*Affix patient label or enter details:*

Trust ID No.:

Surname (BLOCK LETTERS): First name:

D.O.B.:

**GYNAECOLOGY CORE CARE PLAN:**

**Care Plan of Patient with Ovarian Hyperstimulation Syndrome (OHSS)**

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| **PROBLEM: This woman has OHSS and is experiencing: abdominal distension, pain, nausea /****vomiting, dehydration &/or oliguria *(delete as according to individual patient).*** |
| **GOAL: To help manage the woman’s symptoms to a level acceptable to the patient so that she can be independent in activities of daily living.** |
| **ACTIONS** (Circle appropriate actions) | **AMENDMENTS**(Date/Signature) |
| **1.** Admit to ward ensuring that this woman understands why all the informationrequested is required, and that she has given consent for all investigations. Complete admission documentation including all risk assessments. Complete full set of observations using NEWS to provide baseline and to identify trigger for their subsequent frequency. Record patient weight & abdominal girth stating the time measured. This will need to be recorded daily. Obtain urine specimen for a pregnancy test and to monitor for infection. Ensure patient aware of maintaining a low sodium diet and the kitchen staff are aware for meal times and choices. Ensure that current signs and severity of symptoms are identified. E.g.: Abdominal distension, temperature, pain. These will act as baseline to identify efficacy of treatment when symptoms start to resolve |  |
| **2**. This woman needs an early consultant involvement. Once the doctors have examinedthis patient: Ensure FBC, U&E’s, LFTs, coagulation and creatinine levels taken; identify when these need to be repeated. Ultrasound of the abdomen and pelvis is requested/performed and reviewed. Chest XRAY requested (if applicable) Decision on whether patient needs an indwelling catheter for accurate fluid balance. Appropriate medications have been prescribed VTE assessment completed + leaflet given |  |
| **3.** Ensure that IV cannula is sited and commence IV rehydration therapy. Maintain a strict fluid balance chart for the patients stay. |  |
| 4. Administer pain relief if required, initiating Pain Management Core Care Plan forGynaecology Patients Administer anti emetics as required. Ensuring adequate anti emetic medications prescribed evaluating their effectiveness. |  |
| **5.** If a paracentesis is required as part of the patient’s plan of care initiate AbdominalParacentesis Core Care Plan . This may need individualising to include albumin infusion and wedge pressure measurements (if applicable) |  |
| **6.** Give emotional support and reassurance consistently ensuring adequate explanation of issues. Offer health promotion where possible. |  |
| 7. Discharge home with correct follow up advice. |  |
| **Signature of nurse generating care plan:** | **Date:** |

*Issued by: Level 11 Gynaecology Nursing Team March 2021 Review date: March 2023*

**Evidence:**

 Royal College of Obstetricians & Gynaecologists - The Management of Ovarian hyperstimulation syndrome (2006)

 GP007 OHSS Protocol 2012

 C032 Minimum Standards for Observations 2015

 C021 Peripheral Intravenous Cannulation of adults 2015

 C010 Discharge policy for adults + children 2016

 C039 Pregnancy Testing 2016

 C025 Intravenous Therapy administration for adults 2017

 C031 Policy Prevention + Management of VTE 2016

 C063 Venepuncture in adults 2017

 C037 Privacy + Dignity Policy 2016

 C005 Consent to examination or treatment 2016

**Abdominal Girth + Weight Management Chart**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time | AbdominalGirth | Weight(KG) | Sign |
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