

NURSING CARE PLAN No 17
SICKLE CELL CRISIS
Please use in conjunction with careplan 1

Full Name:

Address: **Addressograph**

HCR.....

Care Plan No 17 Problem		SICKLE CELL CRISIS Goals		Issue Date: April 2020 Review Date: April 2023	
<p>.....</p> <p>is admitted with a</p> <ul style="list-style-type: none"> • Bony crisis • Chest crisis • Splenic crisis • Abdominal crisis • CNS event • Priapism <p>Other.....</p>		<ul style="list-style-type: none"> • Observations • Intravenous hydration and antibiotics • Pain needs will be supported • Specific care needs 			
No	NURSING INTERVENTION			Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	Observations				
	<ul style="list-style-type: none"> • Monitor vital signs of temperature, pulse, respirations, oxygen saturations and blood pressure on admission and as patient's condition dictates <p>.....</p> <p>Monitor for signs of hypovolaemic shock – e.g. acute anaemia due to splenic sequestration crisis.</p> <ul style="list-style-type: none"> • Spleen to be palpated on admission and daily unless otherwise indicated. Record on spleen chart. If spleen is enlarged perform one hourly spleen measurements until condition stabilises and haemoglobin level is stable. • Monitor oxygen saturations for any deterioration below 95% in room air and administer oxygen as prescribed, report and record response to same. • Check and record urinalysis on admission. Report any variations to haematology team. • Perform neurological observations if patient presents with a CNS event or as condition indicates. • Report and record deviations from normal to haematology team. 				
1a	Pyrexia				
	<p>Use pharmacological and non-pharmacological means of reducing temperature:</p> <ul style="list-style-type: none"> • Nurse in a well-ventilated room • Administer anti-pyretics as prescribed • Encourage cool drinks • Remove excess clothing <p>(Trigg & Mohammed, 2010)</p> <ul style="list-style-type: none"> • Administer IV antibiotics as prescribed. <p>If afebrile, ensure child is nursed in a warm environment.</p>				
2	Intravenous Fluids / Antibiotics				
	<ul style="list-style-type: none"> • Administer intravenous fluids as prescribed, use care plan 9 • Administer intravenous/PO antibiotics as prescribed. • <i>Clarify the need to withhold prophylactic antibiotic Calvepen if commencing IV antibiotics.</i> 				

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3	Pain	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> Assess and document pain score on admission If patient admitted with pain use care plan 17b <i>Treat pain as per Sickle Cell Pain Management Protocol.</i> <i>Liaise with Pain Nurse Specialist for severe pain and not controlled with opioids.</i> 		
4	Specific Instructions		
	<ul style="list-style-type: none"> Assist medical team with obtaining blood samples. Record and report any deviation in blood results to haematology team. Administer blood transfusion if indicated as per blood transfusion guidelines OLCCHC 2004 (care plan 9). Ensure hospital information leaflet on blood transfusion has been given to the parent (<i>if patients first blood transfusion</i>) Ensure consent has been obtained by the doctor. Ensure child is nursed on intravenous fluids if fasting. <p>Administer routine medications as prescribed e.g.</p> <ul style="list-style-type: none"> Folic acid Penicillin (Calvepen) Erythromycin (if allergy to penicillin) Hydroxycarbamide (Hydroxyurea) Iron chelator e.g. Deferasirox (Exjade) PO or Desferoxamine s/c Laxatives 		
Any other needs			

Created by Nursing Department
Issue Date: April 2020 / Review Date: April 2023

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