*Affix patient label or enter details:*

Trust ID No.:

Surname (BLOCK LETTERS):

**GYNAECOLOGY CORE CARE PLAN:**

**Care Plan of Patient following an Ectopic Pregnancy**

First name: D.O.B.:

|  |  |
| --- | --- |
| **PROBLEM: This patient has been told she has an ectopic pregnancy and that surgery on her fallopian tube is the treatment advised for her safety** | |
| **GOAL: To identify any serious problems which may be caused by an ectopic pregnancy and to closely monitor the patient to ensure any deterioration is acted on swiftly** | |
| **ACTIONS** (Circle appropriate actions) | **AMENDMENTS**  (Date/Signature) |
| 1.   Pre-operatively, complete admission documentation including all risk assessments.  Complete a full set of observations using NEWS to provide a baseline for further observations.   Ensure TED stockings are in place ready for surgery and that appropriate post-op thromboprophylaxis is prescribed.   Give advice about the importance of deep breathing, leg exercises and of keeping mobile once surgery is completed. Give copy of Preventing Deep Vein Thrombosis Whilst in Hospital leaflet.   Ensure that a pain assessment is completed and discuss the need for the patient to call immediately should they experience any sudden or severe new pain.   Ensure that any current vaginal bleeding is identified. Discuss importance of alerting nurses immediately if the PV loss begins unexpectedly or if it changes.   Give this patient (and partner if appropriate) a copy of the Management of An Ectopic Pregnancy leaflet. Allow her time to read and discuss the contents. Assess her state of mental preparedness for this surgery and identify whether she would like any support.   Ensure that there has also been robust assessment of home situation so that discharge arrangements can be put in place as soon as possible. |  |
| 2.   Insert peripheral IV cannula. If this patient is to be treated on the CEPOD list, ensure approximate time of surgery is identified. Ensure FBC and 2 group and saves samples have been taken and check Rhesus status.   IV fluids should be commenced to avoid dehydration and to enable emergency access should she deteriorate before she gets to operating theatre. |  |
| 3.   If this patient is to have surgery, ensure observations and NEWS score are recorded at least two hourly to monitor for any deterioration. Remind her to inform nurse of any alteration in pain, PV loss or of feelings of light headedness/nausea.   If observations remain stable consider reduction in frequency but this should be no less than  4 hourly. |  |
| 4. Provide emotional support and reassurance to the patient, partner and family. Allow the  patient to vent feelings about this difficult time in her life.  Provide the patient with a ‘Loss of your baby under 12 weeks’ leaflet and any relevant information for external organisations that provide support. |  |
| **Signature of nurse generating care plan:** | **Date:** |
| **Evidence:**   GP0D1 BSUH Management of an ectopic pregnancy leaflet   C032 Minimum standards for observations 2015   C005 Consent to examination or treatment policy 2016   C010 Discharge policy for adults + children 2016   C021 Peripheral Intravenous Cannulation of adults 2015   C031 Policy Prevention + Management of VTE 2016   C063 Venepuncture in adults 2017   C093 Mouthcare Matters   MP073 Pregnancy Loss | |

Issued by – Samantha Backley + Gynaecology Nursing Team Marcn 2021 Review March 2023