

NURSING CARE PLAN No 2b Non-Invasive Ventilation

All careplans must be used in conjunction with careplan 1

Full Name:						
Address: Addressograph						
HCR						

Care Plan <mark>No 2b</mark> Problem		Non-Invasive Ventilation Goals		e Date: Apri ew Date: Apri	l 2020 l 2023
Require Non- CPAP/BIPAP Related to:	Invasive Ventilation	 Prescribed NIV will support respiratory needs Facial Skin Integrity is protected. Psychological support for child & family Infection Control Discharge Planning 	s safe	ely & effective	ely.
No		NURSING INTERVENTION		Commencement, Date, Signature, Time, Grade	Discontinued Date, time, Signature, Grade
1	NIV will support th	e respiratory needs of a child safely & effective	ely		
 Perform respiratory observations as required and detail in PEWs Ensure Mode of NIV & parameters are prescribed and documented in the medical notes by the respiratory team. Liaise with NIV CNSp re machine set up and mask fitting. Mask Type & Size. If Oxygen is required, it should be titrated via the mask and 02 parameters documented by the medical team. Assess and document the child's response to NIV. Ensure the ventilation machine is turned on and oxygen tubing is connected^{1.} The respiratory team must be informed if a child who is established on NIV is readmitted under another team. 					
2	F	acial Skin Integrity is Protected			
ObserveAssess fInform th	ne NIV CNSp or the tear	ne mask. eas & document skin integrity. m, if there are any skin markings. nent of mask size for child if required.			
3		Psychological Needs			
 Provide age appropriate explanations to the child & family. Assist with mask desensitization. Liaise with the Play Specialist Provide support, reassurance & address any concerns expressed. 					
4		Infection Control			
Ensure eWater : cMask : cl		nd after each intervention er OLCHC policy and manufacturers guidelines y			



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5	Discharge Planning	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
 and turn Ensure p Follow u Homeca upon dis If the ch to the re Complet Ensure t 	harge: Demonstrate to parents/guardians know how to fit the mask correctly on/off the device. Dearents/guardian know how to change the water and clean the mask. Deare : The team will arrange a follow up OPD The provider: A prescription will be sent to the homecare provider by the team charge (Contact details are located on each device) The ild is requiring O2, ensure the O2 prescription is completed and forwarded devant provider. The individual is provided to the individual indiv		

Created by: Respiratory Team Issue Date: April 2020 / Review Date: April 2023

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