

Malaria presentation

Nursing care management for severe Malaria

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NURSING CARE MANAGEMENT FOR SEVERE MALARIA

1. Patient's vital observation

- Monitoring patients vital observation frequently by taking the**
- blood pressure**
- pulse rate**
- temperature**
- respiration**
- SPO₂**

2. Tepid sponging(hyperpyrexia)

- In patients with high fever tepid sponging is required**
 - give anti-pyretics .eg. tabs paracetamol 1g every eight hours to reduce the fever or by clinician's prescription**
 - opening windows for fresh air**
- Patient exposure to reduce core body temperature by removal of additional layers of coverings.**

Continuation

► 3. Convulsions

- In severe malaria where patients presents with convulsion, give anti-convulsants i.e iv diazepam 0.2mg/kg (max 10 mg) slow iv in adult or 0.5mg/kg Recta

► 4. Treatment

- Giving the anti-malarial treatment following Doctor's Prescription for e.g.
- First dose of iv artesunate at 0hours, second dose at 12hours then third dose at 24hours, most importantly for a nurse you must give the right drug and by correct dosing, time, route and patient.
- Adults and child >20kg:2.4mg/kg, child less than 20kg 3mlg/kg then once a day until patient is able to tolerate oral medication

► 5. Dehydration

- Correcting dehydration by encouraging patients on a lot of oral fluids intake or using ORS in this case using NGT.
- In this patient with severe dehydration as a complication, rehydrate using IV fluids preferably crystalloid 20ml/kg bolus or as prescribed by the clinician and remember to monitor and reassess if patient is rehydrated.
- Insert urinary catheter to monitor fluid input and output , then chart it in fluid balance chart.

► 6. Severe Anaemia

- In this case of severe anaemia, blood transfusion is required.
- Take sample for grouping and cross match
- Transfuse with either packed cells 10-15mls/kg or whole blood 20mls/kg
- Monitor patient while on blood transfusion for signs of transfusion reaction.
- Monitoring vital observations

► 7. Feeding

- Ensure patients is feeding well
- If unconscious, pass NGT for feeding
- Monitor blood sugar level

► 8. Hypoglycaemia

If RBS level is less than 2.2 mmol/l its severe hypoglycaemia . If less than 4mmol/l is hypoglycaemia . Here treat e.g.

- Give iv dextrose 25% 2mls/kg by slow iv bolus over 3-5mins (adult) or give 50% dextrose 1ml/kg as also IV bolus.

continuation

► 9.Shock

This patients is in shock,

- Raise the foot of the bed to increase blood supply reaching the brain
- Give IV fluid as fast iv infusion 20mls/kg in 15mins and re- assess for shock.
- Also review fluid balance and urinary output.

► 10.Health Education

- Giving health education to patient's attendance on general body hygiene of the patient and do it as nursing care e.g. oral hygiene and bed bath.
- 2hrly turning in bed to prevent pressure sore or nurse in air mattress bed.
- Early ambulation on recovery is required
- Give health education to patients and attendance on prevention of malaria like

*Sleeping under treated mosquito net

*clearing of the bushes surrounding their homes

Continuation

Removal of broken pots around their surroundings

Clearing of stagnant water around their surrounding

Also remember to do general nursing care of unconscious patient e.g in this patient requiring suctioning of oral secretion PRN ,Nurse in recovery position or position of comfort and Place OPA or NPA to sustaining patent airway. Etc

REMEMBER YOU ARE THE ONE ON THE PATIENT BED SIDE AT ALL TIME. SO WATCH OUT FOR LIFE THREATENING CHANGES IN PATIENT CONDITION AND REPORT TO CLINICIAN AND DOCUMENT.

**END OF PRESENTATION
THANKYOU FOR YOUR
TIME**