobika/Aeroeclipse		HCR				
Document regime:						
Non-Invasive Ventilation in use BIPAP  CPAP  (Pressure)						
3. INTRAVENOUS ANTIBIOTIC THERAPY						
Assess intravenous line each shift, monitor and document any abnormalities.						
Complete applicable care bundle						
Considerperipherally inserted central catheter, if indicated; initiatereferral process:PICC CNSp ReferralYesNoPICC CNSp ReferralYesNoPICC PathwayYes						
	Г	DAY SHI	FT	NI	GHT SH	IFT
Devil Continued				Date:	511 511	
Day 1 – Continued	Date: MET	NOT MET	N/A	MET	NOT MET	N/A
	Enter	Initials	/Time	Enter	' Initials,	/Time
Administer intravenous antibiotics, as per <u>Medication Policy (OLCHC 2017</u> ) 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 appropiate						
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	1				1	1
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.						

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		g supplementation via NG / PEG /Mic-key		HCR	 		
-		mmence the appropriate care plan.					
		blace, document feed:					
		omiting, administer anti-emetics as prescribed:					
6. ELIMINA		locument abnormalities				[	
	-	escribed if applicable					
	•						
		balance & report abnormalities ON & CONTROL					
		ne for admission of child with CF.					
		ol, if indicated. Perform screening as per					
		of patients attending OLCHC" obacterium abscesses are nursed in airborne					
precautions.							
Ensure patie Michael's Wa		pacia are nursed separately (not on St.					
8. PATIENT			<b>_</b>		1	r	
	-	ence with hygiene needs					
		Assessment Tool					
Complete Or Document ar							
Date	Time	Variance			l.		Sign
							-
Date	Time	Evaluation / Commun	ication				Sign



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	D	DAY SHIP	т	NIGHT SHIFT			
DAY 2	Date:			Date:			
1. OBSERVATIONS	MET	NOT MET	N/A	MET	NOT MET	N/A	
	Enter	Initials,	/Time	Enter	'Initials,	/Time	
Perform care in accordance with Day 1							
If Medical Escalation Suspension or Parameters in place please document							
review date:							
Other							
2.RESPIRATORY CARE		•	•	•			
Perform care in accordance with Day 1							
Other							
3.INTRAVENOUS ANTIBIOTIC THERAPY							
Perform care in accordance with Day 1							
Assess intravenous line each shift, monitor and document any							
abnormalities. Complete applicable care bundle							
Patients on Intravenous Tobramycin require level and Urea & electrolytes							
today							
Other							
4.PSYCHOLOGICAL & SOCIAL SUPPORT							
Perform care in accordance with Day 1							
Other							
5.NUTRITIONAL SUPPORT	<u> </u>	•	<b>I</b>	<u> </u>	I		
Perform care in accordance with Day 1							
Other							
6.ELIMINATION							
Perform care in accordance with Day 1							
Other							
7.INFECTION PREVENTION & CONTROL	<u> </u>	•	<b></b>	<b></b>			
Perform care in accordance with Day 1							
Perform screening as per "Algorithm for screening of patients attending							
OLCHC"							
8. PATIENT CARE & HYGIENE NEED			1	1	1		
Document any changes in care							
Date Time Variance						Sign	

Date  Time  Evaluation / Communication	
	Sign
Date Time Evaluation / Communication	Sign
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				DAY SHIP	T	NIGHT SHIFT			
		DAY 3	Date:			Date:			
1. OBSERV	ATIONS		MET	NOT MET	N/A	MET	NOT MET	N/A	
			Ente	r Initials,	/Time	Enter	Initials	/Time	
Perform care	in accordance	ce with Day 1							
Other									
2.RESPIRATO	ORY CARE							_	
Perform care	in accordance	ce with Day 1							
Other									
3.INTRAVEN	OUS ANTIBIC	TIC THERAPY							
Perform care									
		ch shift, monitor and document any							
		applicable care bundle							
Patients on In	ntravenous T	obramycin check level result							
Other									
4.PSYCHOLO	GICAL & SOC	IAL SUPPORT		•	1	1		1	
Perform care	in accordance	e with Day 1							
Other									
5.NUTRITION	IAL SUPPORT	T							
Perform care	in accordance	e with Day 1							
Other									
6.ELIMINATI	ON								
Perform care	in accordance	e with Day 1							
Other									
7.INFECTION	PREVENTIO	N & CONTROL							
Perform care	in accordance	e with Day 1							
8.PATIENT C	ARE & HYGIE	NE NEED							
Document ar	ny changes in	care							
Date	Time	Varia	ance		•	•		Sign	



