

NURSING CARE PLAN No 3d
DINOPROSTONE
Please use all careplans in conjunction with careplan 1

Full Name:

Address: **Addressograph**

HCR.....

Care Plan 3d Problem		DINOPROSTONE Goals		Issue Date: October 2020 Review Date: October 2023	
<p>..... Is receiving Dinoprostone infusion for Duct dependent congenital heart disease</p>		<ul style="list-style-type: none"> will receive Dinoprostone infusion in a safe manner at ward level. Change in vital signs or condition will be detected promptly and appropriate action taken. Adverse reactions of Prostaglandin E2 to be detected, reported and documented immediately. 			
No	NURSING INTERVENTION			Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	On Admission				
<p>The nurse will ensure the appropriate infusion is prescribed and signed daily by the doctor as per Standard Operating Procedure for the Prescribing, Preparation and administration of Dinoprostone Guideline for Dosing Preparation and Administration of Dinoprostone infusion for Neonates (2020)</p>					
2	Observations and Monitoring				
<ul style="list-style-type: none"> Infant will have a baseline set of observations performed prior to commencement of prostaglandin E2 continuous infusion and the infant will be nursed 1:2 Infant will be nursed beside oxygen and suction. Keep bag valve mask and rebreather O2 mask available at bedside Nurse..... in close proximity to the nurses' station Nurse..... in an incubator to maintain optimum body temperature and facilitate observation Nurse..... on cardiac monitor for duration of infusion documenting vital signs hourly will be nursed on apnoea monitor in place and alarms responded to promptly for the duration of infusion 1 Hourly respiratory and blood pressure monitoring, or more frequently if indicated, will be carried out and documented. Monitor blood sugars six hourly. Report and record any abnormalities in PEWS chart Any acute deterioration, please refer to Cardiology team/ medical registrar for immediate treatment and appropriate management Please ensure the safe feeding assessment tool is completed and signed by the Cardiology Consultant. 					
3	Medication				
<ul style="list-style-type: none"> As per the CHI, at Crumlin SOP for the Prescribing, Preparation and Administration of Dinoprostone and the Standard Concentration Drug Library Prepare and administer Dinoprostone Guideline for Dosing Preparation and Administration of Dinoprostone infusion for Neonates (2020) Same will be prescribed on the Drug Kardex and signed and dated daily IV cannula x 2, PICC X 1 or other Central venous access device to be in situ as Dinoprostone has very short half life On commencement or changing of infusion pump to be checked and verified by 2 nurses As per the CHI at Crumlin SOP for the Prescribing, Preparation and Administration of Dinoprostone and the Standard Concentration Drug Library Check dosage, 					

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<p>prescription, syringe label and pump settings are correct when connecting the Dinoprostone infusion and when taking over the care of the child.</p> <ul style="list-style-type: none"> • Check drug, dose, diluent, final volume and rate are correct on the prescription 			
3	Medication continued	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<ul style="list-style-type: none"> • Dinoprostone should be administered as a continuous infusion via BBraun Smart pump using the most up to date version of the Standard Concentration Infusions on the hospital intranet • Ensure pump is securely clamped on position on IV pole.....will be monitored for side effects of Dinoprostone which include: <ul style="list-style-type: none"> ○ Apnoea / respiratory depression ○ Jitteriness ○ Pyrexia ○ Bradycardia/ tachycardia ○ Cutaneous vasodilation ○ Hypotension ○ Diarrhoea ○ Seizures ○ Increased risk of necrotising enterocolitis (high doses of Dinoprostone). The highest dose to be given in the ward is 15 nannograms/kg/min. <p>Refer to product SPC for full list of side effects and Cautions in use</p> <ul style="list-style-type: none"> • Side effects will be reported to the medical team promptly and appropriate action will be taken to treat side effects if they occur. • When infusion is discontinued, attach a new T piece Connector, flushed with Sodium chloride 0.9% so as to prevent accidental bolus later. Document same. • For central lines withdraw internal lumen volume and discard to prevent accidental bolus later. The line should then be flushed with sodium chloride 0.9% and instilled with heparin sodium 10 units/ml lock. <p>Please refer to care plan 9 for Care of the IVC / CVAD</p>			

Created by Marie Lavelle Clinical Nurse Facilitator

Revised by: Jewella Santillan CNEF CHC

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