

Nursing Management of Nephrotic Syndrome

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Key Documents Owner:	Dana Picken	Consultant Paediatrician
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Key Amendments

11/07/2018	New document approved, Nursing Management of Nephrotic Syndrome	Paediatric QI Meeting
19 th Nov 2020	Document extended for 1 year	Dr J West/Paediatric QIM
26th March 2021	Approved with no amendments	Paediatric QIM
9 th February 2024	Approved with no amendments	Paediatric Guideline Review Day

Nursing Management Of Nephrotic Syndrome

The nursing management of a child with nephrotic syndrome include the following:

Nursing Assessment

Assess for the following:

- **Oedema.** Observe for edema when performing physical examination of the child with nephrotic syndrome.
- **Weigh and measure.** Weigh the child and record the abdominal measurements to serve as a baseline.
- **Vital signs.** Obtain vital signs, including blood pressure.
- **Pitting edema.** Note any swelling about the eyes or the ankles and other dependent parts.
- **Skin.** Inspect the skin for pallor, irritation, or breakdown; examine the scrotal area of the male child for swelling, redness and irritation.

Nursing Diagnoses

Based on the assessment data, the major nursing diagnoses are:

- Excess fluid volume related to fluid accumulation in tissues and third spaces.
- **Risk for imbalanced nutrition: less than body requirements** related to anorexia.
- **Risk for impaired skin integrity** related to edema.
- Fatigue related to edema and disease process.
- Risk for infection related to immunosuppression.
- Deficient knowledge **of the caregiver** related to disease process, treatment, and home care.
- **Compromised family coping** related to care of a child with chronic illness.

Nursing Care Planning and Goals

The major nursing care planning goals for the child with nephrotic syndrome are:

- Relieving edema.
- Improving nutritional status.
- Maintaining skin integrity.

- Conserving energy.
- Preventing infection.

Nursing Interventions

Nursing interventions for the child with nephrotic syndrome are:

- **Monitoring fluid intake and output.** Accurately monitor and document intake and output; weigh the child at the same time every day, on the same scale in the same clothing; measure the child's abdomen daily at the level of the umbilicus.
- **Improving nutritional intake.** Offer a visually appealing and nutritious diet; consult the child and the family to learn which foods are appealing to the child; serving six small meals may help increase the child's total intake better.
- **Promoting skin integrity.** Inspect all skin surfaces regularly for breakdown; turn and position the child every 2 hours; protect skin surfaces from pressure by means of pillows and padding; protect overlapping skin surfaces from rubbing by careful placement of cotton gauze; bathe the child regularly; a sheer dusting of cornstarch may be soothing to the skin.
- **Promoting energy conservation.** Bed rest is common during the edema stage of the condition; balance the activity with rest periods and encourage the child to rest when fatigued; plan quiet, age-appropriate activities that interest the child.
- **Preventing infection.** Protect the child from anyone with an infection: staff, family, visitors and other children; handwashing and strict medical asepsis are essential; and observe for any early signs of infection.

Evaluation

Goals are met as evidenced by:

- Relief from edema.
- Improvement of nutritional status.
- Maintenance of skin integrity.
- Conservation of energy.
- Prevention of infection.

Documentation Guidelines

Documentation in a patient with nephrotic syndrome include:

- Temperature and other assessment findings, including vital signs.
- Causative and contributing factors.
- Impact of condition on personal image and lifestyle.
- Plan of care.
- Teaching plan.
- Responses to interventions, teaching, and actions performed.
- Attainment or progress towards desired outcomes.
- Modifications to plan of care.

Monitoring and Compliance

This section should identify how the Trusts plan to monitor compliance with and the effectiveness of this Treatment pathway. It should include auditable standards and/or key performance indicators (KPIs) and details on the methods for monitoring compliance.

WHAT?	HOW?	WHO?	WHERE?	WHEN?
<i>These are the 'key' parts of the process that we are relying on to manage risk.</i>	<i>What are we going to do to make sure the key parts of the process we have identified are being followed?</i>	<i>Who is responsible for the check?</i>	<i>Who will receive the monitoring results?</i>	<i>Set achievable frequencies.</i>
	Clinical Audit	Paediatric Clinical Governance Committee		Every 12 months
	Staff Electronic Record system	Local Managers/Staff		8-10 weeks
	Clinical Audit/Observation	Paediatric Clinical Governance Committee		
		S Weale, K Haley & R Delves		Yearly
	Review of Datix and completed "escalation trigger list"	Nursing Staff		
	6 Monthly Audit	CYP Nursing and Medical Staff		6 monthly
Viewing Arrangements	Spot checks	Children's wards or Emergency Departments	CYP Standards Committee, escalating to Trust Children's Board if required	Three times a year
Documentation – Completion of Checklist: Following the death of a CYP in hospital. Professional Contact List	Audit of checklists via CYP medical records	Children's Wards or Emergency Departments	CYP Standards Committee, escalating to Trust Children's Board if required	Three times a year