

N431 Care Plan 1

Lakeview College of Nursing

Meet Khatri

Demographics (3 points)

| | | | |
|--------------------------------------|--------------------------------|----------------------------------|--------------------------------|
| Date of Admission 09/10/19 | Patient Initials J.G | Age 76 | Gender Female |
| Race/Ethnicity white | Occupation none | Marital Status married | Allergies dabigatron |
| Code Status Full | Height 5ft 4in | Weight 217.8lbs | |

Medical History (5 Points)

Past Medical History: hypothyroidism, arthritis, cataracts in both eyes, diabetes, gout, hypertension, atrial fibrillation, obesity

Past Surgical History: cataract removal, coonoscopy

Family History: n/a

Social History (tobacco/alcohol/drugs): patient does not drink or smoke

Assistive Devices: patient uses a walker to get around

Living Situation: patient lives in Danville home health

Education Level: patient highest education level was an associates degreee

Admission Assessment

Chief Complaint (2 points): pain in leg

History of present Illness (10 points): gout and diabetes

Primary Diagnosis

Primary Diagnosis on Admission (2 points): diabetic ulcer on left foot

Secondary Diagnosis (if applicable):

Pathophysiology of the Disease, APA format (20 points):

Diabetic foot ulcer is a major complication of diabetes mellitus. Diabetes mellitus is one such metabolic disorder that impedes the normal steps of the wound healing process.

Diabetic ulcers are most commonly caused by poor circulation high blood sugar (hyperglycemia), nerve damage, and or irritated or wounded feet. All people with diabetes are at risk for foot ulcers, which can have multiple causes. Wear compression socks to improve circulation in your feet. When caught early, foot ulcers are treatable

Pathophysiology References (2) (APA):

Sorenson, M., Quinn, L., Klein, D. (2019). Pathophysiology: concepts of human disease. Hoboken, NJ: Pearson, Education, Inc

Ricci, S., Carman, S. and Kyle, T. (2017). Maternity and pediatric nursing. 3rd ed. Philadelphia: Wolters Kluwer.

Laboratory Data (15 points)

CBC **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| Lab | Normal Range | Admission Value 09/10/19 | Today's Value | Reason for Abnormal Value |
|------------|-------------------|-----------------------------|---------------|---|
| RBC | 3.80-5.30 | 3.78 | | Can be high due to ulcer and gout Sorenson, M., Quinn, L., Klein, D. (2019). |
| Hgb | 12.0-15.8 | 11.1 | | Can be due to patient not having a good diet intake of iron Sorenson, M., Quinn, L., Klein, D. (2019). |
| Hct | 36.0-47.0 | 34.2 | | Can be due to patient history of hypertension Sorenson, M., Quinn, L., Klein, D. (2019). |
| Platelets | 140-440 | 305 | | |
| WBC | 4.00-12.00 | 14.10 | | High wbc due to foot ulcer |

| | | | | |
|-------------|-----------|------|--|--|
| | | | | (infection) Sorenson, M., Quinn, L., Klein, D. (2019). |
| Neutrophils | 47-73 | 78.6 | | High neutrophils can be Increased in any acute inflammation situation Ricci, S., Carman, S. and Kyle, T. (2017). |
| Lymphocytes | 18.0-42.0 | 10.6 | | |
| Monocytes | 4.0-12.0 | 8.8 | | |
| Eosinophils | 0.0-5.0 | 1.4 | | |
| Bands | | n/a | | |

Chemistry **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| Lab | Normal Range | Admission Value | Today's Value | Reason For Abnormal |
|----------------|--------------|-----------------|---------------|--|
| Na- | 133-144 | n/a | | |
| K+ | 3.5-5.1 | n/a | | |
| Cl- | 98-107 | n/a | | |
| CO2 | 21-31 | n/a | | |
| Glucose | 70-99 | n/a | 149 | Patient has a wound which can increase glucose. Ricci, S., Carman, S. and Kyle, T. (2017). |
| BUN | 7-25 | n/a | n/a | |
| Creatinine | 0.5-1.20 | n/a | n/a | |
| Albumin | 3.5-5.7 | n/a | n/a | |
| Calcium | 8.6-10.3 | n/a | n/a | |
| Mag | | n/a | n/a | |
| Phosphate | | n/a | n/a | |

