

IM6 Critical Thinking

<p><u>Student Name:</u> Meaghan Rose</p>	<p>Nursing Intervention #1: Worksheet</p> <p>Closely monitor urinary output and renal function indicators such as blood urea nitrogen (BUN) and creatinine levels. Regular assessments of fluid intake and output should be conducted to detect any imbalances or signs of worsening renal function.</p>	<p>Date: 08/21/2025</p>
<p><u>Priority Nursing Problem:</u></p> <ul style="list-style-type: none"> - Hydronephrosis of the Right Kidney with urinary tract dilation 	<p><i>Evidence Based Practice:</i></p> <ol style="list-style-type: none"> 1. Studies show that monitoring urine output and renal function is crucial in detecting early signs of deteriorating renal function. Early identification allows for more effective interventions 2. A systematic review of pediatric hydronephrosis management emphasizes regular monitoring of kidney function, including BUN, creatinine, and urine output, as a critical aspect of preventing long-term renal damage <p>Nursing Intervention #2:</p> <p>Administer prescribed pain management as needed and provide</p>	<p>Patient Teaching (specific to Nursing Diagnosis):</p> <ol style="list-style-type: none"> 1. Educate parents on comfort measures to help soothe their baby, such as gentle swaddling, proper positioning to avoid pressure on the abdomen, and ensuring the baby is not experiencing any discomfort from the catheter. 2. Explain the prescribed pain relief regimen and teach parents how to administer these medications safely and the importance of using them as directed. 3. Teach parents the signs that would require immediate medical attention, including fever, changes in the baby's

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	comfort measures such as positioning and swaddling. Pain relief should be prioritized, especially if the newborn is experiencing discomfort due to urinary tract dilation or hydronephrosis.	urine output, or signs of infection.
<p>Related to (r/t): 1. Palpable Mass</p> <ul style="list-style-type: none">A swelling or lump on the abdomen or side of the newborn, which may be noticed during a routine physical exam. This can indicate a dilated kidney. <p>2. Poor Feeding or Vomiting</p> <ul style="list-style-type: none">Babies with hydronephrosis may have difficulty feeding or experience vomiting, especially if the condition is causing pain or discomfort. <p>3. Fever</p> <ul style="list-style-type: none">If an infection occurs due to urinary stasis (urine not draining properly), the baby may develop a fever. <p>4. Irritability or Crying</p>	<p><i>Evidence Based Practice:</i></p> <p>1. Neonates with urinary tract dilation or hydronephrosis may experience pain related to distention of the renal capsule or ureter. Research indicates that effective pain management in neonates is associated with better physiological stability and overall comfort.</p> <p>2. Non-pharmacologic measures like gentle handling, swaddling, and proper positioning can reduce distress and improve comfort levels in neonates undergoing treatment for hydronephrosis</p> <p>Nursing Intervention #3:</p> <p>If the newborn is unable to pass urine or there is evidence of significant urinary retention, catheterization may be required for drainage. In this case, a sterile urinary catheter should be inserted under appropriate guidance,</p>	<p>4. Stress the importance of scheduled follow-up visits to assess kidney function and monitor the baby's progress. Explain that this will often involve repeat ultrasounds and tests to ensure the obstruction has resolved or is being properly managed. Follow up with Nephrologist and keep appointments.</p>

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<ul style="list-style-type: none">The baby may be more irritable or may cry frequently due to pain or discomfort in the abdomen or kidney area.	and ongoing maintenance of the catheter should be ensured to prevent infection or further injury.	
<p>5. Abnormal Urination</p> <ul style="list-style-type: none">This can include infrequent urination, difficulty urinating, or a noticeable decrease in urine output. In some cases, the urine may appear cloudy, foul-smelling, or tinged with blood if there's an associated infection. <p>6. Flank Pain (Rare)</p> <ul style="list-style-type: none">Newborns might not express pain in a typical way, but they may show signs of discomfort when moved or when their abdomen is touched, especially in the flank area where the kidneys are located. <p>7. Failure to Thrive</p> <ul style="list-style-type: none">In more severe cases, the baby might not gain weight or grow as expected due to the stress the condition places on the body. <p>8. Visible Signs of Distension</p>	<p><i>Evidence Based Practice:</i></p> <ol style="list-style-type: none">Providing parents with education about the condition and treatment plan is vital. Parents should be informed about the catheter care, potential complications, and the importance of follow-up care.Sterile Technique: Teach parents the importance of maintaining sterile technique when caring for a urinary catheter. Explain that catheter care should always be done with clean hands, and the catheter insertion site should be kept clean and dry.Instruct parents on how to monitor for signs of infection, including fever, irritability, unusual urine color or odor, or redness and swelling at the catheter site.When to Contact Healthcare Provider: Emphasize that if the baby develops a fever, shows signs of discomfort, or there is any concern about infection, they should	<p>Discharge Planning/Community Resources:</p> <ol style="list-style-type: none">Home health careReferral servicesSocial Services and Financial AssistancePediatric Nephrology and Urology ClinicsParent Support Groups

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<ul style="list-style-type: none">• Some babies may have visible abdominal distension (bloating) due to the accumulation of urine in the kidney. <p>As Evidenced by (aeb): Hydronephrosis is usually diagnosed through imaging techniques like:</p> <ul style="list-style-type: none">• Ultrasound: The most common method for detecting hydronephrosis in newborns.• Voiding Cystourethrogram (VCUG): To check for any abnormalities in the bladder and urethra, especially if there's concern about reflux or blockage.• Magnetic Resonance Urography (MRU): In some cases, a more detailed MRI may be needed.	immediately contact the healthcare provider.	
<p>Desired Patient Outcome (SMART goal):</p> <p>By the end of the nursing shift, the newborn will exhibit stable vital signs, show signs of comfort (absence of irritability or crying), and demonstrate adequate urinary output (at least 1-2 mL/kg/hour) as evidenced by urine</p>		

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output charting and the absence of symptoms suggestive of infection (fever free) during my shift.		