

NURSING CARE PLAN 12A
Infusion of DDAVP in Children with Hereditary Bleeding Disorders V2

Full Name:

Address: **Addressograph**

HCR.....

Use in conjunction with careplan 1

Care Plan 12A Problem	Infusion of DDAVP in Children with Hereditary Bleeding Disorders V2	Issue Date: February 2019 Review Date: February 2022																					
<p>.....</p> <p>requires an infusion of DDAVP due to</p> <p>FVIII Deficiency: <input type="checkbox"/></p> <p>Von Willebrand Disease: <input type="checkbox"/></p> <p>Platelet function defect: <input type="checkbox"/></p> <p>Prolonged Bleeding Time: <input type="checkbox"/></p>	<p>.....</p> <p>will receive a safe infusion of DDAVP and show no signs of reaction.</p>																						
Commencement Date Signature Grade	No	NURSING INTERVENTION	Discontinued Date, time, Signature, grade																				
	1																						
	<p>Ensure there are no contraindications to DDAVP (<i>any contraindications must be discussed with the medical team prior to proceeding with the infusion</i>)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">Yes</th> </tr> </thead> <tbody> <tr> <td>Cardiac insufficiency</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Diuretic Therapy</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Epilepsy or convulsions</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Head Injury</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Renal impairment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Hypertension</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>< 2years</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Diuretic Therapy</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Yes		Yes	Cardiac insufficiency	<input type="checkbox"/>	Diuretic Therapy	<input type="checkbox"/>	Epilepsy or convulsions	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	Renal impairment	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	< 2years	<input type="checkbox"/>	Diuretic Therapy	<input type="checkbox"/>	
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	<p>Ensureand / or his/her family understand the side effects of DDAVP and the reasons for the fluid restriction policy</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Please tick Yes</th> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Please tick Yes</th> </tr> </thead> <tbody> <tr> <td>Facial flushing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Fluid restriction</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Headache</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Abdominal pain</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Nausea and Vomiting</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Fluid retention</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Written information given</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><i>50-75% of maintenance fluids over the 24 hours post DDAVP</i> <i>Calculating maintenance fluids</i> 100ml/kg first 10 kg + 50 ml/kg second 10 kg + 20 ml/kg additional kg = 100% maintenance</p>			Please tick Yes		Please tick Yes	Facial flushing	<input type="checkbox"/>	Fluid restriction	<input type="checkbox"/>	Headache	<input type="checkbox"/>	Abdominal pain	<input type="checkbox"/>	Nausea and Vomiting	<input type="checkbox"/>	Fluid retention	<input type="checkbox"/>	Written information given	<input type="checkbox"/>		<input type="checkbox"/>	
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	Ensure an intravenous cannula is inserted to facilitate the infusion of DDAVP																						
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	<p>Ensure appropriate bloods are taken pre DDAVP and samples are clearly labelled "PRE DDAVP"</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="width: 50%;">FVIII deficiency</td> <td>2x1.4ml citrate (coag) + 1xLi Hep(U&E)</td> </tr> <tr> <td>Von Willebrand disease</td> <td>1x1.4ml + 2x2.9 citrate (coag) + 1xLi Hep</td> </tr> <tr> <td>Platelet function defect</td> <td>2x10ml citrate (coag) + 1xLi Hep (U&E)</td> </tr> <tr> <td>PFA100</td> <td>2x2.9ml citrate (coag) + 1xLi Hep (U&E)</td> </tr> </tbody> </table> <p style="text-align: center; color: red; font-weight: bold; margin-top: 10px;">PLATELET FUNCTION TESTS SHOULD NOT BE SENT IN THE CHUTE SYSTEM</p>		FVIII deficiency	2x1.4ml citrate (coag) + 1xLi Hep(U&E)	Von Willebrand disease	1x1.4ml + 2x2.9 citrate (coag) + 1xLi Hep	Platelet function defect	2x10ml citrate (coag) + 1xLi Hep (U&E)	PFA100	2x2.9ml citrate (coag) + 1xLi Hep (U&E)													
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	Record baseline heart rate, respiratory rate and blood pressure and every 15minutes throughout the infusion - record PEWs on appropriate PEWs chart											
6	DIALYSIS											
	Infuse prepared DDAVP solution via an IV cannula as per Children's Health Ireland at Crumlin Medication Policy / Guideline for the Administration of DDAVP											
7												
	If the child shows signs of reaction to DDAVP, the infusion should be stopped, the reaction managed appropriately and medical staff informed											
8												
	Following infusion flush IV line using 20mls NaCl											
9												
	<p>Ensure appropriate bloods are taken post DDAVP if required and samples are clearly labelled "POST DDAVP".</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: right; font-size: small;"><i>Please tick</i></td> </tr> <tr> <td>FVIII deficiency - 2 x 2.9ml citrate (coag)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Von Willebrand disease - 4 x 2.9ml citrate (coag)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Platelet function defect - 6 x 2.9ml citrate (coag)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>PFA100 - 1 x 2.9ml citrate (coag)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="color: red; font-weight: bold; margin-top: 10px;"> Platelet function tests, may not be taken from the iv cannula. Platelet function tests, should not be sent in the chute system. Before discharging the child confirm with coag lab. (ext. 6251) that samples are not clotted. </p>		<i>Please tick</i>	FVIII deficiency - 2 x 2.9ml citrate (coag)	<input type="checkbox"/>	Von Willebrand disease - 4 x 2.9ml citrate (coag)	<input type="checkbox"/>	Platelet function defect - 6 x 2.9ml citrate (coag)	<input type="checkbox"/>	PFA100 - 1 x 2.9ml citrate (coag)	<input type="checkbox"/>	
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	<p>Additional notes for DDAVP trial</p> <ul style="list-style-type: none"> Ensure IV cannula is removed Ensure the child and / or family are aware of what side effects to look out for post DDAVP Ensure the child and/or family have contact numbers if they need medical advice Ensure the child and / or family have written advice regarding DDAVP and fluid restriction policy Ensure an OPD appointment has been made return for results in: <table border="1" style="margin-left: auto; margin-right: auto; margin-top: 10px;"> <tr> <td>FVIII deficiency</td> <td>4 weeks</td> </tr> <tr> <td>Von Willebrand disease</td> <td>8 weeks</td> </tr> <tr> <td>Platelet Function Defects</td> <td>2 weeks</td> </tr> <tr> <td>PFA 100</td> <td>2 weeks</td> </tr> <tr> <td>Bleeding Time</td> <td>2 weeks</td> </tr> </table> <p style="text-align: center; margin-top: 10px;">(Haematology outpatient appointments - Ext. 2536)</p>	FVIII deficiency	4 weeks	Von Willebrand disease	8 weeks	Platelet Function Defects	2 weeks	PFA 100	2 weeks	Bleeding Time	2 weeks	
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