

Signs & Symptoms

- severe vomiting
- dehydration
- weight loss
- change in bowel movement
- persistent hunger

Pathophysiology

pylorus muscles thicken, blocking food from entering the baby's small intestine.

- narrow of the opening from the stomach to the first part of the small intestine known as the duodenum

Diagnostics/Labs

- abdominal ultrasound: finds the thickness and length of the pyloric muscles

Pyloric Stenosis
(gastric outlet obstruction)

Treatment/Medication

- Surgery
- electrolyte repletion
- IV fluids
- Atropine (cessation of projectile vomiting)

Nursing Interventions

- improve nutrition and hydration
- maintain mouth/skin integrity
- relieving family anxiety

Patient Teaching

- explain to parents pyloric stenosis is a problem with baby's stomach that causes forceful vomiting
- explain the importance of maintaining adequate hydration and nutrients and maintaining skin/mouth integrity from vomiting

Other

Priority Nursing Diagnosis

- fluid volume deficit r/t prolonged vomiting
- inadequate nutrition

Student Name _____

<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <ol style="list-style-type: none">1. Swaddled2. Music <p>*List All Pain/Discomfort Medication on the Medication Worksheet</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): Patient Wt: <u>9</u> kg $9 \times 1000 = 9000 \text{ ml} / 24 \text{ hr}$</p> <p>Calculated Fluid Requirement: <u>376</u> ml/hr</p> <p>Actual Pt MIVF Rate: <u>N/A</u> ml/hr</p> <p>Is There a Significant Discrepancy?</p> <p>Why?</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work): $1 \text{ mL} / \text{kg} / \text{hr}$ $1 \text{ mL} \times 9 \text{ kg} = 9 \text{ mL} / \text{hr}$</p> <p>Calculated Min. Urine Output: <u>9</u> ml/hr</p> <p>Actual Pt Urine Output: <u>N/A</u> ml/hr</p>
<p>10. Growth & Development: List the Developmental Stage of Your Patient For Each Theorist Below and Document 2 OBSERVED Developmental Behaviors for Each Theorist. If Developmentally Delayed, Identify the Stage You Would Classify the Patient: Patient age: _____</p> <p>Erickson Stage:</p> <ol style="list-style-type: none">1. Narcissism2. Wanting to be held - crying > Trust vs. Mistrust hungry - crying <p>Piaget Stage:</p> <ol style="list-style-type: none">1. Sucking thumb because it brings them pleasure2. Imitating sounds, behaviors, simple gestures		

<p>11. Focused Nursing Diagnosis: -inadequate nutrition</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. provide Atropine Evidenced Based Practice: Will stop the severe vomiting 2. maintain skin/mouth integrity Evidenced Based Practice: Stopping vomiting will help integrity of skin/mouth which will allow adequate nutrition 3. increase fluids Evidenced Based Practice: provide fluids is a big part of adequate nutrition and overall good health of baby</p>	<p>16. Patient/Caregiver Teaching: 1. the importance of adequate nutrition 2. the importance of adequate hydration 3. the importance of preventing weight loss</p>
<p>12. Related to (r/t): -severe vomiting and weight loss</p>	<p>17. Discharge Planning/Community Resources: 1. keep up with oral hygiene for adequate nutrition/hydration 2. SIS of pyloric stenosis 3. the importance of taking Atropine to prevent weight loss</p>	
<p>13. As evidenced by (aeb): the severe vomiting does not allow the baby to absorb any nutrients which then results in weight loss</p>		
<p>14. Desired patient outcome: -provide baby Atropine medication to stop severe vomiting and absorb adequate nutrients to gain weight -surgery</p>		