

<p style="text-align: center; font-weight: bold;">Addressograph</p>

Potential / Actual Altered Neurological Function secondary to Hyperammonaemia

PROBLEM: _____ is at risk of neurological damage due to elevated serum ammonia levels	S/N Signature: _____	Date: _____ Planned by: _____	Problem no: <p style="text-align: center; font-weight: bold;">29</p>
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GOAL: 1) Prevent / reduce risk of neurological damage by reducing ammonia to normal range
 2) Assist Metabolic / Medical Team in ascertaining cause of elevated ammonia level.

NURSING CARE	SELF/ FAMILY CARE	DATE AND SIGN ANY CHANGES
<ol style="list-style-type: none"> 1. Assess neurological status using Glasgow Coma Scale _____ hourly (<i>insert frequency</i>). Document and report evidence of deteriorating neurological function e.g. irritability, drowsiness, lethargy, ataxia, slurred speech, head-banging, seizures, coma etc. 2. Assess and record vital signs (TPR, BP and Oxygen Saturations) hourly. Report deviations from norm. Assist with laboratory investigations e.g. Ammonia, Amino Acids. Ammonia may be falsely elevated by Haemolysis, use of tourniquet, very distressed child, traumatic sample, proximity to wet nappy. Samples must be received in Laboratory within 10 minutes of sampling. Contact technician on call outside normal lab. hours and wait until arrival in hospital before proceeding with sampling. Frequency of sampling _____ hourly / twice daily / _____ other (<i>insert frequency</i>). 3. Administer ammonia reducing / alternative pathway drugs as prescribed. Adhere to pharmacy / metabolic protocols re. administration of Arginine, Sodium Benzoate and Sodium Phenylbutyrate. (See Medical Guidelines on Known Metabolic Patients for information on preparation and delivery of medications.) 4. Liaise with Metabolic and Dietetic teams re. Protein and Calorie Intake. For _____ (<i>insert number</i>) protein exchanges / _____ (<i>insert volume</i>) mls milk / formula (<i>delete as appropriate</i>). For _____ mls Dialamine / EAA (Nitrogen depleted formula) For _____ calories / day. Refer to daily diet sheet for feeding regime. Negotiate with Mum / Dad regarding feeding, feed preparation etc. Check feeds with second staff member prior to administration. 5. Use nasogastric / gastrostomy feeding to supplement calorie and nutritional intake if unable to tolerate prescribed volumes orally (Use NG care plan). Provide oral hygiene. 6. Administer intravenous Dextrose / Intralipid / Protein (as prescribed). Monitor intravenous site for complications of intravenous therapy (Use IV Cannulation Care Plan). 7. Monitor urinalysis at each nappy change/ void. Check blood sugar if glycosuria is present and report to team as 	<p>Parent(s) will assist in assessment of neurological status by providing information on normal behaviour pattern</p> <p>Family will provide comfort and reassurance pre, during and following procedures.</p>	

insulin therapy may be required.

8. Monitor blood glucose 4-6 hourly when on intravenous regime (total calories from I.V. fluids) as hyperglycaemia may occur. Refer to Guidelines on management of Metabolic patients for guidance.
9. Record Intake and Output. Refer to team re. replacement of vomitus.
Replace ml for ml after _____ mls using _____ feeds (liaise with Dietitian and Metabolic team re. instructions).
10. Provide ongoing support and feedback to parents on procedures, investigations and results. Promote family-centered care.
11. Provide age appropriate explanation to child. Involve play specialist where appropriate.
12. Promote periods of uninterrupted rest to avoid stress and increased metabolic rate.
13. Observe skin for decreased integrity due to restricted protein. Inform Metabolic team as protein intake may need to be increased. Apply barrier creams.
14. Weigh daily / alternate days / twice weekly / weekly (delete as appropriate).

Parents will negotiate with staff regarding level of participation in feeding / preparation of feeds etc.