

**NURSING CARE PLAN No 3c**  
**MILRINONE**  
*Please use all careplans in conjunction with careplan 1*

Full Name: .....

Address: **Addressograph** .....

HCR.....

Care Plan <b>3C</b> Problem	MILRINONE Goals	Issue Date: June 2020	Review Date: June 2023
..... is on Milrinone therapy related to .....	<ul style="list-style-type: none"> <li>..... will receive safe administration of I.V. Milrinone at ward level.</li> <li>Change in vital signs or condition will be detected promptly and appropriate action taken</li> <li>Adverse reactions of Milrinone to be detected, reported and documented immediately</li> </ul>		
No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<b>1</b>	<b>Observations</b>		
	<ul style="list-style-type: none"> <li>Record baseline observations PICU discharge ..... to the ward</li> <li>Record baseline on arrival to ward and thereafter 1 hourly or as condition indicates</li> <li>.....</li> <li>Nurse ..... on continuous oxygen saturation monitor for duration of infusion</li> <li>Nurse ..... on a cardiac monitor at all times. Record hourly heart rate, rhythm and oxygen saturation, more or less frequently as condition or consultant in charge dictates</li> <li>.....</li> <li>Record and report any abnormalities in vital signs</li> <li>Ensure functioning resuscitation equipment is nearby</li> <li>Ensure emergency drug dose calculations are at the bed side – recheck same daily</li> <li>Monitor vital signs as per PEWS</li> <li>Monitor temperature.</li> <li>Check peripheral temperature by touch and observations of colour of extremities. Report any deviations in same</li> <li>.....</li> <li>.....</li> <li>.....</li> </ul>		
<b>2</b>	<b>Fluid Balance</b>		
	<ul style="list-style-type: none"> <li>Record strict intake and output</li> <li><i>If ..... has renal impairment, dose of Milrinone may be reduced by the medical team</i></li> <li>Administer prescribed diuretics and monitor the effectiveness of same</li> <li>.....</li> <li>.....</li> <li>.....</li> <li>Record the volume of Milrinone infused each hour - read volume from syringe and corroborate using 'History' function of the infusion pump</li> </ul>		
<b>3</b>	<b>Medication</b>		
	<ul style="list-style-type: none"> <li>Administer Milrinone as per the OLCHC Medication Policy and IV Guidelines</li> <li>Milrinone must be prescribed in the drug kardex and dated and signed by medical team daily</li> </ul> <i>(Please see sheet for prescription)</i>		

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3	Medication continued.....	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> <li>• When preparing and administering Milrinone, ensure:               <ul style="list-style-type: none"> <li>○ Dosage is correct</li> <li>○ Milrinone is well dispersed within the syringe</li> <li>○ Tubing is primed</li> <li>○ Syringe is clearly labeled with the drug name, dose, rate and patient name and chart number</li> <li>○ Correct infusion rate is set</li> </ul> </li> <li>• Check dosage, prescription and syringe label are correct prior to attaching infusion or when taking over the care of a patient on the drug infusion.</li> <li>• Milrinone should be prescribed and changed every 24 hours (<i>during day shift where possible</i>)</li> <li>• Milrinone should be administered as a continuous infusion via BBraun Smart pump using the drug library. A bolus can increase the risk of side effects.</li> <li>• Administer using a giving set with an anti-syphon valve</li> <li>• Ensure pump is securely clamped in position on IV pole</li> </ul> <p><b>Note: Milrinone should NEVER be infused with any other drug as there is a risk of interactions (particularly frusemide)</b></p> <p><b>Side-effects of Milrinone</b></p> <ul style="list-style-type: none"> <li>○ Arrhythmias</li> <li>○ Hypotension</li> <li>○ Hypokalaemia</li> <li>○ Headache</li> <li>○ Changes in LFTs</li> <li>○ Thrombocytopenia</li> </ul> <ul style="list-style-type: none"> <li>• When infusion is complete and discontinued, attach a new 'T-Piece' connector – flush same with 0.9% Saline. Record same.</li> <li>• Note: the child should have a second intravenous cannula in situ for access in an emergency situation.</li> <li>• Check patency as per IV Guidelines. 6 hourly 0.9% Nacl Flushes  <i>Please refer to Careplan 9 for Care of the IV cannula</i></li> </ul>		

Created by Jewella Santillan  
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