Children's Health Ireland at Crumlin

NURSING CARE PLAN No 17a
SCD Patients on Erythrocytapheresis Programme
Please use in conjunction with careplan 1

Full Name: ……………………………………

Address: Addressograph

……………………………………

HCR……………………………………

Care Plan No 17a Problem	Erythrocytapheresis Programme for Sickle Cell Disease Patients Goals	Issue Date: August 2018 Review Date: August 2021
…………………………………… is admitted to the HODU for planned exchange blood transfusion.	• ______________________ will receive a safe exchange blood transfusion with no adverse effects. • Safe discharge following scheduled procedure.	

No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	**Observations**		

- Record and document **baseline observations**-HR, respiratory rate, BP and temperature. If any deviations from the normal limits, please inform haematology team.
- Record and document **oxygen saturations**. If <95% please inform haematology team.
- Check and record patients' **weight and height** on transfusion Kardex.
- Check and record **urinalysis**. Inform haematology of any positive findings.

Date	Urinalysis	Sent to Lab	
		Yes	No

No	NURSING INTERVENTION		
2	**Bloods**		

Ensure appropriate bloods are taken prior to the exchange transfusion (either prior to exchange day or on the same day as exchange transfusion).
Bloods include:

Bloods	Date	Date	Date	Date	Date
FBC, Retics					
Haemoglobinopathy screen					
Ferritin					
GXM					
U+E, Creatinine					
LFTs, LDH					

CHI Children's Health Ireland at Crumlin

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3	IV Access	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
• Ensure patient has 2 intravenous cannula or a CVAD for administration and withdrawal of blood.			
4	**Pre-Medication**		
• Ensure a stat dose of Calcium Sandoz PO (Dose-0.25mmols/kg to max of 10mmols) is prescribed and administered pre-exchange. • Ensure Piriton PO (Dose-age dependent) is prescribed and administered pre-exchange unless contra-indicated by haematology team. Check HCR.			
5	**Amount of RCC to be exchanged**		
• 40mls/kg RCC will be prescribed by the doctor on Prescription & • Administration record for Blood & Blood Components • In some patients 60mls/kg is required (decision is made by the Consultant • Haematologist**).** • Exchange will be performed by the apheresis nurse. • Adhere to OLCHC transfusion policy			
6	**Specific care during and post exchange**		
• Observations during transfusion as per OLCHC transfusion policy • Monitor and record patients' observations every 30 minutes post exchange for 2 hours. Report any deviations from baseline observations to haematology team. • Administer intravenous fluids pre and post exchange as prescribed. • Maintain an accurate fluid balance sheet. • If transfusion reaction is suspected adhere to OLCHC transfusion policy • Observe patient for signs of reaction to the exchange e.g. hypotension, abdominal pain, sweating, vaso-vagal episode, haematuria. Pause transfusion and report any signs/symptoms to the haematology team for urgent review. • Transfusion may be restarted following discussion with the haematology team.			
7	**Prior to Discharge**		
• Ensure observations are within normal limits. • Flush the CVAD with 0.9% Sodium Chloride followed by appropriate Heparin. • Ensure patient/parent/guardian has been given next exchange transfusion date. • Ensure date is in the HODU diary. • Inform parent/guardian to contact hospital if patient becomes unwell following • discharge home e.g. fever, rash, haematuria			
	Any Other Needs		

Created by The Nursing Department
Issue Date: August 2018 / Review Date: August 2021

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