| | | | | |
|--------------------|----------------|------------|------------|--|
| Bilirubin | 0.2-0.8 | n/a | n/a | |
| Alk Phos | 34-104 | 103 | n/a | |
| AST | 13-39 | n/a | n/a | |
| ALT | 7-52 | n/a | n/a | |
| Amylase | 29-103 | n/a | n/a | |
| Lipase | 11-82 | n/a | n/a | |
| Lactic Acid | | n/a | n/a | |
| Troponin | 0-0.04 | n/a | n/a | |
| CK-MB | | n/a | n/a | |
| Total CK | | n/a | n/a | |

Other Tests **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| Lab Test | Normal Range | Value on Admission | Today's Value | Reason for Abnormal |
|--------------------|---------------------|---------------------------|----------------------|----------------------------|
| INR | 0.8-1.1 | n/a | n/a | |
| PT | | n/a | n/a | |
| PTT | | n/a | n/a | |
| D-Dimer | | n/a | n/a | |
| BNP | | n/a | n/a | |
| HDL | | n/a | n/a | |
| LDL | | n/a | n/a | |
| Cholesterol | | n/a | n/a | |

| | | | | |
|---------------|--|-----|-----|--|
| Triglycerides | | n/a | n/a | |
| Hgb A1c | | n/a | n/a | |
| TSH | | n/a | n/a | |

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| Lab Test | Normal Range | Value on Admission | Today's Value | Reason for Abnormal |
|------------------|-----------------|--------------------|---------------|--|
| Color & Clarity | | | | |
| pH | 5-9 | 6 | | |
| Specific Gravity | 1.003-1.030 | 1.013 | | |
| Glucose | Negative | negative | | |
| Protein | Negative | negative | | |
| Ketones | Negative | negative | | |
| WBC | Negative | 2+ | | Can be due to the infection of the foot due to the ulcer Sorenson, M., Quinn, L., Klein, D. (2019). |
| RBC | Negative | Negative | | |
| Leukoesterase | negative | negative | | |

Arterial Blood Gas **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| Test | Normal Range | Value on Admission | Today's Value | Explanation of Findings |
|-------|--------------|--------------------|---------------|-------------------------|
| pH | | n/a | n/a | |
| PaO2 | | n/a | n/a | |
| PaCO2 | | n/a | n/a | |
| HCO3 | | n/a | n/a | |
| SaO2 | | n/a | n/a | |

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

| Test | Normal Range | Value on Admission | Today's Value | Explanation of Findings |
|----------------|--------------|--------------------|---------------|-------------------------|
| Urine Culture | | n/a | n/a | |
| Blood Culture | | n/a | n/a | |
| Sputum Culture | | n/a | n/a | |
| Stool Culture | | n/a | n/a | |

Lab Correlations Reference (APA):

Ricci, S., Carman, S. and Kyle, T. (2017). *Maternity and pediatric nursing*. 3rd ed.

Philadelphia: Wolters Kluwer.

Sorenson, M., Quinn, L., Klein, D. (2019). *Pathophysiology: concepts of human disease*.

Hoboken, NJ: Pearson, Education, Inc

Diagnostic Imaging

All Other Diagnostic Tests (5 points): N/A

Diagnostic Test Correlation (5 points): n/a

Diagnostic Test Reference (APA):

Current Medications (10 points, 1 point per completed med)

10 different medications must be completed

Home Medications (5 required)

| | | | | | |
|-----------------------------|--|--|--|-----|-----|
| Brand/Generic | Colace (docusate sodium) | Advil (ibuprofen) | allopurinol Aloprim | n/a | n/a |
| Dose | 100mg | 800 mg | 100mg | n/a | n/a |
| Frequency | 1 per day | 3 times daily | One a day | n/a | n/a |
| Route | oral | oral | oral | n/a | n/a |
| Classification | Soften stool/Increases intestinal activity laxative Anionic surfactant | propionic acid derivative | xanthine oxidase inhibitors antigout agent | n/a | n/a |
| Mechanism of Action | Softens stool by decreasing surface tension between oil and water in feces. This action lets more fluid penetrate stool, forming a softer fecal mass | Blocks activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response, and cause local pain, swelling, and vasodilation | Inhibits the production of uric acid by inhibiting the action of xanthine oxidase. | n/a | n/a |
| Reason Client Taking | Given to avoid straining to soften stools | Relieve mild to moderate pain | Gout treatment | n/a | n/a |

