

SURNAME SURNAME NHI 000000

FIRST FIRST NAMES

DATE OF 00 / 00 / SEX SEX

Please attach patient label here



ACE-inhibitor/beta-blocker increase
Nursing Care Plan
23B

Family members Plan Name care

Date/ Time	Problem/Need Please tick the appropriate box <input checked="" type="checkbox"/>	Nursing Action Please tick the appropriate box <input checked="" type="checkbox"/>	Revision Date & Time Name & Signature	Child & Family Action	Signature Nurse & Family
	<p>Child and family will be admitted and oriented to the ward and all admission documentation will be completed.</p> <p>Diagnosis: _____ _____</p> <p>Drug to be increased: _____ _____</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Nursing admission to discharge form completed and medical staff notified for medical admission <input type="checkbox"/> Ward orientation checklist completed <input type="checkbox"/> Baseline observations (T, HR, RR, BP, O2 sats, if needed) are recorded <input type="checkbox"/> Baseline bloods (U's and E's) taken and are within acceptable limits – Liaise with Medical staff re bloods taken <input type="checkbox"/> Resuscitation chart completed and bedside emergency equipment available <input type="checkbox"/> Ensure drug is clearly charted, with BP parameters documented by medical staff <p>BP: _____</p> <p>Systolic BP > Mean > prior to giving.</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Family are aware of reason for admission and importance of staying on the ward after medicine given <input type="checkbox"/> Child and family are aware of where call bell is and how to use it 	

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	<p>Potential for profound hypotension/ shock due to increased vasodilation</p>	<p><input type="checkbox"/> Set of baseline observations prior to dose increase.</p> <p><input type="checkbox"/> Ensure BP is within acceptable range before administration</p> <p>Carvedilol: check observations every 30 minutes for 4 hours post dose</p> <p>Captopril check observations every 30 minutes for 2 hours post dose</p> <p>Enalapril check observations every 30 minutes for 2 hours post dose</p> <p><input type="checkbox"/> Check BP 1-2 hrs post dose for first 3 doses or until stable.</p> <p><input type="checkbox"/> Notify medical staff of a significant drop in blood pressure (usually >20mmHg)</p> <p><input type="checkbox"/> Seek medical attention urgently if child is symptomatic (eg dizzy, pale, profoundly hypotensive/ bradycardic, decreased capillary refill, cool peripheries)</p>		<p><input type="checkbox"/> Family are aware that child/infant is not to leave the ward following a dose increase unless discussed with Nursing/medical staff</p> <p><input type="checkbox"/> Family know to call nursing staff for any adverse effects noted</p> <p><input type="checkbox"/> Child on bed rest for 30 minutes post dose increase</p> <p><input type="checkbox"/> Mobilises gently after bed rest</p>	

CR4514

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	Child will be discharged with clear instructions on medication administration and follow-up/ referrals arranged	<input type="checkbox"/> Medication script completed and filled as per pharmacy discharge flow chart <input type="checkbox"/> Pharmacist contacted if needed as per pharmacy flow chart <input type="checkbox"/> Caregiver educated on medication purpose, administration, storage and side effects – relevant parent information pamphlet given <input type="checkbox"/> Caregivers given medical discharge letter and aware of any follow up arrangements <input type="checkbox"/> Discharge planning completed on back of nursing admission form <input type="checkbox"/> Referred to community services if needed: _____ _____ _____		<input type="checkbox"/> Parents are confident/ competent administering medications <input type="checkbox"/> Parents aware of implications of not giving/inability to give medications. <input type="checkbox"/> Refer to play therapist for strategies if medication refusal happens.	