

September 1, 2020

TO WHOM IT MAY CONCERN: CARE PLAN FOR ADMISSION (TO BE FOLLOWED FROM ADMISSION TO ER)

## Nursing Diagnosis:

Risk for ineffective health management due to:

- **Inconsistency in care received during hospitalization to adequately manage pain crises:** Elisha has a card which he shows at the emergency room to every staff that attends to him which highlights his pain management treatment plan. It will be greatly appreciated if the treatment highlighted in this care plan is followed as it is a translation of the treatment plan in the card as well as further directives prescribed by his physician.
- **Knowledge deficit of health professionals in narcotic administration (some staff have been uncomfortable with amounts and frequency requested):** Elisha is used to being under a significant amount of pain and this has unfortunately caused some level of tolerance to narcotics. Delay in pain control will lead to increase in frequency of requests as pain threshold will take longer to be reduced.
- **Perceived powerlessness:** Since the move to Victoria in February, Elisha has been hospitalized six times. This has caused an increase in his feelings of powerlessness as his pain is not adequately managed which causes frequent visits to the hospital. It will be beneficial for him in the long run if we can reduce the amount of admissions. It will be beneficial for staff to review patient chart and listen to patient's subjective report on direction of care (ie narcotic administration and IV access site). **Elisha has been living with Sickle-cell anemia all his life and knows what works for him in terms of his care and pain management.**

Most recent treatment plan is as follows:

Diagnosis: Hbss sickle cell anemia

- anti JKD allo antibody and Rh genotype, weak D.

Allergies: Seafood (fish and shell fish)

- Reaction: Lips swelling, itchiness and throat closing.

Home pain management:

- Hydromorphone one 2-4mg PO Q4H prn (as prescribed by family physician Dr. Roy Smardon MD)
- Heat application to painful areas.
- Distraction (Video/audio)

Management for hospitalization (from Emergency room):

**Pain management:**

- Hydromorphone 4-6mg IV Q15min (until pain is adequately managed; Elisha will verbalize when that is achieved)
- Ketoralac (Toradol): 10mg IV Q4H
- Tylenol 1000mg PO Q6H

- Heat packs and warm blankets

#### **IV and Fluid Management:**

- **Please note: Elisha is not an easy poke and has a safe spot for IV. Please ask him for his preference concerning IV location.**
- Sodium Chloride 0.9% 1L 100ml/hr

#### **Nausea:**

- Gravol 50mg IV Q4H prn

#### **Bowel movement and nutrition:**

- Due to the increased amounts of narcotics received, Elisha will require a bowel routine started from the second day of hospitalization in order to prevent constipation and nausea later during his stay.
- Elisha prefers home cooked Nigerian meals but his meal tray can contain breakfast cereals, snacks, desert, fruits and juice.

#### ***In case of an infection: > or equal to 38.5C***

- Blood/ urine culture required
- Chest X-ray
- If no obvious source, start third generation cephalosporin eg: Ceftriaxone 1G IV Q24 hrs

Treatment plan is prescribed by: Dr. Adrian Lee MD (Foothills hospital, Calgary)

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