| | | | | | |
|---|--|--|--|------------|------------|
| Contraindications (2) | Abdominal pain/ GI bleed | bronchospasm -- angioedema | Hypersensitivity dehydration | n/a | n/a |
| Side Effects/Adverse Reactions (2) | Monitor pt stools/bleeding | heart failure -- hematuria | Hypotension, Flushing diarrhea | n/a | n/a |
| Nursing Considerations (2) | Monitor urine output hourly, as appropriate, to check for improved renal blood flow -- Expect to reduce dosage or discontinue drug if hypotension develops | be aware that ibuprofen should not be used in pregnant women starting at 30 weeks gestation because premature closure of the ductus arteriosus may occur in the fetus -- know that the risk of heart failure increases with the use of NSAIDs such as ibuprofen | Be sure that patient maintains adequate fluid intake Monitor blood glucose in patients | n/a | n/a |
| Key Nursing Assessment(s)/Lab(s) Prior to Administration | Monitor for loose stools/monitor serum potassium level --for hypokalemia, diarrhea can occur hold medication and report to provider (dehydration can occur) | CBC/liver enzymes/ BUN & creatinine/blood clotting factors should all be monitored and evaluated before administration of ibuprofen | Monitor for joint pain and swelling. Monitor hematologic, renal, and liver function tests before and periodically during therapy, | n/a | n/a |
| Client Teaching needs (2) | Pt will avoid straining and drink plenty | Take medication with full glass | Instruct patient to continue taking | n/a | n/a |

| | | | | | |
|--|---|--|--|--|--|
| | of water-report any diarrhea—routine labs are helpful to maintain electrolyte balance | of water, and avoid laying down for 15 min to 30 min to minimize GI irritation-- take drug with food | allopurinol along with an NSAID or colchicine during an acute attack of gout Advise patient that large amounts of alcohol increase uric acid concentrations and may decrease the effectiveness of allopurinol. | | |
|--|---|--|--|--|--|

Hospital Medications (5 required)

| | | | | | |
|----------------------------|--|---|---|---|------------|
| Brand/Generic | Norco (Hydrocodone Bitartrate and Acetaminophen) | Zofran (ondansetron hydrochloride) | Metoprolol Lopressor | Cefazolin Ansef | n/a |
| Dose | 5-325mg | 4mg | 25mg | 1g | n/a |
| Frequency | 4 times a day | oral | One every day | Q8h | n/a |
| Route | oral | oral | oral | Iv | n/a |
| Classification | Opioid, narcotic | carbazole | Beta blocker | first generation cephalosporins | n/a |
| Mechanism of Action | Pain killer | Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve | Blocks stimulation of beta1(myocardial) -adrenergic receptors. | Binds to bacterial cell wall membrane, causing cell death. | n/a |

| | | | | | |
|---|--|---|--|--|------------|
| | | terminals in the intestine. May also bind to other serotonin receptors and to mu-opioid receptors. | | | |
| Reason Client Taking | Manage pain | Given for the discomfort of nausea and vomiting | hypertension | Foot ulcer | n/a |
| Contraindications (2) | Allergic to acetaminophen Pregnant | Prior use of apomorphine -- congenital long QT syndrome | Pulmonary edema bradycardia | Hypersensitivity to cephalosporins Serious hypersensitivity to penicillins. | n/a |
| Side Effects/Adverse Reactions (2) | Dizziness Upset stomach | serotonin syndrome -- shortness of breath | Fatigue, anxiety, dizziness | Seizures diarrhea | n/a |
| Nursing Considerations (2) | Can be addictive Monitor respirations | place disintegrating tablet or oral soluble film on patient's tongue immediately after opening package -- Know that if hypokalemia or hypomagnesemia is present, these electrolyte imbalances should be corrected before ondansetron is administered | May cause ↑ BUN, serum lipoprotein, potassium, triglyceride, and uric acid levels. May cause ↑ in blood glucose levels. | Before initiating therapy, obtain a history to determine previous use of and reactions to penicillins or cephalosporins. Assess for infection | n/a |
| Key Nursing Assessment(s)/Lab(s) Prior to Administration | Monitor B/P Monitor respirations | patients should be monitored for hypokalemia and hypomagnesemia prior to administration medication can | Monitor BP Daily weights | Observe patient for signs and symptoms of anaphylaxis Monitor bowel function. | n/a |

