

NURSING CARE FOR HAEMOPHILIA

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INTRODUCTION

- Nursing is a profession within the health care sector focused on the care of individuals, families and communities, in order to aid recovery of optimal health and maintain quality of life.
- Nurses develop a plan of care working collaboratively with physicians, physiotherapists, the patient, the patient's family and other members of the health team.
- Nurses play an important role in the care of people with haemophilia (PWH)

ROLE OF NURSING IN PEOPLE WITH HAEMOPHILIA

- Health Education of Patients and Family Members
- History taking
- Direct nursing care
- Record Keeping
- Counselling
- Follow Up
- Home Care
- Emotional Support
- Advocacy
- Research

HEALTH EDUCATION

- Patients, Relatives, Caregivers, Schools, Hospital Community etc
- Basic Knowledge of haemophilia- cause, symptoms, treatments etc
- Repetitive education
- Answer families' questions over the phone or at the clinic

HISTORY TAKING

- Cause of the bleed
- The time the bleed

started

Intervention at home

DIRECT NURSING CARE

- Nursing care is provided using ADOPIE.
- **ASSESSMENT**
 - Obtain history and observe for unusual “bleeding” ecchymosis, prolonged bleeding from mucous membranes and lacerations, hematomas, hemarthroses, hematuria, rectal and GI bleeding.
 - Assess joints for swelling, warmth, tenderness, range of motion (ROM), contractures, and surrounding muscle atrophy.
 - Assess family resources and coping skills.

NURSING DIAGNOSIS

1. Acute Pain related to bleeding, evidenced by swollen knee or pain score.
2. Risk for bleeding related to decrease concentration of clotting factor circulating in the blood.
3. Impaired physical mobility related to repeated hemarthroses.
4. Ineffective family coping related to disability and life threatening diseases.

OUTCOME CRITERIA

1. Patient will verbalize less pain within 1-2 hours of nursing intervention.
2. Patient will experience less episodes of bleed.
3. Patient will be able to carry out activities of daily living unassisted within 24hrs of Nursing intervention.
4. Family will be able to cope effectively with patient's condition and adopt new lifestyle modification.

PLANNING AND INTERVENTION

1. Pain - use RICE approach to relieve pain

R - Rest

I - Ice

C - Compression

E - Elevation

- Administer prescribed analgesic
- Administer factor concentrate
- Reassessment after intervention.

2. Health Education

- Monitor Hemoglobin and hematocrit levels
- Avoid intra muscular injection
- Avoid use of NSAIDS
- Avoid contact sports
- Inform child's teacher, school nurse and other care givers about the child's conditions.
- Keep a bleed diary.

3. Immobilize the affected limb

- Assist patient in activity of daily living
- Engage patient in moderate exercises.

4. Counsel Family Members to verbalize problem areas and development solutions

- Report bleeds early
- Keep a bleed diary
- Involve other family members in the care of the patient.

EVALUATION

1. Patient expressed decreased pain after 2 hours of nursing intervention.
2. Patient experienced less episodes of bleed.
3. Patient was able to carry out activities of daily living unassisted after 24 hours of nursing intervention.
4. Family developed a good coping mechanism in the management of the patient.

RECORD KEEPING

- Dates
- Patients
- Symptoms
- Treatments
- Factor Usage

COUNSELLING / EMOTIONAL SUPPORT/ FOLLOW UP

- In the early 80s the transmission of HIV and hepatitis C after treatment with clotting factor concentrates caused great distress and anxiety to the haemophilia community.
- Patients and their families and friends needed the support and understanding of health care professionals to cope with the stigma and the possible poor prognosis after contracting these viruses.
- To meet this need, haemophilia nurses developed counselling skills and also formed networks with other haemophilia nurses as they sought to deal with patients' turmoil (Vidler, 2000).
- Co-ordinate appointments with other members of the comprehensive care team
- Help families deal with the day-to-day problems related to haemophilia

HOME CARE

- Some patients will require home care especially those on prophylaxis home visit to ensure adequate support before patient is eligible from 7 years of age.
- Patient should be involved in preparing the factors to give from 11 - 14 years training of patients to self-infuse.
- Parents are also trained to infuse therapy
- Teach families how to do home therapy.
- Organize the delivery of factor concentrate for home use.

ADVOCACY

- Nurses play an important role in advocacy for PWH
- Government funding
- Non-Governmental Organizations
- Newborn screening
- Genetic counselling

RESEARCH

- Nurses take part in research
- Data collection
- Data analysis

IN SUMMARY

The current management of haemophilia, as with many other chronic conditions, offers specialist nurses an ideal opportunity to advance their clinical and caring skills and to provide patients with a comprehensive and holistic nursing service

**THANKS FOR
LISTENING**

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