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Date:     Date:     Date:       1. OBSERVATIONS     MET     N/A     MET     N/A     MET     NOT     N/A       Perform care in accordance with Day 1     Image: Control of the state							NIGHT SHIFT		
NOBSERVATIONS         MET         MET         MET         MET           Perform care in accordance with Day 1         I			DAY 4	Date:	Date:				
Perform care in accordance with Day 1Image: Second Sec	1. OBSERV	ATIONS			MET			MET	N/A
Other       Image: Constraint of the second se				Enter	r Initials,	/Time	Enter	<sup>·</sup> Initials,	/Time
2.RESPIRATORY CARE         Perform care in accordance with Day 1       I <td></td> <td>in accordance</td> <td>ce with Day 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		in accordance	ce with Day 1						
Perform care in accordance with Day 1       Image: Constant of the second	Other								
OtherImage: Constraint of the second sec	2.RESPIRATO	RY CARE							
3.INTRAVENOUS ANTIBIOTIC THERAPY         Perform care in accordance with Day 1       I	Perform care	in accordance	ce with Day 1						
Perform care in accordance with Day 1       I	Other								
Assess intravenous line each shift, monitor and document any abnormalities, Complete applicable care bundleIIIIIOtherII<	3.INTRAVEN	OUS ANTIBIC	DTIC THERAPY						
abnormalities, Complete applicable care bundleIIIIIOtherIII <tdi< td="">III<!--</td--><td>Perform care</td><td>in accordance</td><td>ce with Day 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tdi<>	Perform care	in accordance	ce with Day 1						
OtherImage: Social SUPPORTPerform care in accordance with Day 1Image: Social SupportOtherImage: Social SupportS.NUTRITIONAL SUPPORTPerform care in accordance with Day 1Image: Social SupportOtherImage: Social SupportPerform care in accordance with Day 1Image: Social SupportOtherImage: Social SupportPerform care in accordance with Day 1Image: Social SupportOtherImage: Social SupportPerform care in accordance with Day 1Image: Social SupportOtherImage: Social SupportPerform care in accordance with Day 1Image: Social SupportOtherImage: Social SupportPerform care in accordance with Day 1Image: Social SupportOtherImage: Social SupportPerform care in accordance with Day 1Image: Social SupportSupport Care SupportImage: Social SupportDocument any changes in careImage: Social SupportDocument any changes in careImage: Social Support	Assess intrav	enous line ea	ach shift, monitor and document any						
A.PSYCHOLOGICAL & SOCIAL SUPPORTPerform care in accordance with Day 1IIIIOtherIIIIIS.NUTRITIONAL SUPPORTPerform care in accordance with Day 1IIIIOtherIIIIIIOtherIIIIIIIOtherIIIIIIIIOtherIII <td>abnormalitie</td> <td>s, Complete a</td> <td>applicable care bundle</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	abnormalitie	s, Complete a	applicable care bundle						
Perform care in accordance with Day 1 Image: Second	Other								
Other       Image: Control of the second secon	4.PSYCHOLO	GICAL & SOC	IAL SUPPORT			1	1		
5.NUTRITIONAL SUPPORT   Perform care in accordance with Day 1   Other   6.ELIMINATION   Perform care in accordance with Day 1   Other   Other   Other   Other   Perform care in accordance with Day 1   Other   Document any changes in care	Perform care	in accordance	ce with Day 1						
Perform care in accordance with Day 1IIIIIIOtherIII	Other								
Other Image: Second Seco	5.NUTRITION	IAL SUPPORT	r						
6.ELIMINATION         Perform care in accordance with Day 1         Other         7.INFECTION PREVENTION & CONTROL         Perform care in accordance with Day 1         Perform care in accordance with Day 1         B.PATIENT CARE & HYGIENE NEED         Document any changes in care	Perform care	in accordance	ce with Day 1						
Perform care in accordance with Day 1       Image: Control of the state of the sta	Other								
Other       Image: Control in accordance with Day 1       Image: Control	6.ELIMINATI	ON							
7.INFECTION PREVENTION & CONTROL         Perform care in accordance with Day 1         8.PATIENT CARE & HYGIENE NEED         Document any changes in care	Perform care	in accordance	ce with Day 1						
Perform care in accordance with Day 1       Image: Constraint of the second secon	Other								
8.PATIENT CARE & HYGIENE NEED         Document any changes in care	7.INFECTION	PREVENTIO	N & CONTROL						
Document any changes in care	Perform care	in accordance	ce with Day 1						
	8.PATIENT C	ARE & HYGIE	NE NEED				·		
Date Time Variance Sig	Document an	y changes in	care						
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		DAY 5	C	DAY SHIP	τ	NIGHT SHIFT		
	URIJ					Date:		
1. OBSERV	ATIONS		MET	NOT MET	N/A	MET	NOT MET	N/A
			Enter	' Initials,	/Time	Enter	' Initials	/Time
Perform care	in accordance	e with Day 1						
Other								
2.RESPIRATO	ORY CARE							
Perform care	in accordance	e with Day 1						
Other								
3.INTRAVEN	OUS ANTIBIC	TIC THERAPY						
Perform care	in accordanc	e with Day 1						
Assess intrav	enous line ea	ch shift, monitor and document any						
abnormalitie	s. Complete a	applicable care bundle						
Other								
4.PSYCHOLO	GICAL & SOC	IAL SUPPORT						
Perform care	in accordance	e with Day 1						
Other								
<b>5.NUTRITION</b>	NAL SUPPOR	T						
Perform care	in accordanc	e with Day 1						
Other								
6.ELIMINATI	ON							
Perform care	in accordance	e with Day 1						
Other								
<b>7.INFECTION</b>	PREVENTIO	N & CONTROL		<b></b>	•	•		1
Perform care	in accordance	e with Day 1						
8.PATIENT C	ARE & HYGIE	NE NEED		<u>.                                    </u>				
Document an	ny changes in	care						
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	DAY 6				AY SHIP	·T		GHT SH	F1	
				Date: MET	NOT	N/A	Date: MET	NOT	N/A	
1. OBSERV						MET			MET	
I. ODSERV						Initials	/Time	Enter	Initials	/Time
Perform care	in accordanc	e with Day 1								
Other										
2.RESPIRATO	DRY CARE									
Perform care	in accordanc	e with Day 1								
Other										
3.INTRAVEN	OUS ANTIBIO	TIC THERAPY								
Perform care	in accordanc	ce with Day 1								
Assess intra	avenous line	e each shift, monitor	and document	any						
abnormalitie	s. Complete	applicable care bundle								
Other										
4.PSYCHOLO	GICAL & SOC	IAL SUPPORT								
Perform care	in accordanc	ce with Day 1								
Other										
<b>5.NUTRITION</b>	NAL SUPPORT					1	1	1		T
Perform care	in accordanc	ce with Day 1								
Other										
6.ELIMINATI	ON									
Perform care	in accordanc	e with Day 1								
Other										
7.INFECTION	PREVENTION	N & CONTROL				1	1	1		T
Perform care		,								
8.PATIENT C	ARE & HYGIE	NE NEED				I		I		I
Document ar	ny changes in	care								
Date	Time		Varia	ance						Sign
Date	Time		Evaluation / Co	ommu	nicatior	ı			Si	ign

