Chapter 25

Nursing Care of Clients with Nutritional Disorders

Nutritional Disorders

Can be primary or secondary

Have serious health consequences

hypertension

heart disease

disability

death

Obesity

Most prevalent preventable health problem in the United States

over weight

obese

morbid obesity

Pathophysiology

Psychopathology

Obesity

Risk Factors

heredity

physical inactivity

environmental

psychological

anxiety, low self esteem, depression

Obesity

Complications

morbid obesity >100% over ideal body wt.

Diabetes type 2

altered reproduction function

 female – PCOS

 male – decreased androgen

cardiovascular disease

 Interdisciplinary Care

Lab and Diagnostic Tests

body density

serum glucose

serum cholesterol

lipid profile

Electrocardiogram (EKG)

Medical Intervention

Exercise Counseling

Nutritional Counseling

Life-Style Counseling

Pharmacology

amphetamine - appetite suppressants

Surgical Intervention

liposuction, gastric by-pass, gastric stapling

The Client with Malnutrition

Less than adequate intake, absorption or utilization of calories

Conditions Associated with Malnutrition

acute respiratory failure, aging, AIDS, alcoholism, burns, COPD, eating disorders, gastro and neurological disorders, renal disease, surgery, trauma

Malnutrition

Risk Factors

age

poverty, homelessness

functional health problems

oral or G.I. Illness

chronic illness or pain

medications

Interdisciplinary Care

Depends on type, cause, severity of deficiency

Labs and Diagnostics

serum albumin

serum cholesterol - LDL

hematocrit - iron level

potassium

Enteral Feedings

tube feedings

high calorie, high protein

Total Parental Nutrition (TPN)

hyperalimentation

Pharmacology

vitamins

Eating Disorders

Anorexia nervosa

restricts calorie intake (starving syndrome)

fear of gaining wt.

more common - females, obsessive, perfectionistic

Bulimia nervosa

binge and purge eating behaviors

food usually high in fat and calories

induce vomiting or laxative use

weight is usually normal or slightly over weight

Eating Disorders - Treatment

nutrition

behavioral

psychological

antidepressant therapy

involve family

Nursing Care

Altered Nutrition:Less or more than Body Requirements

Risk for Infection

Risk for Fluid Volume Deficit

Risk for Impaired Skin Integrity

Chronic low self-esteem

Disturbed Body Image

How can nursing help these clients?

**Nursing Care of Clients with Upper Gastrointestinal Disorders**

Chapter 25

Disorders of the Mouth

Stomatitis

inflammation of the oral mucosa

Clinical Manifestations - depend on the cause

1. oral herpes simplex -- vesicular lesions

2. thrush - white raised patches

3. other - dry mouth, ulcerations, pain, swelling

Interdisciplinary Care

Meds -

viscous lidocaine

nystatin

acyclovir

Mouth care

Diet

soft, cool or lukewarm, bland

The Client with Neoplasms of the Mouth

Risk factors

smoking, ETOH, chewing tobacco

Signs/Symptoms

painless, oral ulceration

irregular boarders

red or white patches in oral cavity or tongue

mass or lesion

Oral Cancer

Oral Cancer

Oral Cancer

The Client with Neoplasms of the Mouth

Treatment

extensive surgery, radiation and chemotherapy

Lab and Diagnostic

C-T Scan, MRI, biopsy

The Client with Neoplasms of the Mouth

Nursing Care

Risk for Ineffective Airway Clearance

Altered Nutrition: Less than body requirements

Impaired Verbal Communication

Body Image Disturbance

GERD

Disorders of the Esophagus

Gastroesophageal Reflux (GERD)

backward flowing of gastric contents into the esophagus

incompetent lower esophageal sphincter

increase intra abdominal pressure

Clinical Manifestations

heartburn, chest pain

dysphasia

regurgitation, burping

GERD

Labs and Diagnostics

barium swallow

endoscopy

Pharmacology

antacids - mylanta, maalox

histamine 2 -receptors (H2-receptors)

