

มหาวิทยาลัยราชภัฏนครปฐม



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Nursing care of pediatric patients with gastrointestinal problems



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Definition



- Diarrhea increased frequency and amount and decreased consistency of stool
- Gastroenteritis an inflammation of the lining of the stomach and intestines









- Bacteria
- Viruses
- Toxins
- Medications
- Enzyme deficiencies
- Food allergens







Pathophysiology > 5

- Water in the bowel increases from osmotic pull with electrolyte imbalance.
- Can result from anatomic changes of malabsorption.





Complications



- Metabolic acidosis
- Dehydration





Assessment findings

- Loose, watery stools
- Abdominal discomfort
- Nausea
- Vomiting
- Fever





Stool culture (by direct rectal swab) or blood
culture identifies causative bacteria or parasites



Degree or Levels of dehydration

 The following table highlights the physical findings seen with different levels of pediatric dehydration.

Symptom	Mild (<5% body weight lost)	Moderate (5-9% body weight lost)	Severe (>10% body weight lost)
Mental status	Normal, alert	Restless or fatigued, irritable	Apathetic, lethargic, unconscious
Heart rate	Normal	incrases	Tachycardia or bradycardia
Eyes	Normal	Slightly sunken	Deep sunken
Fontamelle	Normal	Slightly sunken	Deep sunken
Tone	Marmal	dannanad	Abront

Treatment



Maintenance

- Breast milk

- Routine food

Γ	egree
Mild	

Moderate

Severe

Treatment

ORS 50 ml/kg in 4 hrs.

ORS 100 ml/kg in 4 hrs.

and conscious stable then give

IV. fluid: initial fluid

ORS 50-100 ml/kg

same mild same mild same mild same mild resuscitation(Ringer Lactate, NSS) 20-30 ml/kg/hr in 2 hrs. until pulse

Deficit

- Infant: ORS 10 ml/kg

- Child : ORS 150-250 ml

for each time





Treatment



- Probiotics (e.g. Lactobacillus)
- Antimicrobials
 - Cholera: tetracycline
 - cryptosporidium : metrodinazole

Nursing Management



- Goals of treatment
- Maintain adequate hydration
- Maintain appropriate nutrition
- Prevent spread infection
- Support and education



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