Nursing Care of Patient With Nephrotic Syndrome

Surinder Lawrence

Nephrosis is a kidney disease i.e. peculiar to young children (average age 1 to 2 and a half years). It is more common in boys than in girls and the cause is not known. Children who suffer from Nephrosis are unusually susceptible to other infections, they died from meningitis or peritonitis before modern drugs were discovered. Today, complications are rare.

Assessment of the Patient
History
On admission the girl had history of severe periorbital and pedal edema and oliguria for three to four days. She also had one episode of diarrhea. Initially she was treated in some other hospital, later on she came to CMC Hospital as she showed very little recovery over there.

On examination
- Periorbital and pedal edema
- Generalised edema
- Albuminuria
- Weight gain
- Abdominal distention (due to ascites)
- BP, pulse and temperature were normal

Etiology
Causes of Nephrotic Syndrome are numerous. The most common is glomerulo-nephritis of some systemic disorders such as diabetes mellitus, lupus erythematos, amyloidosis, infectious diseases and pre-eclampsia. Other predisposing factors include allergic reactions, medication and drug reactions, renal vein thrombosis, sickle cell disease and congestive heart failure.

Pathophysiology
Abnormal permeability of the glomerular basement membrane to protein molecules like albumin

- Protein are excessively filtered into the tubules and excreted in urine
- Hypoalbuminemia

- Fluid moves into interstitial spaces
- Development of edema
- Kidney retain sodium and water
- Accumulation of Extracellular fluid
- Edema

Medical treatment
The treatment was started with tab. B. Complex I OD, Syp. Amoxycillin ½ tsp. TDS, D/Ps ciplox T B/E 2 hourly, tab.

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Patient</th>
<th>Book Picture</th>
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<tbody>
<tr>
<td>Blood urea</td>
<td>22mg</td>
<td>15-45mg/dl</td>
</tr>
<tr>
<td>Creatinine</td>
<td>0.4</td>
<td>0.7-15 mg/dl</td>
</tr>
<tr>
<td>Sodium</td>
<td>131</td>
<td>137-145 meq/l</td>
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<tr>
<td>Potassium</td>
<td>3.8</td>
<td>3.5-5.5 meq/l</td>
</tr>
<tr>
<td>Albumin</td>
<td>1.2</td>
<td>3.5-5.0 gm/dl</td>
</tr>
<tr>
<td>Protein</td>
<td>3.5</td>
<td>6.0-84 gm/dl</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>644</td>
<td>140-250 mg/dl</td>
</tr>
<tr>
<td>Chlorides</td>
<td>100</td>
<td>24-30 mg/dl</td>
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</table>
Clinical manifestation (signs and symptoms)

<table>
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<tr>
<th>As Per Book</th>
<th>In Patient</th>
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<tbody>
<tr>
<td>Protein urea</td>
<td>Present in patient</td>
</tr>
<tr>
<td>Hypoaalbuminuria</td>
<td>Present in patient</td>
</tr>
<tr>
<td>Normocyticanaemia</td>
<td>Not present</td>
</tr>
<tr>
<td>Edema</td>
<td>Present (all over the body)</td>
</tr>
<tr>
<td>Swelling</td>
<td>Present</td>
</tr>
<tr>
<td>Hematuria</td>
<td>Not present</td>
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Wysolone 40 mg OD syn. Gelusil 2 tsp BD, tab. Roxid 1/4 BD.

Objectives of treatment
- Control of infection
- Control of edema and protein loss
- Dyspnoea due to ascites was relieved by sitting
- Skin care: Daily sponge bath was given and talcum powder was applied with special attention to the moist parts of the body. A pillow was placed between the knees while the child was lying down. Cotton was placed between all skin surfaces to prevent in the vicinity.
- Edema, anemia and haematuria
- Urine was tested for the amount of proteins
- Play therapy and recreational facilities were provided
- The child was psychologically reassured and encouraged to participate in the daily routines.

Complications
- Peritonitis
- UTI
- Pneumonia
- Meningitis

Before

Afterwards

motion of good nutrition
- Normal adjustment of the disturbed processes
- Good mental hygiene

On Discharge
- Weight: 16 kg
- Urine Albumin: 1+
- Abdominal Girth: 55 cm
- Urine Output: 750 ml

Nursing Management
- Bed rest was given during the stage of edema
- Diet was given that was low in sodium and high in protein e.g. eggs, milk, pulses, soya bean and groundnuts
- Proteins were given 4-5 gms./kg. of body weight
- Tettrigo
- Eye care: The eyes were irrigated with sterile saline to prevent the collection of exudate
- The child's head was elevated during the day to reduce the discomfort from edema
- To prevent respiratory infection, the child was kept warm and dry
- Position was changed frequently
- The child was weighed daily and recorded
- TPR, BP were recorded six hourly
- An accurate intake and output chart was maintained
- The child was observed for arthritis
- Osteomyelitis
- Cellulitis
- Thromboembolism
- Acute renal shut down
- Other problems include; chronic calcium and vitamin D deficiency, protein energy malnutrition.

Discharge advice (Health teaching)
- Explain about the need of treatment and advice to continue it at home
- Avoid cold and draughts
- Avoid contact with people suffering from upper respiratory tract infection
- Advice to maintain the personal hygiene
sonal hygiene

- Emphasis on the high-protein diet
- Explain the administration of the medicine and its continuation
- Advice the mother to observe the child for the side effects of steroid i.e. diplopia, headache and convulsion
- Teach urine testing for proteins as it will help to detect relapse
- To come for the frequent medical checkup

References

- Dorothy, P. Markow's 'Pediatric Nursing', 5th edition, W. B. Saunders's Philadelphia page no. 573
- Jacob and Singh's 'Pediatric Nursing', 3rd edition, N. R. Bros., Indore Page no. 177-179

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<th>Post</th>
<th>No. of Posts</th>
<th>Qualifications</th>
<th>Salary Upto (Negotiable)</th>
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<tr>
<td>1.</td>
<td>Prof./Principal</td>
<td>02</td>
<td>M.Sc. Nursing 6 yrs. teaching exp.</td>
<td>50,000</td>
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<td>2.</td>
<td>Reader</td>
<td>02</td>
<td>M.Sc. Nursing 4 yrs. teaching exp.</td>
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<tr>
<td>3.</td>
<td>Lecturer</td>
<td>05</td>
<td>M.Sc. Nursing Preferably 1 year</td>
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<tr>
<td>4.</td>
<td>Tutor</td>
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<td>B.Sc. Nursing</td>
<td>8,000</td>
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