

Imbalanced nutrition: Insufficient

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Imbalanced nutrition: Insufficient</p> <p>Related factors:</p> <ul style="list-style-type: none"> Altered absorption of nutrients Bowel obstruction Choking spells Difficulty swallowing and dysphagia Hypermetabolic state due to febrile condition immobility Impaired absorption of nutrients Impaired digestive process Inability to ingest food /fluid Increased metabolic need due to work of breathing Ineffective suck ability due to lip or palate cleft Loss of digestive enzymes NPO self-induced vomiting Surgery Uncontrollable vomiting <p>Symptoms / Risk factors:</p> <ul style="list-style-type: none"> Abdominal cramping Abdominal pain with or without pathology Aversion to eating Body weight 20% or more under ideal Capillary fragility Dehydration Diarrhea and/or steatorrhea Documented inadequate caloric intake Failure to gain weight Hyperactive bowel sounds Lack of information, misinformation Lack of interest in food Loss of weight with adequate food intake Misconceptions Muscle wasting Nausea and Vomiting Pale conjunctival and mucous membranes Perceived inability to ingest food Poor feeding Poor muscle tone Prolonged impaired cardiac function <p>Outcome / Goal:</p> <ul style="list-style-type: none"> Experience no signs of malnutrition. Neonate won't lose more than 10% of birth weight Nutritional status to almost normal Patient will maintain balanced intake and output Verbalize understanding of nutritional needs 		<p>Nutrition Management</p> <ul style="list-style-type: none"> Assess overall nutritional status and history Adjust potassium restriction as indicated Administer enteral or parenteral feedings, as indicated Advance diet as tolerated—clear liquids to soft food Allow adequate time for meals, avoid rushing the patient Antifungal or anesthetic mouthwash, if indicated Assess abdomen ,bowel sounds, abdominal distention and nausea Auscultate bowel sounds, noting absent and hyperactive sounds. Assess current timing and content of meals. Consider supplement with formula if necessary Consult a dietitian If not NPO status then: If NPO status then provide parenteral or enteral feedings as needed Maintain feeding tube: check for tube placement and flush (if indicated) Monitor intake / output _____ Monitor NG tube output. Note presence of vomiting Monitor protein, prealbumin or albumin, glucose, and nitrogen balance, as indic. Monitor weight frequently Monitor weight ____ weekly, Encourage patient/family to keep weight /diet log Observe color, consistency, and amount of stools Offer antiemetics as prescribed Replacement enzymes, such as pancreatin Suggest 4 to 5 small meals per day and plenty of fluid intake > _____ml <p>Nutrition Therapy</p> <ul style="list-style-type: none"> Assess overall nutritional status and history Assess weight, age, body mass, strength, and activity and rest levels Administer enteral or parenteral feedings, as indicated Administer medications as indicated Administer TPN feedings as ordered Assess current timing and content of meals. Assess maturity of sucking ,swallowing and coughing Auscultate bowel sounds Consult a dietitian Encourage as much physical activity as possible Encourage bedrest or limited activity during acute phase of illness Give water between breastfeeding or giving a bottle Initiate intermittent or tube feedings as indicated Inspect oral mucosa and client's appetite Keep client nothing-by-mouth (NPO) status, as indicated Monitor intake output Monitor laboratory studies Promote client participation in dietary planning as possible Record intake and changes in symptomatology. Record the number and quality of faecal Resume or advance diet as indicated—clear liquids - high-protein, high-calorie Start feedings of sterile water, glucose, and breast milk or formula as appropriate Weight as indicated <p>Weight Gain Assistance</p> <ul style="list-style-type: none"> Avoid giving laxatives. Maintain a regular weighing schedule Make selective menu available and client to control choices Promote pleasant environment and record intake Use a consistent approach and Sit with client while eating 	