

Risk for imbalanced nutrition: Insuff

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Risk for imbalanced nutrition: Insufficient</p> <p>Related factors: Decreased intake - effects from phototherapy Decreased intake. Delayed feedings Frequent loose bowel movements Hypermetabolic state, fever Hypoglycemia Immaturity of enzymatic production Inadequate breastfeeding Increased losses from evaporation intestinal dysfunction Metabolic abnormalities Peritonitis Vomiting</p> <p>Symptoms / Risk factors: No weight gain Weight loss</p> <p>Outcome / Goal: Adequate neonatal body fluids Adequate urinary output Hydration maintained Infant tolerates oral/enteral feedings without complications Maintain growth and weight gain in a normal curve _____ Maintain usual weight and positive nitrogen balance. Maintains glucose within normal levels Normal vital sign Nutrition maintained The patient will demonstrate increased ability to feed</p>		<p>Enteral Tube Feeding Provide enteral tube feeding according to current hospital protocols</p> <p>Nonnutritive Sucking Arrange housing for the mother close to the nurseries Discuss goals of non-nutritive "time at the breast" with mother Give a pacifier to suck on to improve nutrition Given a pacifier to suck on to improve Help position the baby at the breast Review pumping techniques with mother and assess her ability to pump</p> <p>Nutrition Management Adjust potassium restriction as indicated Administer enteral or parenteral feedings, as indicated Allow adequate time for meals, avoid rushing the patient Antifungal or anesthetic mouthwash, if indicated Assess current timing and content of meals. Assess overall nutritional status and history Consider supplement with formula if necessary Consult a dietician If not NPO status then: Monitor intake / output _____ Monitor NG tube output. Note presence of vomiting Monitor weight frequently Monitor weight ____ weekly, Encourage patient/family to keep weight /diet log Observe color, consistency, and amount of stools Replacement enzymes, such as pancreatin Suggest 4 to 5 small meals per day and plenty of fluid intake > _____ml Suggest the patient take small bites of food</p> <p>Nutrition Therapy Administer enteral or parenteral feedings, as indicated Administer medications, as indicated, for example: Antiemetics Administer medications as indicated Administer TPN feedings as ordered Assess maturity of sucking ,swallowing and coughing Assess weight, age, body mass, strength, and activity and rest levels Consult a dietician Encourage as much physical activity as possible Initiate intermittent or tube feedings as indicated Keep client nothing-by-mouth (NPO) status, as indicated Monitor intake output Promote client participation in dietary planning as possible Record intake and changes in symptomatology. Resume or advance diet as indicated—clear liquids - high-protein, high-calorie Weigh frequently. Weigh as indicated</p> <p>Nutritional Monitoring Ascertain from patient/family what food the patient likes or dislikes Assess ability to chew, taste, and swallow. Auscultate bowel sounds Have patient take meals in the same setting, with pleasant surroundings Monitor for manifestation of Gastroesophageal reflux Monitor Glucose levels Monitor input / output _____ Provide social contact during eating weight_____</p>	