

NURSING CARE PLAN No 18b
Care of a Child Undergoing Sclerotherapy for Vascular Malformation

All careplans must be used in conjunction with careplan 1

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

<p>Care Plan No 18b Problem</p>	<p>Care of a Child Undergoing Sclerotherapy for Vascular Malformation</p> <p>Goals</p>	<p>Issue Date: March 2022 Review Date: March 2025</p>	
<p>..... is having Sclerotherapy for a vascular malformation in his / her</p>	<ul style="list-style-type: none"> The patient is normally seen in Vascular Anomaly clinic(VAC) prior to their sclerotherapy, where the procedure is explained to the parent and the patient, if appropriate, with advice on the procedure itself, post op outcomes, side effects and potential complications. Pre-operative care: the child / infant and family will be safely prepared for procedure under general anaesthesia, physically and psychologically. Radiology CNSp / Nurse telephones patient / parents with information on pre- procedure preparation the week to the procedure Post-Operative care: the child/infant will have a safe and comfortable recovery post-operatively. <p>Sclerotherapy is a treatment option for slow flow vascular anomalies such as venous and lymphatic malformations. Sclerotherapy agents used in CHI Crumlin includes Sodium Tetradecyl Sulfate (STS), Doxycycline and Bleomycin.</p>		
<p>No 1</p>	<p>NURSING INTERVENTION Pre-Operative Care</p>	<p>Commencement, Date, Signature, Time, Grade</p>	<p>Discontinued, Date, time, Signature, Grade</p>
<ul style="list-style-type: none"> Sclerotherapy is usually performed in theatre on a Monday afternoon list (13:30-1700) by an Interventional Radiologist. The child will be admitted under the care of the plastics team – Ms Dempsey team on the day of the procedure as Interventional Radiology team do not have admission rights Explain procedure to the patient and family. Involve play specialist in the process. Discuss with the child his/her preferred method of induction if appropriate. Discuss any other requests that the parent or child may have in relation to the procedure. Ensure the child has a bath/shower prior to the procedure. Fast from solids including formula milk 6 hours prior to the procedure; fast from 07:30. Fast from Breast Milk from 4 hours prior to the procedure; fast from 09:30. Fast clear fluids 1 hour prior to the procedure; fast from 12:30. Place fasting sign over bed and explain to parents and child the meaning of same. Remove food from the child's reach. <p>Other care:</p> <ul style="list-style-type: none"> Liaise with the Plastics Team to admit the patient for the procedure. Pre-procedure blood tests not required unless asked by Plastics or Radiology team. Consultant Interventional Radiologist explains the procedure to the patient/parents and takes informed consent. Inform Anaesthetic team to ensure the child is reviewed prior to procedure. Complete pre-operative checklist, date and sign, ensure consent is signed. Administer pre-medication and or other medications if prescribed: Accompany the child/infant and parent safely to the Operating Theatre. The child/infant may bring comforter to Operating Theatre with him/her. 			

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No 2	Guidelines to minimise the risk of skin pigmentation (Flagellate hyperpigmentation) post Bleomycin Sclerotherapy)	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<ul style="list-style-type: none"> • Endotracheal Tube - Tie rather than a tape. • Eyes - Use Jelonet to keep eyes closed, no tape or Lacrilube as patient rubs away. • Laryngeal mask - Use ties to secure Laryngeal mask airways, instead of adhesive tape. • ECG dots to be used with gel pads and placed in axillae and on the sole of the foot where possible. • Intravenous Cannula - Secure with soft dressings. • Blood pressure cuff - Pad the extremity with cotton wool before blood pressure cuff is applied. • Remove anything adhered to the skin very carefully with adhesive remover. <p><i>Ref: Guideline for Bleomycin as a Sclerotherapy agent in Vascular anomalies. CHI at Crumlin 2021.</i></p>			
No 3	Peripheral Intravenous Access		
<ul style="list-style-type: none"> • Check the cannula is secure. On most occasions patients are cannulated in the Operating Theatre. • Check cannula site for signs of infiltration, dislodgment or infection: <ul style="list-style-type: none"> • hourly, if child is on intravenous fluids /medication • at each administration of medication • Record intake and output. • Record and report any deviation from normal. • Administer intravenous fluids as prescribed. 			
<p>Note: intravenous fluids required for first 24 hours or until child is drinking well</p> <ul style="list-style-type: none"> • Administer intravenous medications as per CHI Paediatric Formulary. • Change intravenous giving sets every 48 hours or as directed. • Document when the cannula is sited/resited/removed. 			
No 4	Post-Operative Care		
<p>Check that Airway, Breathing, Circulation and Condition are stable prior to safe transfer from Recovery Unit to the ward.</p> <ul style="list-style-type: none"> • Assess and respond promptly to altered respiratory effort, shock and haemorrhage • Monitor colour, pulse, respirations, blood pressure, oxygen saturations, and temperature as directed by the surgeon/anaesthetist/ nursing staff • Report and record any deviations from normal. <p>Wound Care - Swelling at the procedure site is an expected outcome following Sclerotherapy.</p> <ul style="list-style-type: none"> • If the swelling increases and is compromising function of the area, e.g. causing respiratory distress or impeding perfusion to limbs, please contact Interventional Radiology team. • Make sure that the adhesive dressing is intact and clean on discharge. Patients may be discharged with compression stockings or bandage, depends upon the procedure and site. 			

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Post-Operative Care continued....

Commencement
, Date,
Signature, Time,
Grade

Discontinued,
Date, time,
Signature,
Grade

- Monitor wound site for redness, pain, ooze, haemorrhage

Nausea and Vomiting

- Observe for nausea/vomiting. Assess possible cause.
- Support child.
- Provide emesis bowl.
- Administer anti-emetics and evaluate same
- Record colour, consistency and volume of vomitus in intake/output chart
- Child can eat and drink as soon as he/she tolerates.

Pain – Note: this procedure can be VERY painful

- Assess pain score on return from Theatre).
- Advise patients to take over the counter analgesics for 2-6 days, if required. (Paracetamol QID or Ibuprofen TID).
- Utilise non-pharmacological means of pain relief.
- Administer analgesia as required and monitor effects of same, report and record.
- Morphine as per CHI Paediatric Formulary.

(Prior to leaving Recovery Department, ensure Morphine infusion has been prepared correctly and secured in a locked pump). Morphine infusion is uncommon following Sclerotherapy.

Urinary Output

- Monitor/record first void post procedure.

Discharge

- Sclerotherapy is a day case procedure unless the child is under 1 year of age or needs overnight admission for observation.
- Follow up is organised by Radiology or Vascular Anomalies Clinic Nurse Specialists, as per the Radiologist's post procedure instructions.
- The Clinical Nurses Specialists telephone parents/patients on day 2 and day 5 post procedure.

Risk

Temporary side effects that may occur at the site of the injection include;

- Bruising
- Swelling for 4-6 weeks
- pain

Side effects that may require treatment

- Phlebitis, Inflammation (swelling, warmth and discomfort around the injection site.)
- Ulceration, tissue breakdown, and scarring
- Blood clot (sudden swelling and bruising).
- Allergy

Created by Vascular Anomalies Clinic & Radiology Clinical Nurse Specialists.

Issue Date: March 2022 Review Date: March 2025