

**Newborn GI**  
*Nursing 201: Nursing Care of Special Populations*

**A&P**

GI system includes:

Disruption of function affects \_\_\_\_\_ status.

**Pediatric Assessment**

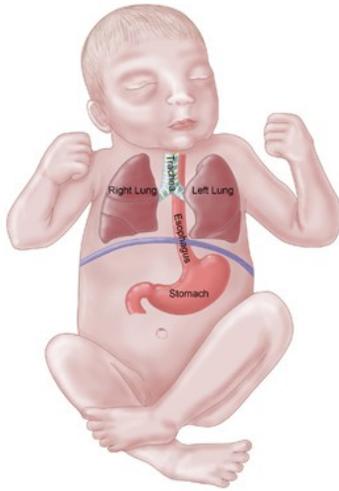
**Tracheoesophageal Fistula/ Esophageal Atresia**

Atresia- upper part of esophagus does not connect with lower esophagus and stomach;  
“blockage”

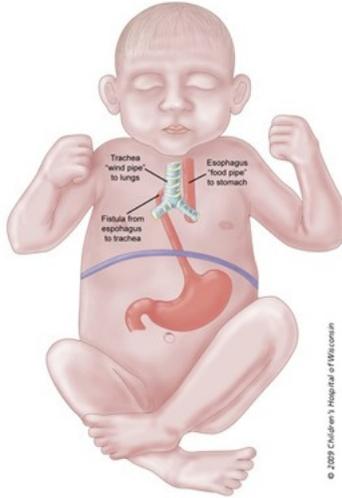
Fistula- abnormal connection between the upper part of the esophagus and the trachea;  
“abnormal connection

- Can occur together but sometimes can have one or another
- Males \_\_\_\_\_ females
- Most common GI birth defect
- Associated with other birth defects

Normal

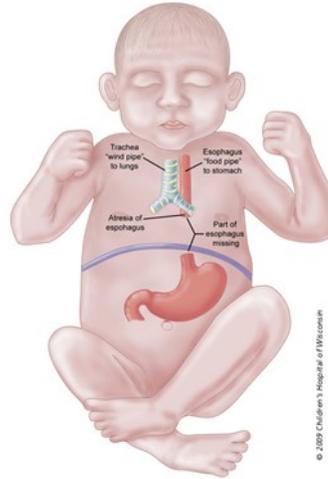


EA with distal TEF



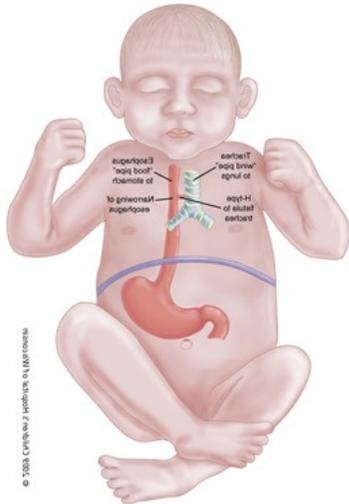
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Isolated EA



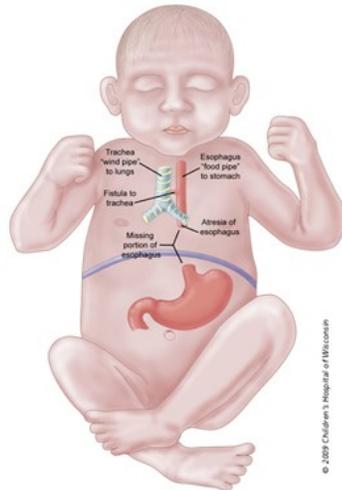
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Isolated TEF



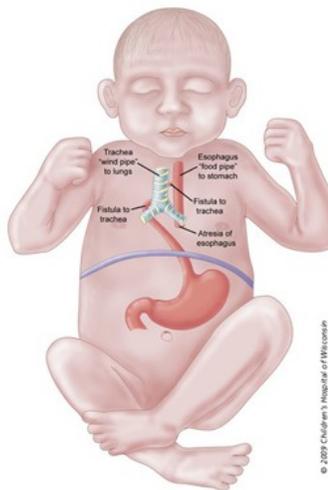
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EA with proximal TE



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EA with double TEF



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- Clinical Presentation:
  - Polyhydramnios in utero
  - Difficulty handling secretions
  - Cyanosis with feeding
  - Resistance with passage of feeding tube
  - Continual choking with feeding
- Diagnostics
  - 
  - 
  - 
  - 
  - 
  -
- Nursing Care
  - Prevent aspiration!!
  - HOB Elevated
  - NPO
  - IVF
- Surgical intervention is required
- R/F
- May require esophageal dilation
- Will have Chest Tube
- Excellent prognosis

