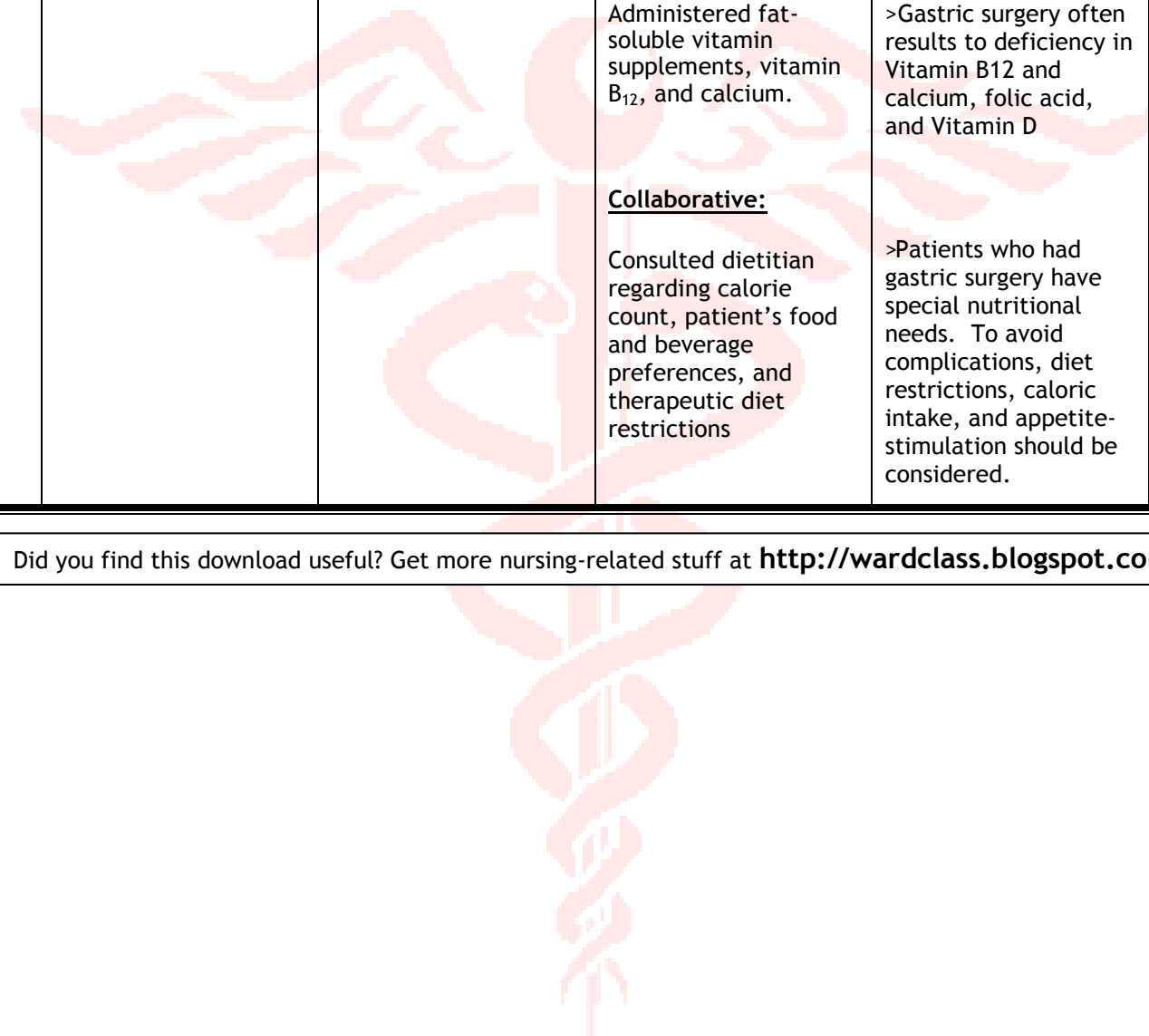


NURSING CARE PLAN

ASSESSMENT	NURSING DIAGNOSIS	PLANNING	NURSING INTERVENTION	RATIONALE	EVALUATION / OUTCOME
<p>Subjective Cues:</p> <ul style="list-style-type: none"> > Patient states, "I lost a lot of weight since my surgery." > Reported abdominal cramping and faintness after oral intake and tube feeding <p>Objective Cues:</p> <ul style="list-style-type: none"> >Body wt. 10% or more below ideal for height and frame >Loss of wt. with adequate food intake >Tachycardia and sweating >Poor muscle tone >Diarrhea >Steatorrhea Pale conjunctiva and mucous membranes >Decreased serum albumin (<3.5 g/100ml) 	<p>Altered Nutrition: Less Than Body Requirements related to decreased nutrient absorption secondary to dumping syndrome</p> <p>(Dumping Syndrome is a complication of gastric surgery wherein ingested food rapidly enters the jejunum without mixing and without normal digestive processing resulting to inadequate absorption of nutrients.)</p>	<p>Within this shift, patient will:</p> <ul style="list-style-type: none"> > maintain adequate nutrition > be free of signs and symptoms associated with dumping syndrome 	<p>Independent:</p> <p>Noted admission weight and compared with subsequent readings; included body build, strength, activity/rest level, VS</p> <p>Maintained patency of NG tube. Notified physician if tube becomes dislodged.</p> <p>Noted character and amount of drainage from tube.</p> <p>Provided oral hygiene on a regular, frequent basis, including petroleum jelly for lips.</p> <p>Monitored tolerance to fluid and food intake, noting abdominal distension, reports of increased pain/cramping, nausea/vomiting.</p>	<ul style="list-style-type: none"> >Evaluates degree of nutritional deficit >Provides rest for GI tract during acute postoperative phase until return of normal function. >Will be bloody for first 12 hrs, and then should turn greenish. Continued bleeding suggests complications. Decline in output may reflect return of GI function. >Prevents discomfort of dry mouth and cracked lips and will improve patient's appetite >Other complications such as ileus, obstruction, delayed gastric emptying, and gastric dilation may occur. 	