

Nursing Management of Nephrotic Syndrome

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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
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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.