Gastroenteritis

How it happens?

Invasion of pathogens -> multiplication = enterotoxins -> inflammation of intestinal mucosa -> massive diarrhea & vomiting

Signs & symptoms:

* Diarrhea -> dehydrated + electrolyte imbalance
* vomitting -> loss of appetite + abdominal cramp
* fever -> infection
* chills
* tenesmus

Nursing Assessment:

1. Assess hydration status – to check fluid & electrolytes
2. Assess pain – to plan further the action/for baseline
3. Make I/O chart – to monitor I/O (to detect disorders/complication) 1ml/kg/hr, if not suspected renal failure
4. Assess stool colour, frequency, characteristics, odour help in diagnosis and intervention.
5. Assess parents’ knowledge – avoid misconception for G.E & its treatment

NCP:

Nursing Diagnosis 1:

Diarrhea related to infection process as evidenced of GE

Goal: child bowel function will be restored to normal

1. Observe vital baseline every 2-4 hrs – fluid & electrolytes imbalance may alter vital body function
2. Observe stool amount, characteristic, frequency, colour, odour – aid in diagnosis in monitoring child’s status
3. Test stool for occult blood - frequent defecation + some microorganism may cause bleeding
4. Assist child’s toileting + hygiene – child’s wear, physically impaired + need assistance to bathroom.
5. Administer prescribed oral rehydration + IV solution – provide necessary fluid + nutrients due to diarrhea + vomiting.
6. Notify physician if diarrhea persist & inform symptoms of dehydration – early intervention.

ND2:

Fluid deficit related to diarrhea + vomiting

Goal: -The child’s fluid & electrolytes is balanced

- Child able to drink within 24 hrs of admission.

1. Monitor input + output + document after voiding – will determine if output exceeds input. If no output in long period of time, early detection of renal failure child should provide (1ml/kg/hr).
2. Assess level of consciousness, skin turgor, mucos membrane, skin colour – determine degree of dehydration + adequacy of intervention.
3. Assess for vomiting + diarrhea – frequent V+D can cause child’s fluid loss.
4. Provide oral fluid + electrolyte replacement solution if able to tolerate – decrease invasive than IV fluid & replacement for loss fluid & electrolyte.