

SURNAME SURNAME NHI 000000

FIRST FIRST NAMES

DATE OF 00 / 00 / SEX SEX

Please attach patient label here



NURSING CARE PLAN
Discussed with:



Needs identified	Nursing Action	Evaluation/Comment	Signature Date
1. Safely admit and orientate to ward 23B	<ul style="list-style-type: none"> <input type="checkbox"/> Orientate patient and family to ward 23B <input type="checkbox"/> Safety Checks <input type="checkbox"/> Apply name band <input type="checkbox"/> Obtain baseline observations (report any concerns to medical staff) <input type="checkbox"/> Weight, Height/Length + Head circumference (if under 1 year) <input type="checkbox"/> Resus Chart <input type="checkbox"/> Explain admission pathway e.g. procedures to be completed and time to achieve this <input type="checkbox"/> Nursing Admission (A-D Planner + Family Violence) <input type="checkbox"/> Check medications patient is on- do these need to stop prior to surgery? Ensure parents aware of this plan <input type="checkbox"/> Check if Rheumatic Fever when IM penicillin was last given (?could be given in OT) <input type="checkbox"/> Medical Admission by House Officer <input type="checkbox"/> Ages and Stages Questionnaire completed 		

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<p>2. Complete Tests/ procedures for Surgery</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Bloods (FBC, U+E's, Group and Hold) within 1 week <input type="checkbox"/> ECG (within 2 weeks) <input type="checkbox"/> ECHO (within last 3 months) <input type="checkbox"/> CXR (within last month) <input type="checkbox"/> Nasal Swab (MSSA)/ Nasal, Groin and Rectal if from overseas or admitted to other hospital in last year for VRE+MRO <input type="checkbox"/> Pre anaesthetic and pre-op checklists <input type="checkbox"/> Anaesthetic and Surgical Consents <input type="checkbox"/> NBM and COF times (as per anaesthetist) <input type="checkbox"/> Premed time <input type="checkbox"/> Give scrubs + instructions and explain how to use (skin prep protocol) <input type="checkbox"/> Mupirocin if >6months of age 		

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3. Ensure Parents/ Patient are orientated/ educated	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure parents aware of participating in child's cares while on ward and happy with plan <input type="checkbox"/> Speak to Nurse Practitioners about pre-work up for parents prior to surgery <input type="checkbox"/> Appropriate referrals as needed: <ul style="list-style-type: none"> <input type="checkbox"/> Kaiatawhai/ PI support <input type="checkbox"/> Chaplain <input type="checkbox"/> Social Worker <input type="checkbox"/> Dietician <input type="checkbox"/> Play specialist input for child preparation <input type="checkbox"/> Visiting hours explained and parents made aware of no caregivers to stay overnight while in IOA or PICU <input type="checkbox"/> Give return to ward form if allowed leave overnight <input type="checkbox"/> Ensure accommodation at RMH booked for families out of Auckland and parents aware of location <input type="checkbox"/> Ensure Families from Auckland have RM Family Room booked while patient in PICU <input type="checkbox"/> Parking vouchers have been offered 		