

## **HEALTH PROMOTION AND MAINTENANCE**

### **Nutrition across the lifespan: Appropriate food choices for a toddler**

- Limit 100% juice to 4 to 6 oz a day
- The 1- to 2-year-old child requires whole cow's milk to provide adequate fat for the still-growing brain
- Toddlers prefer finger foods because of their increasing autonomy.
- They prefer plain foods to mixtures, but usually like macaroni and cheese, spaghetti, and pizza.
- Avoid foods that are potential choking hazards. Always provide adult supervision during snacks and mealtimes.

### **Sources of nutrition: Teaching about natural sources of folate to a client who plans to become pregnant**

- Folate is required for hemoglobin and amino acid synthesis, new cell synthesis, and prevention of neural tube defects in utero.
- Folate occurs naturally in a variety of foods including liver.
- Dark green vegetables
- Orange juice
- Legumes

### **Nutrition across the lifespan: Teaching about breastfeeding**

- There should be eight to 12 feedings in a 24 hr period
- The newborn should nurse up to 15 min per breast. Findings that indicate the newborn has completed the feeding include the slowing of newborn suckling, a softened breast, or sleeping
- Eventually, the infant will empty a breast within 5-10 min, but might need to continue to suck to meet comfort needs.
- Do not offer any supplements unless indicated by the provider

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### **Cardiovascular and Hematologic disorders: Diet to promote cardiovascular health**

- Consuming a diet that is limited in trans fats, saturated fats, and cholesterol can reduce the risk of developing CHD.
- Increasing fiber and carbohydrate intake, avoiding saturated fat, and decreasing red meat consumption can decrease the risk for developing CHD
- To lower cholesterol and saturated fats, trim visible fat from meats

- Limit red meats and choose lean meats
- Broil, bake, grill, or steam foods. Avoid frying foods
- Use liquid oils (olive or canola) in place of oils that are high in saturated fat.

#### **Gastrointestinal disorders: Identifying contributing factors for gastroesophageal reflux disease**

- GERD occurs as the result of the abnormal reflux of gastric secretions up the esophagus. This leads to indigestion and heartburn
- Factors that contribute to GERD include:
  - Hiatal hernia
  - Obesity
  - Pregnancy
  - Smoking
  - Some medications
  - Genetics

#### **Nutrition across the lifespan: Teaching about complications of childhood obesity**

- Type 2 diabetes.
- High blood pressure and elevated blood cholesterol.
- Liver disease.
- Bone and joint problems.
- Respiratory problems such as asthma.
- Sleep disorders such as difficulty breathing while asleep (sleep apnea)
- Earlier than normal puberty or menstruation.
- Eating disorders such as anorexia or bulimia.

### **BASIC CARE AND COMFORT**

#### **Gastrointestinal disorders: Gluten-free dietary choices for a client who has celiac disease**

- Completely eliminating gluten from your diet can be challenging because gluten is found in many common foods, including bread, pasta, cookies, and pizza crusts, just to name a few. Rye bread. Share on Pinterest Rye bread is rich in fiber.
- Sourdough bread.
- Corn tortillas.
- Gluten-free bread.
- Gluten-free multispeed bread
- Sprouted bread.
- Lettuce and leafy greens.

#### **Gastrointestinal disorders: Caring for a client who has dysphagia**

- Place the client in an upright or high-Fowler's position to facilitate swallowing
- Avoid thin liquids and sticky foods
- Modify the texture of foods and the consistency of liquids

#### **Gastrointestinal disorders: Choosing food for a client who has dysphagia**

- Place the client in an upright or high-Fowler's position to facilitate swallowing
- Avoid thin liquids and sticky foods
- Modify the texture of foods and the consistency of liquids

**Ingestion, digestion, absorption, and metabolism: Priority assessment for a client who has a new prescription for atorvastatin**

- Lab Test Considerations: Evaluate serum cholesterol and triglyceride levels before initiating
- Evaluate lab test after 2 - 4 wk of therapy, and periodically thereafter.
- Monitor liver function tests prior to initiation of therapy and as clinically indicated, discontinuation of statin therapy

**Gastrointestinal disorders: Enteral formula for a client who has inflammatory bowel disease**

- Enteral nutrition (EN) is of great importance in patients with inflammatory bowel disease (IBD) and nutritional problems.
- This comprehensive review is aiming to provide the reader with an update on the role of EN in IBD patients.
- EN can reduce Crohn's disease (CD) activity and maintain remission in both adults and children.
- Nutritional support using liquid formulas should be considered for CD patients and in serious cases of ulcerative colitis (UC), especially for those who may require prolonged cycles of corticosteroids.

**Fluid imbalances: Indications of water intoxication**

- Hyponatremia can be caused by water excess.
- Peripheral edema due to an excess of fluids within the body and lungs could be an indication of water intoxication.
- Vital signs with fluid overload include tachycardia, bounding pulse, hypertension, tachypnea, increased central venous pressure.