### **Gastroesophageal Reflux**

- Signs and Symptoms
  - Eating is unpleasant
  - 
  - Slow weight gain
  - Irritability
  - Chronic cough
  - Frequent pneumonia
  - Sleep interruption

### Diagnostics

- Weight
- Stool for occult blood
- CXR for respiratory symptoms
- Endoscopy

## Treatment

- H2 Blocker
- PPI
- Severe-
- Avoid trigger foods
- Position HOB up
- 

## **Pyloric Stenosis**

- Pylorus muscle thickens
- 
- Identified
- S/Sx:

## Diagnostics:

- Symptomatically
- 
- 
- Olive size pyloric mass noted

## Treatment

- Surgical intervention: Pyloromyotomy
- 
-

## Volvulus

- 
- Malrotation
- Most frequent in the first \_\_\_\_\_ months of life

### Symptoms

- 
- 
- Abdominal distention
- 
- Tachycardia, tachypnea

### Diagnostics

- CT Abdomen
- Upper GI Series
- CBC with Electrolytes

### Treatment

- 
- 

## Hirschsprung's Disease

- Congenital
- 
- 
- Infant typically cannot pass stool in first days after birth
  - 
  - 
  -
- Males > FM

### Symptoms

- Constipation from birth
- 
- 
- Vomiting
- Poor weight gain

### Diagnostics

- Empty rectum on digital exam
- KUB
- Rectal biopsy for definitive diagnosis

Tx/ Complications

**Omphalocele/ Gastroschisis**

<b>Omphalocele</b>	<b>Gastroschisis</b>

**Imperforated Anus**

- Congenital

- Opening of anus is blocked
  - 
  - 
  -

#### Symptoms

- 
- No stool 24-48 hours of birth
- 
- Stool passes out of vagina, penis, scrotum, urethra
- Abdominal distention

Treatment- surgical

#### **Cleft Lip & Palate**

- Facial and oral malformations that occur very early in pregnancy
  - Lip:
    -
  - Palate:
    - Hard palate- bony front portion
    - Soft palate- soft portion of roof of mouth
- Can have cleft lip without cleft palate, cleft palate without a cleft lip, or both together

#### Diagnosis

- 
- 

Treatment- surgical (often times, multiple surgeries)

Post-op: Manage \_\_\_\_\_!

#### Complications

- Nutrition
- Ear Infections
- Speech Difficulties
- Dental Issues

#### **Failure to Thrive (FTT)**

- Growth Failure”

- Inadequate growth resulting from an inability to obtain or use calories required for growth
- Weight (and sometimes height) that falls below the 5<sup>th</sup> percentile for child's age
- Pattern and persistent deviation looked at

Patho:

- Inadequate caloric intake: incorrect formula preparation, neglect, food fads, excessive juice consumption, lack of food availability, breastfeeding problems, behavioral problems, CNS issues affecting intake
- Inadequate absorption: food allergy, malabsorption, pyloric stenosis, GI atresia, inborn areas of metabolism
- Excessive caloric expenditure: hyperthyroidism, malignancy, CHD, chronic pulmonary disease, immunodeficiency
- High Risk: Born preterm, Low birth weight, IUGR, Poverty, Neglect, Inadequate nutritional knowledge, Family stress, Difficult latch/ uncoordinated suck/swallow with breastfeeding

Diagnosis:

- Weight and height
- Health and dietary history
- Food log
- Child's activity level
- Perceived food allergies
- Assessment of household rituals/ behaviors with mealtime
- Growth patterns of patterns/ siblings
- Labs to r/o organic problems (usually of little value)
  - I.e. lead toxicity, anemia, ova and parasites)

Clinical Manifestations:

- Growth failure
- Developmental delays
- Withdrawn behavior
- Feeding or eating disorders
- Avoidance of eye contact
- Minimal smiling

Treatment:

- Reversing cause
- Providing sufficient calories to support "catch up" growth
  - Calorie dense foods
- MVI/ dietary supplements prn

Multidisciplinary (depending on cause)

- Physician, nurse, dietician, child life specialist, OT, pediatric feeding specialist, social workers, mental health professional

Prognosis:

- Related to cause
- R/F smaller stature, delayed development, eating and behavioral issues