Acute glomerulonephritis

Signs & Symptoms

- Hematuria
- proteinnuria
- hypertension
- edema
- ↓ in urine output
- Nausea
- Vomiting

Pathophysiology

An immunologic mechanism triggers inflammation and proliferation of glomerular tissue that can result in damage to the basement membrane, mesangium, or capillary endothelium

Diagnostics/Labs

- Urinalysis
- X-RAY
- Ct-scan
- Kidney biopsy
- Ultra Sound
- Blood tests

Treatment/Medication

- ACE Inhibitors
- Corticosteroids
- Diuretics
- Diet changes

Nursing Interventions

- assess weight daily
- monitor fluid I/O's
- assess vital signs
- assess breath sounds
- drug therapy

Patient Teaching

- medication adherence
- non salt diet
- non protein diet
- drink less fluids
- exercise

Other

Priority Nursing Diagnosis

Excess fluid volume

Student Name Joel Castillo

7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.

1. Distraction w/ TV or electronics

2. heat/cold therapy

***List All Pain/Discomfort Medication on the Medication Worksheet**

8. Calculate the Maintenance Fluid Requirement (Show Your Work):

Patient Wt: 46 **kg**

10 x 100 = 1000 mL
10 x 50 = 500 mL
26 x 20 = +520 mL
2020 mL

2020/24 = 84.167

Calculated Fluid Requirement: 84 **ml/hr**

Actual Pt MIVF Rate: 84 **ml/hr**

Is There a Significant Discrepancy? No

Why? rate of fluid hourly is same as calculated requirement

9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):

46kg x 0.5 = 23 mL/hr

Calculated Min. Urine Output: 23 **ml/hr**

Actual Pt Urine Output: N/A **ml/hr**

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: 13 years

Erickson Stage: identity vs. role confusion

1. pt. had not expressed much concern over their diagnosis and didn't want to be apart of the care plan.

2. pt. expressed concern on how she would be afraid to fall behind in school

Piaget Stage: formal operational thought

1. pt. had expressed on how they were worried about if everyone back at school would talk about them while they were gone.

2. pt. was worried if this illness would interfere with being able to compete in sports.

Student Name _____

11. Focused Nursing Diagnosis:

Excess fluid volume

12. Related to (r/t):

Immunological injury

13. As evidenced by (aeb):

peripheral edema

14. Desired patient outcome:

be free of edema

15. Nursing Interventions related to the Nursing Diagnosis in #11:

1. measure intake & output accurately and document

Evidenced Based Practice: accurate I&O is necessary for determining fluid and replacement needs and reducing the risk of fluid overload

2. weight the pt. daily w/ same scale, at same time, and with some amount of clothing

Evidenced Based Practice:

a weight gain of 0.5kg/day suggests fluid retention

3. assess face, skin, and dependent areas for edema and evaluate

Evidenced Based Practice:

edema occurs primarily in dependent tissues of the body such as hands, feet, and the lumbosacral area

16. Patient/Caregiver Teaching:

1. limit fluid/salt intake
2. monitor daily weights and report any sudden weight gain to HCP
3. arrange for rest periods and light activities

17. Discharge Planning/Community Resources:

1. monitor urine output, and if a significant decrease report to HCP
2. medication adherence to antibiotics/diuretics.
3. follow up appointment