

Cleft lip or palate

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p><b>Ineffective infant feeding pattern</b>  <b>Related factors:</b>                      Anatomic abnormality  <b>Symptoms / Risk factors:</b>                      Inability to initiate or sustain an effective suck  <b>Outcome / Goal:</b>                      Infant shows adequate nutrition patterns - (weight gain)</p>		<p><b>Breastfeeding Assistance</b>                      Assess infant's ability to suck                      Consider using Breast Pump in case of infant sucking problems                      Encourage mother to feed infant frequently                      Ensure proper positioning for breast feeding                      Record the number of stools and amount of urine voided each shift                      Weight the neonate at the same time each day on the same scale                      Assess the need for gavage feeding                      Alternate oral and gavage feeding to conserve the neonate's energy  <b>Aspiration Precautions Prevention</b>                      Monitor  <b>Nutrition Management</b>                      Allow adequate time for meals, avoid rushing the patient                      Consider supplement with formula if necessary                      Monitor weight ____ weekly, Encourage patient/family to keep weight /diet log</p>	
	<p><b>Imbalanced nutrition: Insufficient</b>  <b>Related factors:</b>                      Difficulty swallowing and dysphagia                      Ineffective suck ability due to lip or palate cleft  <b>Symptoms / Risk factors:</b>                      Dehydration                      Hyperactive bowel sounds  <b>Outcome / Goal:</b>                      Neonate won't lose more than 10% of birth weight                      Patient will maintain balanced intake and output</p>		<p><b>Nutrition Management</b>                      Suggest the patient take small bites of food                      Consider supplement with formula if necessary                      Assess abdomen ,bowel sounds, abdominal distention and nausea                      Allow adequate time for meals, avoid rushing the patient  <b>Weight Gain Assistance</b>                      Maintain a regular weighing schedule                      Avoid giving laxatives.                      Make selective menu available                      Promote pleasant environment and record intake                      Use a consistent approach and Sit with client while eating</p>	
	<p><b>Impaired verbal communication</b>  <b>Related factors:</b>                      Anatomical defect (e.g., cleft palate).  <b>Symptoms / Risk factors:</b>                      Speaks or verbalizes with difficulty  <b>Outcome / Goal:</b>                      Patient communicates needs adequately</p>		<p><b>Communication Enhancement: Speech Deficit</b>                      Allow sufficient time for communication.                      Consult a speech therapist if indicated.                      Patient should practise reading loud                      Allow patient time to articulate                      Encourage face and tongue exercises.                      Arrange for meeting with other persons with same problems</p>	
	<p><b>Risk for aspiration</b>  <b>Related factors:</b>                      Immature cough or gag reflex  <b>Symptoms / Risk factors:</b>                      Impaired swallowing  <b>Outcome / Goal:</b>                      No signs and symptoms of aspiration</p>		<p><b>Aspiration Precautions Prevention</b>                      Regularly assess the neonate's respiratory status until stable                      Suction as needed to keep airways clear                      Withhold oral feedings if signs of respiratory distress occur                      Instruct the parents in feeding techniques</p>	