

PEDIATRIC GI DISORDERS

Encopresis

- P:** abnormal elimination pattern characterized by the recurrent soiling and bowel incontinence
- E:** usually caused by the involuntary retention of stool. Sometimes because the child is shy about going or does not want to leave activities.
- S/Sx:** Soiling of clothing, fecal odor, social withdrawal
- Dx:** barium enema to rule out other causes
- Tx:** dietary management + bowel retraining → have child sit on toilet after meals.
- N:** Work with parents to come up with a plan of care. Provide emotional support and reassure the child there is nothing wrong with them. Administer stool softeners if child becomes unable to pass stool. Teach parents to increase dietary fiber and to decrease sugar + milk intake. Monitor fluid/electrolyte balance + keep hydrated.

Constipation

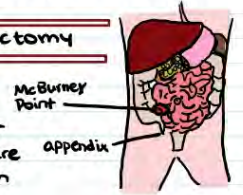
- P:** Infrequent + difficult passage of hard, dry, stool
- S/Sx:** Abdominal pain, distension, palpable abd. masses, malaise, headache, anorexia, nausea, vomiting
- Dx:** to rule out other disorders: blood glucose, thyroid function tests, calcium, cbc, urinalysis
- N:**
 - Assessment:** Bowel patterns, pain level, abdomen tenderness, hydration, normal diet
 - Interventions:** Remove constipating foods from diet (bananas, cheese, rice)
Administer stool softeners as ordered
keep child hydrated
 - Teaching:** Teach parents how to promote healthy bowel elimination through diet + bowel retraining

Billiary Atresia

- P:** The extrahepatic bile ducts are undeveloped or closed. This can cause cholestasis, cirrhosis, portal HTN + liver disease if it's left untreated
- S/Sx:** Jaundice, ↑ bilirubin, abdominal distension, hepatomegaly, then later on splenomegaly, bruising, prolonged bleeding and itching. Stools are putty-like, white or clay. Urine becomes tea colored d/t excretion of bile
- Dx:** ↑ bilirubin, ↑ serum aminotransferase, ↑ alkaline phosphate, prolonged PTT, + ↑ ammonia
- Tx:** hepatopertoenterostomy to promote bile flow, IM vitamin K, formula w/ medium chain triglycerides + liver transport
- N:** Provide emotional support, Tepid bath to relieve itching. Teach parents reportable signs

Appendicitis

- P:** Inflammation of the vermiform appendix
- E:** usually caused by an obstruction in the appendiceal lumen which can lead to ischemia + ulceration. This can eventually cause the appendix to rupture which contaminates the peritoneum with bacteria.
- S/Sx:** Pain in periumbilical area, abdominal tenderness, anorexia, nausea, fever, elevated WBCs. Eventually the child may lay on their side with knees flexed. If pain stops that means it perforated
- Dx:** History of pain levels and location, CBC + CRP, abdominal ultrasound + CT
- Tx:** Surgical removal - appendectomy
- N:** Promote comfort, enforce pre-operative NPO status, support respiratory function, monitor for signs of infection and provide care to surgical site, maintain hydration



Hernias

- P:** Protrusion of an organ/part of organ through the muscular wall
- Congenital Diaphragmatic Hernia** - Life Threatening
 - ↳ abdominal contents protrude into thoracic cavity through an opening in the diaphragm
- Dx:** usually found via US in utero
- Tx:** immediate mechanical ventilation + high O₂, NO + ECMO to treat respiratory failure
- N:** position upright, insert NG tube, admin IV fluids, monitor VS @ 30mins, inform parents of, manage pain. position child on affected side post-op
- Umbilical Hernia**
 - ↳ weak or imperfectly closed umbilical ring
- S/Sx:** soft swelling covered by skin, coughing, crying or straining may cause protrusion of small intestine
- Tx:** usually resolves by 1yr. May need surgical intervention if strangulation occurs or if it does not resolve by 4-5 yrs old.

Ostomies

An ostomy is an opening into an organ to divert fluids → usually the small or large intestine for stool

- Teaching** Prepare parent and child to how the ostomy will work + look like. Explain skin care, stoma care, removal + emptying to parents + child. Ensure parents know the S/Sx of infection + to report to HCP.

ASTHMA

- P:** a chronic disorder that causes airway inflammation and bronchoconstriction. The airway becomes hyperresponsive which creates mucosal formation + swelling
- E:** can be caused by environmental exposure, viruses, allergens and genetics.
- S/Sx:** Signs of asthma are frequent coughing especially at night along w/ Shortness of breath after exposure to triggers. An asthma attack will present w/ a sudden onset of coughing, wheezes + Shortness of breath. If the attack is severe, the child may use accessory muscles
- Dx:** pulmonary function testing (spirometry) measured in FEV₁, allergy skin testing + Chest radiograph

Classifications

- Intermittent - caused by viral infection
- Persistent - daily year round symptoms
- Seasonal - triggered by inhaled allergens

Nursing Management of Asthma

- ① Assess respiratory status + circulation + attach a pulse ox. Collect history from family → frequency of Sx, use of inhalers, current meds + missed doses
- ② Assess the child's fear regarding asthma
Administer humidified oxygen therapy
- ③ Educate child + family on proper inhaler use + help implement a plan for them to successfully manage the asthma
Help family identify + remove triggers from the environment

Bronchopulmonary Disease

- P:** The need for O₂ therapy at least 28 days after birth
- E:** Underdevelopment of alveoli in pre-term infants. Patent ductus arteriosus can also cause it
- S/Sx:** Respiratory distress, nasal flaring, retractions, irritability, difficulty feeding + barrel chest
- Tx:** O₂ therapy, supplemental nutrition + even a tracheostomy in some
- Rx:** Surfactant, corticosteroids, vit. A + caffeine
- N:** Monitor growth, + family coping