

CLASSICAL GALACTOSAEMIA (NEWLY DIAGNOSED) Care Plan

Problem: _____ is unable to metabolise dietary lactose secondary to Galactose 1- phosphate Uridyl Transferase Deficiency.

S/N Sig:

Date: _____
Planned By:

Problem
No: 22

Goal: 1. To establish special feeding regime and treat the symptoms of the condition (if present)
2. To provide parental emotional support & education.

Nursing Care

Self/ family care

**Date and sign /
countersign any
changes**

- Commence lactose free feeds as per treatment plan for classical galactosaemia.
Ensure _____ receives a lactose-free formula as ordered by the metabolic dietitian. Explain necessity for lactose-free feeds.
- Assist & record in collection of urine and blood samples to confirm diagnosis, explaining the necessity for investigations to parents.
Guthrie Card (Beutler test) Date _____
Transferase enzyme Date _____
Coag Screen Date _____
Blood Cultures Date _____
Urine for Galactitol Date _____
Urine for C&S Date _____
Other _____ Date _____
- Monitor skin for signs of bruising / bleeding (coagulation screen may be abnormal due to toxic affect of Gal-1-p on liver function). Administer Vitamin K and Plasma Substitute (as prescribed) to correct coagulopathy (if

Parents will assist with preparing feeds and feeding _____

<p>required).</p> <p>4. Monitor neurological status in diagnostic phase (cerebral haemorrhage may occur due to abnormal coagulation screen). Cranial Ultrasound date: _____</p> <p>5. Document signs of jaundice (yellow discoloration of skin, sclera). Assist with collection of LFTS. Ensure adequate fluid intake. (Refer to Phototherapy Care Plan if needed)</p> <p>6. Maintain strict intake and output charting. Record and report any episodes of vomiting / diarrhoea to the metabolic team. Monitor hydration status.</p> <p>7. _____ is susceptible to infections especially E. Coli (Clark, 2002). If unwell assist the metabolic team with full septic work-up as ordered.</p> <p>8. Administer IV antibiotics as prescribed (use in conjunction with IV cannulation care plan).</p> <p>9. Ensure _____ has an ophthalmology review and follow-up appointment is arranged due to high risk for cataract development.</p> <p>10. Record T. P. R. 4 hourly or more frequently as condition dictates. Report any deviations from normal to Metabolic team. (Pyrexia may occur due to E. Coli Sepsis in newborn period).</p> <p>11. Weigh on alternate days and plot on centile chart.</p> <p>12. Liaise with Metabolic Nurse Specialist & Social Worker. Liaise with Dietetic team re. Diet Education Programme.</p> <p>13. Adhere to Metabolic Unit guidelines re. Dietary Treatment of a newly diagnosed patient with Galactosaemia.</p>	<p>Parents will report any vomiting / diarrhoea and understand significance of same.</p> <p>Parents will be informed of progress and advised re ongoing care.</p> <p>Parents will receive written information on Galactosaemia.</p>	
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