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DAY 7				D	AY SHIF	т	NIGHT SHIFT			
					Date:			Date:		
1. OBSERV	ATIONS			MET	NOT MET	N/A	MET	NOT MET	N/A	
						nitials/1	Time	Enter Initials/Time		
Perform care	in accordance	ce with Day 1								
Other										
2.RESPIRATO							1	1		1
Perform care	in accordance	ce with Day 1								
Other										
3.INTRAVEN	OUS ANTIBIC	<b>DTIC THERAPY</b>								
Perform care	in accordance	ce with Day 1								
Assess intra	ivenous line	e each shift, monitor	and document a	any						
abnormalitie	s. Complete	applicable care bundle								
Other										
4.PSYCHOLO	GICAL & SOC	IAL SUPPORT								
Perform care	in accordance	ce with Day 1								
Other										
<b>5.NUTRITION</b>	AL SUPPOR	ſ								_
Perform care	in accordance	ce with Day 1								
Other										
6.ELIMINATI	ON									
Perform care	in accordance	ce with Day 1								
Other										
7.INFECTION	PREVENTIO	N & CONTROL								
Perform care	in accordance	ce with Day 1								
8.PATIENT C	ARE & HYGIE	NE NEED								
Document ar	ny changes in	care								
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DAY 8					Date:		
1. OBSERVATIONS	MET	NOT MET Initials/1	N/A Lime	MET Enter l	NOT MET nitials/1	N/A	
Perform care in accordance w	Perform care in accordance with Day 1						
Other							
2.RESPIRATORY CARE				I		I	I
Perform care in accordance w	vith Day 1						
Other	· · · ·						
3.INTRAVENOUS ANTIBIOTIC	CTHERAPY						
Perform care in accordance w	vith Day 1						
Assess intravenous line e abnormalities. Complete app	each shift, monitor and document any plicable care bundle						
Other							
4.PSYCHOLOGICAL & SOCIAL	SUPPORT	·					
Perform care in accordance w	vith Day 1						
Other							
5.NUTRITIONAL SUPPORT							l.
Perform care in accordance w	vith Day 1						
Other							
6.ELIMINATION							
Perform care in accordance w	vith Day 1						
Other							
<b>7.INFECTION PREVENTION &amp;</b>		-	T	T	T	T	0
	vith Day 1; consider screening						
8.PATIENT CARE & HYGIENE		1	1	1	1	1	
Document any changes in car	re						
Date Time	Variance						Sign

