Patients info label here

# Ineffective infant feeding pattern

| Nr. | Nursing Diagnosis | Date | Nursing Intervention/s and tasks | Sign. |
|---|---|---|---|---|
| | **Ineffective infant feeding pattern**<br>*Related factors:*<br>Anatomic abnormality<br>Down's syndrome<br>Neurological impairment/delay<br>Oral hypersensitivity<br>Prematurity<br>Prolonged NPO<br>*Symptoms / Risk factors:*<br>Inability to coordinate sucking, swallowing, and breathing<br>Inability to initiate or sustain an effective suck<br>*Outcome / Goal:*<br>Infant is calm<br>Infant shows adequate nutrition patterns - (weight gain) | | **Aspiration Precautions Prevention**<br>Instruct the parents in feeding techniques<br>Monitor<br>Regularly assess the neonate's respiratory status until sable<br>Suction as needed to keep airways clear<br>Withhold oral feedings if signs of respiratory distress occur<br>**Breastfeeding Assistance**<br>Alternate oral and gavage feeding to coserve the neonate's energy<br>Assess infant's ability to suck<br>Assess the mother's desire to resume breastfeeding to plan intervention<br>Assess the need for gavage feeding<br>Consider using Breast Pump in case of infant sucking problems<br>Encourage mother to feed infant frequently<br>Ensure proper positioning for breast feeding<br>Record the number of stools and amount of urine voided each shift<br>Weight the neonate at the same time each day on the same scale<br>**Nutrition Management**<br>Adjust potassium restriction as indicated<br>Administer enteral or parenteral feedings, as indicated<br>Advance diet as tolerated—clear liquids to soft food<br>Allow adequate time for meals, avoid rushing the patient<br>Antifungal or anesthetic mouthwash, if indicated<br>Assess abdomen ,bowel sounds, abdominal distention and nausa<br>Assess current timing and content of meals.<br>Assess overall nutritional status and history<br>Auscultate bowel sounds, noting absent and hyperactive sounds.<br>Consider supplement with formula if necessary<br>Consult a dietitian<br>If not NPO status then:<br>Maintain feeding tube: check for tube placement and flush (if indicated)<br>Monitor intake / output _____<br>Monitor NG tube output. Note presence of vomiting<br>Monitor protein, prealbumin or albumin, glucose, and nitrogen balance, as indic.<br>Monitor weight frequently<br>Monitor weight ____ weekly, Encourage patient/family to keep weight /diet log<br>Monitor weight _____.<br>Observe color, consistency, and amount of stools<br>Suggest 4 to 5 small meals per day and plenty of fluid intake > _____ml<br>Suggest the patient take small bites of food | |

Plan created: 7.11.2016 by:_____

signature