

NURSING CARE FOR A CHILD WITH INTESTINAL OBSTRUCTION

BY NDAGIRE ALICE
PAED SURGERY DEPT.
9TH JUNE 2023.

Nursing care plan and management.

- ❑ The nursing care planning goals for a child with intestinal obstruction revolve towards providing appropriate information about :- child's condition, restoring fluid volume, preventing dehydrations and observing improvement.

Nursing problem priorities

- Manage pain and discomfort associated with the obstruction.
- Monitor for signs of bowel obstruction or ischemia.
- Administer appropriate fluids and provide hydration support.
- Plan for surgical intervention.

Nursing intervention and actions

PRE-OPERATIVE CARE.

- **Intestinal obstruction** in a child /baby is a surgical pediatric emergency.
- Receive the child on the ward.
- Do a quick nursing assessment to obtain subjective data e.g. the name, age and sex of the baby/child and objective data paying attention to the signs of obstruction

I.e. Pain, vomiting,
distended abdomen,
signs of dehydration extra.

Interventions and action continued.....

- Obtain an intravenous access (IV LINE) and draw off blood for investigations.
- Monitor vital observations most the pulse,temp,and spo2 plus weight and note any deviations.
- Pass a nasal gastric tube (NGT) to decompress the distended abdomen as this will also improve on the breathing. Note color and amount.
- Administer oxygen therapy if the child is in distress and the level of distress will guide on how much to give
- Administer analgesics preferably paracetamol either intravenous or rectal in case the child has no diarrhea at 15mg/kg or as ordered.
- Administer iv fluids as ordered or you can give a bolus of Ringers lactate at 20mls/kg stat.

Intervention and actions continued.....

- Pass a urine catheter with a urine bag and note the amount and color of the urine.
- Administer prophylactic antibiotics i.e. ceftriaxone at 50-100mgs/kg and iv metronidazole @ 15mg/kg as a loading dose or as ordered.
- Blood transfusion maybe done depending on the CBC results.
- Obtain a fluid balance chart to monitor the out put and input.
- Restrict feeding by mouth and explain to parents or attendants the reason as why your stopping their child from feeding (NPO).
- Maintain the child on the maintenance fluids as their NPO to prevent hypoglycemia and other complications.

Interventions and actions continued.....

- Provide information to the parents concerning surgical intervention and allow for questions about the procedure to help allay their anxiety.
- Obtain a consent from the parents and take the child to theatre.

POST OPERATIVE MANAGEMENT.

This will depend on the type of the operation done.

- Receive the child from theatre.
- Follow the post operation instructions
- Administer analgesics as ordered
- Administer iv fluids as ordered. This is usually on 2 hourly basis.
- Monitor for bleeding from incision site.

Post op mgt continued.....

- Monitor vital signs as ordered until stable
- Emphasize the need for NPO.
- Maintain the urine catheter as ordered.
- Monitor input and output and document on a fluid a balance chart.
- Encourage 2 hourly NGT aspiration noting the amount and color.
- Continue reassuring the parents to lessen their anxiety.

IN CASE OF A STOMA then;

- On addition to the above ,provide information about the stoma and teach the attendants how to do stoma care.

THANK YOU.