		Full Name: Address: Addressograph HCR	
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						AY SHIP	т	NIGHT SHIFT		
				Date:	Date:			Date:		
1. OBSERV	ATIONS				MET	NOT MET	N/A	MET	NOT MET	N/A
					Enter	nitials/	Time	Enter I	nitials/1	Time
Perform care	e in accordanc	ce with Day 1								
Other										
2.RESPIRATO	DRY CARE									
Perform care	e in accordanc	ce with Day 1								
Other										
3.INTRAVEN	OUS ANTIBIC	<b>DTIC THERAPY</b>								
Perform care	e in accordance	ce with Day 1								
		e each shift, monitor applicable care bundle	and document	any						
Other										
4.PSYCHOLO	GICAL & SOC	CIAL SUPPORT							n.	
Perform care	e in accordanc	ce with Day 1								
Other										
5.NUTRITION	NAL SUPPOR	Г								•
Perform care	e in accordanc	ce with Day 1								
Other										
6.ELIMINATI	ON									
Perform care	e in accordanc	ce with Day 1								
Other										
7.INFECTION	PREVENTIO	N & CONTROL								
Perform care	e in accordanc	ce with Day 1								
8.PATIENT C	ARE & HYGIE	NE NEED								
Document ar	ny changes in	care								
Date	Time		Vari	ance						Sign

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DAY 10	0	DAY SHIF	T	NIGHT SHIFT		
DATIO	Date:			Date:		
1. OBSERVATIONS	MET	NOT MET	N/A	MET	NOT MET	N/A
Perform care in accordance with Day 1	Enter	nitials/	lime	Enter	nitials/1	lime
Other						
2.RESPIRATORY CARE	T	1	1	1	1	
Perform care in accordance with Day 1						
Other						
3.INTRAVENOUS ANTIBIOTIC THERAPY						
Perform care in accordance with Day 1						
Assess intravenous line each shift, monitor and document any abnormalities. Complete applicable care bundle						
Other						
4.PSYCHOLOGICAL & SOCIAL SUPPORT	•	•		•		
Perform care in accordance with Day 1						
Other						
5.NUTRITIONAL SUPPORT						•
Perform care in accordance with Day 1						
Other						
6.ELIMINATION						•
Perform care in accordance with Day 1						
Other						
7.INFECTION PREVENTION & CONTROL						
Perform care in accordance with Day 1						
8.PATIENT CARE & HYGIENE NEED						
Document any changes in care						

at Crumlin			
Date	Time	Variance	Sign
Date	Time	Evaluation / Communication	Sign

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Date	Time	Evaluation / Communication	Sign



