

Name: NHS No: D.O.B:

NAUSEA & VOMITING CORE CARE PLAN

Problem / Need:

..... is experiencing nausea and / or vomiting (*delete as appropriate*)

The probable cause of this is

.....

.....

Goal:

..... will have their nausea and / or vomiting controlled to an acceptable level.

Interventions:

1. The Registered Nurse will undertake an assessment to identify physical, psychological and environmental causes of nausea and / or vomiting.
2. All staff to ensure comfort measures are available, e.g. call bell, bowl, tissues.
3. Administer prescribed medication and consider non-pharmacological interventions, alongside regular assessment and review.
4. Document the frequency and volume of vomiting.
5. The Registered Nurse will supervise and support health and social care assistants / carers / relatives to assess, monitor and report to nursing staff any concerns regarding nausea and / or vomiting.
6. Registered Nurse to liaise with Medical Practitioner and / or Specialist Palliative Care Team, if symptoms remain uncontrolled and side effects are problematic.
7.
.....
8.
.....
9.
.....

Care plan completed by:

Name (*print*) Designation Signature

Care plan agreed and discussed with: (*circle*) patient / relative/ carer Name

Date care plan commenced: Time commenced:

Name: NHS No: D.O.B:

Date & Time	Assessment / Plan / Evaluation	Signature & Designation