<p>Goal met. Patient was able to tolerate prescribed therapeutic diet with no evidence of dumping syndrome.</p>

			<p>Instructed pt. to avoid milk and high-carbohydrate foods in the diet.</p> <p>Placed patient in a recumbent or semi-recumbent position 20-30 mins. after meals</p> <p>Provided health teachings on:</p> <ul style="list-style-type: none"> >high-fat, high protein, low-carbohydrate diet >eating six to five small meals per day >avoidance of fluids 1 hour before and 2 hours after meals >avoidance of spicy and beverages >importance of monthly Vitamin B12 injections <p><u>Dependent :</u></p> <p>Administered IV fluids, TPN, and lipids as indicated.</p> <p>Monitored laboratory studies, e.g., Hb/Hct, electrolytes, and total protein/prealbumin.</p>	<ul style="list-style-type: none"> >Triggers dumping syndrome > Delays gastric emptying; controls signs and symptoms associated with dumping syndrome. >Lifestyle changes are important for the patient's recovery plan. >Gastrectomy results in lack of intrinsic factor causing Vitamin B12 deficiency. >Supplements oral intake >Indicators of fluid/nutritional deficits; evaluates effectiveness of therapy 	
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			<p>Administered fat-soluble vitamin supplements, vitamin B₁₂, and calcium.</p> <p><u>Collaborative:</u></p> <p>Consulted dietitian regarding calorie count, patient's food and beverage preferences, and therapeutic diet restrictions</p>	<p>>Gastric surgery often results to deficiency in Vitamin B12 and calcium, folic acid, and Vitamin D</p> <p>>Patients who had gastric surgery have special nutritional needs. To avoid complications, diet restrictions, caloric intake, and appetite-stimulation should be considered.</p>	
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