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		DAY 11	D	AY SHIF	T	NIGHT SHIFT		
		DATII	Date:			Date:		
			MET	NOT	N/A	MET	NOT	N/A
1. OBSE	RVATIONS			MET	-		MET	-
1. ODJL	VATIONS		Enter I	nitials/1	Гіте	Enter I	nitials/1	ime
Perform ca	re in accord	ance with Day 1						
Other								
	TORY CARE							
		ance with Day 1						
Other								
3.INTRAVI	NOUS ANTI	BIOTIC THERAPY						
Borform c	ro in accord	ance with Day 1	[	[		[		
		line each shift, monitor and document any						
		ete applicable care bundle						
Other								
		OCIAL SUPPORT						
		ance with Day 1	[	[		[		
Other								
	ONAL SUPP	ORT	l	l	]	l	]	
		ance with Day 1						
Other								
6.ELIMINA	TION							
		ance with Day 1	[	[		[		
Other								
	ON PREVENT	ION & CONTROL	I	I	I	I	I	
		ance with Day 1						
		GIENE NEED						
Document	any change	s in care						
			l	l		l		
	Time	Variance						Sign
Date								
Date	Time	Evaluation / Commun	ication					Sign
Date								0.8.1
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Date	Time	Evaluation / Communication	Sign



Full Name:	
Address: Addressograph	

HCR.....

		DAY 12		Day shif	ťt	Night shift		
			Date:			Date:		
			MET	NOT	N/A	MET	NOT	N/A
1. OBSER	VATIONS		[	MET		[ mtor !	MET	
Perform ca	e in accord	lance with Day 1	Enter	nitials/ <sup>-</sup>	lime	Enter	nitials/	lime
Other								
2.RESPIRAT	ORY CARE			<u> </u>				<u> </u>
		lance with Day 1						
Other								
3.INTRAVE	NOUS ANTI	BIOTIC THERAPY	1		1	1	1	
Perform ca	re in accord	lance with Day 1						
		line each shift, monitor and document any						
		ete applicable care bundle						
Other	•							
	OGICAL & S	OCIAL SUPPORT		ļ			•	<b>I</b>
		lance with Day 1						
Other		,						
5.NUTRITIC	NAL SUPPO	ORT	•		1	1	•	1
Perform ca	re in accord	ance with Day 1						
Other								
6.ELIMINAT	ION		•		1	1	•	1
Perform ca	re in accord	ance with Day 1						
Other								
7 INFECTIO	N PRFVFNT	TION & CONTROL						
		lance with Day 1						
		GIENE NEED						
Document a								
			<b> </b>					
Date	Time	Variance						Sign
Date	Time	Evaluation / Commun	ication					Sign



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Date	Time	Evaluation / Communication	Sign



HCR.....

		DAY 13	Date:	AY SHIF	Т	NI	IFT	
	DATIS					Date:		
			MET	NOT	N/A	MET	NOT	N/A
1. OBSER	VATIONS			MET	(	_	MET	(
Porform ca	in accord	ance with Day 1	Enter	Initials,	Time	Enter	Initials	/Time
Other								
2.RESPIRAT								
		lance with Day 1						
Other								
	NOUS ANTI	BIOTIC THERAPY			l	l		
		ance with Day 1						
		line each shift, monitor and document any						
		ete applicable care bundle						
Other								
		SOCIAL SUPPORT						
		lance with Day 1						
Other								
5.NUTRITIC		ORT						
		lance with Day 1						
Other								
6.ELIMINAT					L		<u> </u>	
		lance with Day 1						
Other								
	N PREVENT	ION & CONTROL	•					•
		lance with Day 1						
		GIENE NEED		L	I	1		
Document a								
Date	Time	Variance	1					Sign
								- 8
Date	Time	Evaluation / Commun	ication					Sign



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Date	Time	Evaluation / Communication	Sign



HCR.....

