

Nursing Care Plan 39
Acute Liver Failure

Please use in conjunction with careplan 1

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

Care Plan No 39 Problem		Acute Liver Failure Goals		Issue Date: January 2018	Review Date: January 2021
<p>..... Is admitted with acute liver failure</p>		<ul style="list-style-type: none"> • Observations • Pruritus • Encephalopathy • IV antibiotic/Albumin infusions • Fluid Balance, Hydration/Nutrition • Blood Sugar monitoring 			
No	NURSING INTERVENTION			Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	Observations				
<p>Baseline observations. Temps, Pulse, BP, O2 Sats, PEWS</p> <p>Respiratory – related to full abdomen from ascites:</p> <ul style="list-style-type: none"> ○ Oxygen Saturations ○ Increased work of breathing <p>Stool Colour :</p> <ul style="list-style-type: none"> ○ Pale/pigmented (refer to stool colour chart supplied by Liver CNSp). ○ Document colour changes and report to team if change from pigmented to pale <p>Urine Colour:</p> <ul style="list-style-type: none"> ○ Document colour of urine on admission clear/yellow/dark (tea coloured) –report changes to the GI Team <p>Jaundice:</p> <ul style="list-style-type: none"> ○ Monitor skin and sclera for increased/decreased levels, ○ Document and report deepening jaundice to team <p>Blood sugar monitoring:</p> <ul style="list-style-type: none"> ○ To determine the body's ability to maintain Normal blood sugar ○ Hypoglycemia may due to decrease in synthetic liver function • Report significant changes to GI Team. 					
2	Skin observations				
<ul style="list-style-type: none"> • Scratching due to cholestasis • Observe child for scratching • Monitor skin for generalized scratch marks/skin lesions • Ensure skin is well moisturised and nails cut short. • Encourage cotton clothing • Administer antipruritic medication as prescribed and monitor effectiveness as conventional antihistamines may not be effective in Cholestatic itch • Bruising/petechia/bleeding, secondary to deranged clotting • Administer Vit K as prescribed 					

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3	ENCEPHALOPATHY	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<p>Encephalopathy Due to increased Ammonia</p> <ul style="list-style-type: none"> • Mild symptoms: <ul style="list-style-type: none"> - Forgetfulness, mild confusion - Mood changes - Poor concentration/poor judgement - Changes in sleep pattern • Severe Symptoms: <ul style="list-style-type: none"> - Unusual hand movements - severe confusion - Sleepiness/slurred speech - Aggressive outbursts • Neuro observation as per team /child's condition dictates • Inform GI Team of <u>any change</u> in level of consciousness/or behaviour. • Administer medications, e.g. Lactulose (mode of action: it changes the acidity of stools to decrease 		
4	Iv Antibiotic / Albumin Infusions		
	<p><i>IV cannula:</i></p> <ul style="list-style-type: none"> • to be sited on admission • Bloods as directed by GI team <p><i>IV Antibiotic therapy:</i></p> <ul style="list-style-type: none"> • Ensure child well hydrated, may need supplemental IV fluids under direction of GI team and adhering to OLCHC prescribing guidelines <p><i>IV Albumin therapy:</i></p> <ul style="list-style-type: none"> • Administer albumin as prescribed by GI team adhering to OLCHC Blood Product Protocol 		
5	Ascites		
	<ul style="list-style-type: none"> • Strict intake and output monitoring & recording Daily Weights – reporting rapid gain to GI team • Liaise with dietician – may need small frequent meals due to abdominal fullness 		

Created by Nursing Department
Issue Date: January 2018 / Review Date: January 2021