

NURSING CARE PLAN No 40
Administration of Inhaled Nitric Oxide on St Michaels Ward

All careplans must be used in conjunction with careplan 1

Full Name:
Address: Addressograph
HCR.....

Care Plan No 40 Problem	Administration of Inhaled Nitric Oxide on St Michaels Ward Goals	Issue Date: October 2019 Review Date: October 2022	
<p>..... Is receiving Inhaled Nitric Oxide..... For.....</p>	<ul style="list-style-type: none"> Pre-procedure care, the child/infant and family will be safely prepared for physically and psychologically. Post-procedure care. The child/infant will be safely managed post inhalation 		
No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	Pre-Inhalation Care		
	<ul style="list-style-type: none"> Explain procedure to patient and family. Involve play specialist in the process. Ensure IV access and patency of IV access Ensure the antidote to this treatment is available for use. Ensure the child understands the treatment plan and the process involved. Check vital signs prior to the inhalation procedure noting any deviations for normal and record in the PEWS. If temperature is elevated ensure amendments are made to PEWS. Check FBC, LFT, U+E, CRP weekly Blood gas prior to the first inhalation, COAG once /week Tuesdays Check Urine prior to Inhalation for Haematuria and report and record. Facilitate the review of the child by medical staff with blood results before the inhalation. Ensure the child is comfortable and has been to the bathroom if required before the inhalation. Ensure the child has had breakfast and has what they need to help them through the inhalation- distraction, TV or games on. Hold treatment if Temperature $\geq 38.0^{\circ}$, SaO₂ $\leq 92\%$ or systemically compromised 		
2	During Inhalation Care		
	<ul style="list-style-type: none"> Check Temperature, Pulse, Respirations, Blood pressure and Oxygen saturation every 15 minutes during the inhalation through the window outside of the room or inside the room as decided by the team. Monitor observations on the monitor-ECG as required. Monitor the child's demeanour, colour, work of breathing and any other side effects they may have during the procedure. If there is evidence of side effects, stop the inhalation immediately and request a medical review or escalate through PEWS as usual. A log of Methaemoglobin to be recorded by Clinical Engineering during the procedure, nursing to record levels for 30 minutes post the procedure on the form provided by Clinical Engineering. Air changes occur every 6 minutes in the room so it will be safe to enter the room 6 minutes after the inhalation procedure has been completed and continue monitoring observations from within the room for a further 1 hour. Report and record any deviations from normal. When procedure is complete monitor observations as condition indicates. 		

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3	During Inhalation Care continued.....	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> • Stop treatment if; SaO2 ≤90%, MetHB ≥5%, only restart on the advice of the respiratory team. Remove iNO and administer O2 to correct SaO2 • Antidote Methylene Blue only to be given if clinically unwell with cyanosis or SaO2 ≤80% 		
3	Post Inhalation Care		
	<ul style="list-style-type: none"> • Monitor Observations as above for 30minutes following inhalation of Nitric. • Observe for any signs of side effects and report and record • Monitor urine for haematuria and report and record • Perform oral –nasal care • Blood gas post treatment once/week (Tuesdays) (check post MetHB level) • Nursing to record MetHB levels until they return to baseline post the procedure on the form provided by Clinical Engineering by 10 episodes • MetHb should be measured throughout inhalation and until it returns to baseline. MetHb should be recorded at initiation of treatment, 15 minutes, 30 minutes and potentially 60minutes (if not normal by 30 minutes) post treatment until it settles back to baseline levels. Once 10 episodes have been captured and these are collected and found to be safe, post treatment readings of MetHb are no longer necessary. • Document Event 		
	Any other care needs		
DRAFT			

Created by Warren O'Brien – St. Michaels Ward
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