tagamet, pepcid

Hiatal Hernia

Stomach protrudes through the diaphragm into mediastinal cavity

Causes

congenital

trauma

increased intra-abdominal pressure

Sliding Hiatal Hernia

Hiatal Hernia

Clinical Manifestations

reflux, regurgitation

chest pain

dysphagia

Collaborative Care

same as GERD

Surgical - Nissen Fundoplication

wrap fundus of stomach around lower esophagus

Hiatal Hernia Repair

Esophageal Disorders

Spasms

spastic contractions of esophagus

Treatment - anticholinerigcs

Achalasia

absence of peristalsis of the esophagus

Treatment - endoscopy with dilatation

Esophageal Disorders

Cancer

Signs and Symptoms

dysphagia, weight loss

regurgitation, pain, anemia

Treatment

chemotherapy and radiation

poor prognosis

**Disorders of the Stomach and Duodenum**

Gastritis

inflammation of stomach lining from irritation of gastric mucosa

can be acute or chronic

Acute

irritants ASA, NSAIDS, steroids, ETOH

pain, n/v, hematemesis, melena

NPO, clear liq., H2 receptor blocker - carafate

**Disorders of the Stomach and Duodenum**

Chronic gastritis

more common with aging

H. pylori virus

vague gastric distress - heaviness, fatigue

flagyl and tetracycline for H. pylori

dietary teaching

**Disorders of the Stomach and Duodenum**

Peptic Ulcer Disease PUD

break in mucous lining of

 GI tract comes into contact

 with gastric secretions

Duodenal

Gastric

Epigastric pain is common manifestation

o ccurs when stomach is empty - relieved by food

Mucosal Layer

Ulcers develop when the mucosal barrier is unable to prevent damage by the gastric juices.

Mucosal barrier can be damaged by:

Poor circulation

Decreased mucus

Reflux of bile or pancreatic enzymes into the stomach or duodenum.

Peptic Ulcer Disease

Medical Management PUD

Treatment of PUD focuses on relieving symptoms, healing ulcers and preventing complication and ulcer recurrence.

Complications:

Hemorrhage, obstruction, perforation.

Medication:

Prilosec- Proton pump inhibitor

Medications in the treatment of PUD

Antibiotics to treat H. pylori infection- Flagyl and Biaxin (tetracycline).

Diet- Discourage caffeine. No special diet.

Discourage smoking – Why?

Nursing Care PUD

If client is admitted with acute bleeding episode, restoring blood volume and cardiac output are the immediate priority.

Think A,B,C.

Health Promotion- Advise client to avoid risk factors such as cigarette smoking and excessive use of aspirin or NSAID’s. Encourage to seek treatment of has CM.

**Disorders of the Stomach and Duodenum**

**Cancer of Stomach**

risk factors - H. pylori, genetic, chronic gastritis, diet high in smoked foods and nitrates

manifestations

 early are vague, pain, indigestion, early satiety, a/n/v

late - wt. Loss, cachexia, mass, melena

**Stomach Cancer**

**Disorders of the Stomach and Duodenum**

Treatment

surgery - gastrectomy

complications dumping syndrome

* + - * hypertonic undigested chyme bolus rapidly enters small intestine
			* this pulls fluid into intestine causing decreasing circulating fluid volume
			* this increases intestinal peristalsis

anemias secondary to poor absorption

radiation and chemotherapy

What are your assessments, goals, diagnosis, interventions and evaluation?

Nursing Care?

NCLEX Questions

The Nurse reinforcing teaching for a client with gastroesophageal reflux disease includes which of the following in the instructions? Select all that apply

1. Avoid lying down for several hours after eating
2. Use of alcohol and tobacco in moderation is allowed
3. Stop taking the prescribed proton-pump inhibitor onces symptoms are relieved
4. Raise the head of the bed on 6 inch blocks
5. Peppermint and chocolate candies can help relieve symptoms.

NCLEX Questions

A 50 year old male is admitted with the diagnosis of esophageal cancer with erosion to the middle portion of the esophagus. Which of the following is most important to immediately report?

A. Aspiration pneumonia

B. Bright bleeding from the mouth

C. Weight loss. D. Difficulty swallowing

NCLEX

During the insertion of a nasogastric tube, the client begins to gag. The nurse should

A. withdraw the tube completely

B. briefly halt the insertion

C. have the client sip water to assist the tube to advance

D. check for placement

NCLEX

The physician has prescribed an antibiotic for a client with a peptic ulcer. The client asks you why this type of medication is being given. The appropriate response is

A.”this medication will help reduce the gastric acid in your stomach.”

B. “The antibiotic will help to rid the stomach of the H.pylori bacteria.”

NCLEX

C. “It will increase the production of mucus in the stomach.”

D. “it is used only as a prophylactic to prevent colonization of bacteria in the stomach.”