DAY 14		DAY SHIFT		NIGHT SHIFT				
		Date:			Date:			
1. OBSERVATIONS			MET	NOT MET	N/A	MET	NOT MET	N/A
			Enter	Initials	/Time	Enter Initials/Time		
Perform care in accordance with Day 1			Lincer	Interars		Linter		Time
Other								
2.RESPIRAT	ORY CARE							
Perform car	Perform care in accordance with Day 1							
Other								
3.INTRAVE	NOUS ANTI	BIOTIC THERAPY						
		ance with Day 1						
		line each shift, monitor and document any						
abnormaliti Other	es. Comple	ete applicable care bundle						
		OCIAL SUPPORT						
Periorni car	e in accord	ance with Day 1						
Other								
5.NUTRITIO								
Perform care in accordance with Day 1								
Other								
6.ELIMINAT	6.ELIMINATION						I	
Perform car	B.ELIMINATION       Perform care in accordance with Day 1							
Other	Other definition of the second							
7.INFECTIO	N PREVENT	ION & CONTROL						
Perform car	e in accord	ance with Day 1						
		GIENE NEED	1		1	1	1	
Document a	any changes	s in care						
Date	Time	Variance						Sign
Date	Time	Evaluation / Commun	ication					Sign



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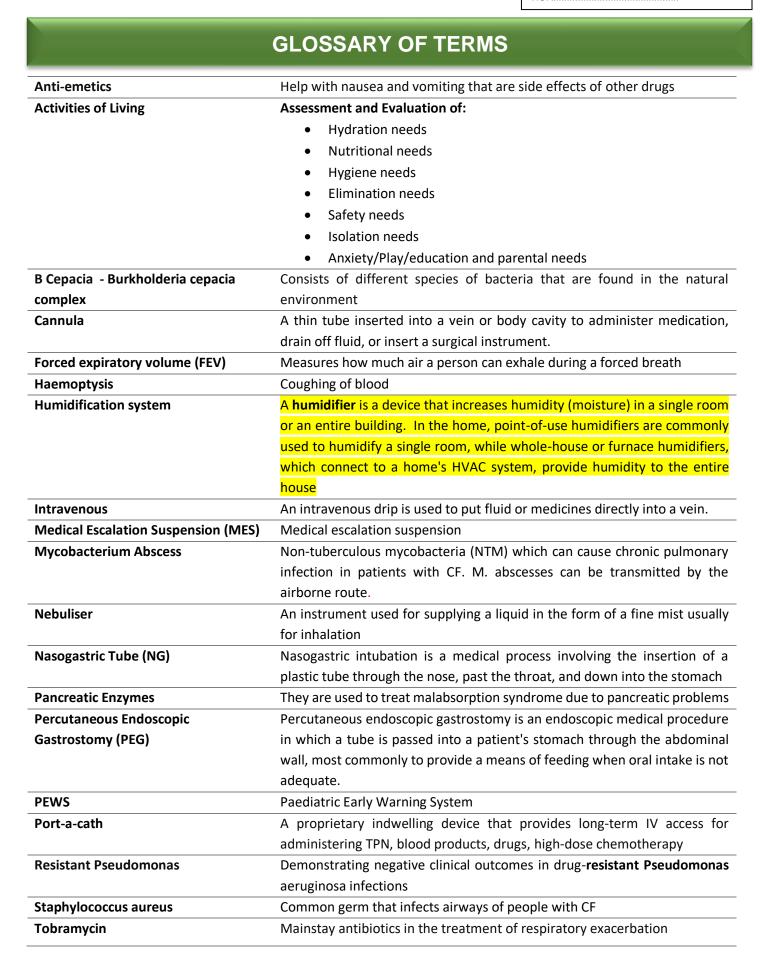
Date	Time	Evaluation / Communication	Sign



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Date	Time	Evaluation / Communication	Sign

HCR.....



Children's Health Ireland