**Food safety: Teaching a client who is prescribed a monoamine oxidase inhibitor**

- Patients taking MAOIs need to be educated about avoiding foods high in tyramine.
- Tyramine can cause these patients to experience hypertensive crisis.
- Aged cheese, smoked meats, dried fish, and overripe avocados are examples of foods high in tyramine.

**Gastrointestinal disorders: Evaluating client teaching about crohn's disease**

- The nurse should instruct the client to avoid a diet high in fiber to minimize bowel stimulation.
- The nurse should recommend a low lactose diet.
- The nurse should educate the client on following a low FODMAP diet, such as avoiding canned fruit.

**Gastrointestinal disorders: Food choices for a client who has celiac disease**

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- Sourdough bread.
- Corn tortillas.
- Gluten-free bread.
- Gluten-free multispeed bread
- Sprouted bread.
- Lettuce and leafy greens.
- Sweet potatoes.

## **PHARMACOLOGICAL AND PARENTERAL THERAPIES**

### **Total Parenteral Nutrition: Planning client care**

- Prior to initiating PN, review the client's weight, BMI, nutritional status, diagnosis, and current laboratory data.
- Assess the client's educational needs.
- Use electronic infusion device to prevent the accidental overload of a solution.
- Evaluate for allergies to soybeans, safflower, or eggs if lipids are prescribed.

### **Cancer and immunosuppression disorders: Evaluating therapeutic response to total parenteral nutrition**

- When giving enteral feedings by a tube feeding, the nurse should increase the volume of formula over the first four to six feedings until the prescribed volume is achieved.
- Enteral feedings are used if the client is unable to consume sufficient deficiency is identified.
- Liberal fluid intake is extremely important to prevent dehydration.
- TNP can be discontinued when oral intake exceeds at least 60% of the patient's daily calorie requirements.

## **REDUCTION OF RISK POTENTIAL**

### **Gastrointestinal disorders: Assessing for dysphagia**

- A patient with dysphagia should be in an upright or high-Fowler's position when swallowing.
- The nurse should encourage the patient to take small bites and chew their food thoroughly.
- The patient with dysphagia needs to avoid thin liquids and sticky foods to decrease risk of aspiration.

### **Renal disorders: Identifying effective treatment of a phosphate binder**

- High protein requirement leads to an increase in phosphorous intake
- Foods high in phosphorus are milk products, beef liver, chocolate, nuts, and legumes
- Phosphate binder (calcium carbonate, calcium acetate) are taken with all meals and snacks.

### **Diabetes Mellitus: Teaching about manifestations of hyperglycemia**

- Primary manifestation includes polydipsia, polyuria, and polyphagia.
- As hyperglycemia progresses, ketones in the urine.
- Other manifestations include dehydration, fruity odor to the breath, headache, inability to concentrate, decrease level of consciousness, seizures leading to coma develop.

### **PHYSIOLOGICAL ADAPTION**

#### **Cancer and immunosuppression disorders: Preventing nausea for a client who is receiving radiation therapy**

- Ensure adequate intake of liquids throughout the day to replace losses
- Avoid foods that can exacerbate diarrhea (foods high in roughage)
- Consume foods high in pectin to increase the bulk of the stool and to lengthen transition time in the colon
- Limit caffeine, hot or cold drinks, and fatty foods

#### **Cancer and immunosuppression disorders: Interventions for stomatitis**

- Use soft toothbrush to clean teeth after eating
- Avoid mouth washes that contain alcohol
- Omit acidic, spicy, dry, or coarse foods include cold or room temp foods in the diet cut foods into small bites try using straws replace meals with high-calorie, high protein drinks

#### **Cancer and immunosuppression disorders: Food recommendations for adverse effects of radiation therapy**

- Eat foods that are well-tolerated and liked prior to treatments
- Eat cold or room-temperature foods
- Try high-carbohydrate, low-fat foods
- Avoid fried foods
- Do not eat prior to chemotherapy or radiation
- Take prescribed antiemetic medication
- Sit up for 1 hr after a meal

#### **Gastrointestinal disorders: Nutritional teaching for a client who has dumping syndrome**

- The patient with dumping syndrome should eat protein and fat with every meal.
- The nurse should suggest that the patient drink liquids either 1 hour before or after eating as opposed to during meals.
- The nurse should educate the patient on laying down for 20-30 minutes after meals to delay gastric emptying.

#### **Sources of nutrition: Selecting high-potassium food for a client who has hypokalemia**

- Oranges
- Dried fruits

- Tomatoes
- Avocados
- Dried peas
- Meats
- Broccoli
- Bananas
- Dairy products
- Whole grains
- Potato

**Renal disorders: Nutritional teaching for chronic kidney disease**

- Restrict sodium intake to maintain blood pressure
- Restrict potassium intake to prevent hypokalemia
- Limit meat intake to 5 to 6 oz/day for most males and 4 oz/day for most females
- Limit dairy products to ½ cup per day
- Avoid high protein sports drinks, energy drinks, or meal supplements
- Avoid herbal supplements that can affect bleeding time and blood pressure