

Care Plan No 43 Problem		Care of Child with suspected IBD	Issue Date: March 2020	Review Date: March 2023
<p>_____ has a diagnosis or suspected diagnosis of Ulcerative Colitis or Crohn's Disease.</p> <p>Child is potentially at risk from:</p> <ol style="list-style-type: none"> <li>Inadequate hydration and nutrition</li> <li>Pain</li> <li>Complications of immobilisation</li> <li>Nausea, vomiting and diarrhoea</li> <li>Psychosocial adaption to new diagnosis</li> <li>Specific medication requirements to treat disease effectively.</li> </ol>		<ul style="list-style-type: none"> <li>To diagnose and manage child's symptoms</li> <li>Support and educate the child and family about their disease</li> <li>Pain assessment and management</li> <li>Accurate intake and output documentation</li> <li>Adequate hydration and nutrition</li> <li>PUCAI / PCDAI daily assessments</li> <li>Administer medications as prescribed to treat disease symptoms</li> <li>Prompt detection of complications related to immobility</li> <li>Multidisciplinary team referrals as appropriate (psychology, MSW, dietitian, play specialist etc.)</li> <li>Discharge planning</li> </ul>		
No	NURSING INTERVENTION		Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	<b>Observations</b>			
	<ul style="list-style-type: none"> <li>Baseline observations: Temps, Pulse, BP, O2 Sats, PEWS</li> <li>Observe for signs of hypovolaemia; tachycardia, pallor, hypotension</li> <li>Daily PUCAI/PCDAI assessments</li> <li>Skin integrity</li> <li>Refer to injectable medicine guidelines for specific observations for patients on infusions (Infliximab, iron etc.)</li> <li>Observe for early signs of toxic megacolon (fever, severe abdominal pain, hypotension, tachycardia, abdominal distension)</li> </ul>			
2	<b>Hydration</b>			
	<ul style="list-style-type: none"> <li>Offer oral fluids to ensure adequate hydration.</li> <li>Monitor and record intake and output, report deviations</li> <li>Observe for signs of dehydration, (reduced urinary output, slow capillary refill, reduced skin turgor)</li> <li>Monitor urinary output: Weigh nappies/measure urinary output and record same, report accordingly. Perform ward urinalysis as required</li> <li>Intravenous fluids as per care plan 9</li> <li>Consider Blood sugar level in infants or fasting children</li> <li>Assess for dehydration if patient on low residue diet and pre colonoscopy bowel preparation</li> </ul>			
3	<b>Peripheral Venous Catheter</b>			
	<ul style="list-style-type: none"> <li>Decontaminate hands before and after each contact with cannula</li> <li>Check cannula site for signs of infection, infiltration and dislodgement</li> <li>Ensure limb above cannula is not restricted, ID band, BP cuff</li> <li>Administer IV fluids and Medications prescribed, ensuring correct fluids, rate of infusion and duration</li> <li>Maintain patency of cannula by flushing with 0.9% NaCl when               <ul style="list-style-type: none"> <li>Cannula is not in use</li> <li>Prior to and post administration of medications</li> </ul> </li> </ul>			

4	Elimination	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> <li>Daily stool observations(or more frequently if requested)nursing observation of stools essential with documentation of intake/output chart</li> <li>Use Bristol stool assessment scale for recording amount consistency and frequency</li> <li>Assess and accurately document bowel motions post clear out for colonoscopy</li> <li>Provide privacy and dignity for the patient with diarrhoea, where possible provide an ensuite room</li> <li>Perform perianal care after each bowel motion to prevent the breakdown of skin and infections</li> <li>Collect stool samples to out rule infection and faecal calprotectin as per GI team.</li> </ul>		
5	<p align="center"><b>Nausea / Vomiting</b></p> <ul style="list-style-type: none"> <li>Provide emesis bowl and tissues</li> <li>Record all vomits, type, amount, consistency, colour and volume</li> <li>Record on intake and output sheet</li> <li>Administer anti-emetics as prescribed</li> <li>Attend to oral hygiene needs</li> <li>Administer oral fluids as tolerated</li> </ul>		
6	<p align="center"><b>Mobility</b></p> <ul style="list-style-type: none"> <li>Assess pressure areas regularly and ensure skin is intact</li> <li>Relieve pressure areas frequently +/- pressure relieving mattress</li> <li>Observe pressure areas and maintain skin integrity Encourage mobility as tolerated</li> <li>Assess risk factors for thrombosis (inflammation, immobility, IV/Central access)</li> <li>Consider prophylactic thrombosis interventions (compression stockings, anti-coagulation medication)</li> </ul>		
7	<p align="center"><b>Medications</b></p> <ul style="list-style-type: none"> <li>Administer medications as prescribed and as per drug formulary</li> </ul> <p><b>IBD Medications</b> (GI team prescribing only):</p> <p><u>Induction of Remission-</u></p> <ul style="list-style-type: none"> <li>Exclusive Elemental Nutrition or Corticosteroids(PO/IV)</li> </ul> <p><u>Maintenance Medical options:</u></p> <ul style="list-style-type: none"> <li>5 Aminosalicyate:s e.g. sulfasalazine, mesalazine</li> <li><u>Rectal treatment:</u> e.g. mesalazine or steroids</li> <li><u>Immunomodulators:</u> e.g. 6-mercaptopurine, azathiopurine, methotrexate</li> <li><u>Biologics:</u> e.g. infliximab, adalimumab, vedolizumab, ustekinumab</li> </ul> <p><b>Medication Work Up Requirements:</b></p> <p><i>Immunomodulators- varicella, TMPT, MMR</i></p> <p><i>Biologics: CXR, Quanteferon, Mantoux, varicella, MMR, ACU Proforma to be signed by GI Consultant.</i></p>		
8	<p align="center"><b>Discharge Planning</b></p> <ul style="list-style-type: none"> <li>Liaise with Public Health Nurse / GP / Practice Nurse if applicable</li> <li>Complete appropriate documentation</li> <li>Specific post op Instructions (if applicable)</li> </ul> <hr/> <ul style="list-style-type: none"> <li>OPD APPT / Follow Up:.....</li> <li>Parental Information Leaflets</li> <li>Additional Information</li> <li>CNSp review pre discharge.</li> </ul>		