| | | | | | |
|---------------------------|--|--|---|---|---------|
| | | increase the risk for QT interval prolongation, which could predispose the patient to develop torsades de pointes | | Diarrhea, abdominal cramping, fever, and bloody stools should be reported to health care professional promptly | |
| Client Teaching needs (2) | No alcohol Can cause upset stomach so eat food | Advise patient to contact provider if adverse reaction occurs-- Transient blindness can occur but is only temporary | Instruct patient to take medication as directed, at the same time each day, even if feeling well; do not skip or double up on missed doses. This medication may increase sensitivity to cold. | Advise patient to report signs of superinfection Advise patient not to treat diarrhea without consulting health care professional. | n/ a |

Medications Reference (APA):

Burlington: Jones & Bartlett Learning.2018 Nurse's Drug Handbook. (2018). 17th ed.

Burlington:MA

Vallerand, A. H., Sanoski, C. A., & Deglin, J. H. (2017). Davis's Drug Guide for Nurses (15 ed.). Philadelphia, PA: F.A. Davis Company.

Assessment

Physical Exam (18 points)

| | |
|--|---|
| <p>GENERAL (1 point): Alertness: Orientation: Distress: none Overall appearance: good</p> | <p>Patient alert and orientated times three. Patient does not have any distress at this time. Patient was observed walking to the bathroom, Pt showing no distress at this time. Strength is not equal, pt has an ulcer in the left foot Pt responds to questions with no restrictions. Pt has no signs of neurological deficit. Patient was tired and feeling some pain</p> |
| <p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: 10 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p> | <p>Pt skin is bruised, warm, dry and flaky Skin turgor is slow to return to normal Pt has an diabetic ulcer in left foot</p> |
| <p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p> | <p>Head is or normal shape with no apparent deviations. Hair is brown. Ears have no drainage or discomfort, tympanic membrane pearly gray. PEERLA within normal limits. Pt eyes show no discharge. No rhinorrhea. Pt states no complaints of congestion or nose bleeds. Oral mucosa is pink and moist with no current discharge. .</p> |
| <p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Location of Edema: lower extremities</p> | <p>Pt has normal S1 and S2, but apical pulse was irregular. no murmurs, no thrills. Weak peripheral pulses. Pt has slight swelling or edema of lower extremities equaling two plus, patient is wearing compression socks to help. Pt is not monitored by heart monitor. Radial pulses and pedal pulses 2+. Negative for any vein distention.</p> |
| <p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> | <p>Pt has Normal lung sounds No Crackles No rhonchi , Pt shows no signs of distress. No</p> |

| | |
|--|---|
| Breath Sounds: Location, character | accessory muscle use during breathing. No deviations. Patient currently on room air. |
| GASTROINTESTINAL (2 points): Diet at home: diabetic Current Diet: diabetic Height: 5ft 4in Weight: 217.8lbs Auscultation Bowel sounds: Last BM: last night Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: | Pt denies alcohol use. No abnormal distention. Bowel sounds in all four quadrants. No masses. No ostomy. No nasogastric tubes. Pt has no signs of distress no diarrhea, no constipation, no bloating or irritability. Pt states last bowel movement was last night. Pt is on the obese side. |
| GENITOURINARY (2 Points): Color: yellow Character: clear Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size: | Pt uses room toilet Urine clear no odor |
| MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/> | Pt up as tolerated is a fall risk due to the diabetic ulcer on left foot. Pt up as tolerated with assistance or using the walker. Pt was seen by physical therapist. |

| | |
|--|---|
| NEUROLOGICAL (2 points): MAEW: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input checked="" type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC: | Pt is sitting up in bed oriented times 3, Pt showing no distress at this time . Pt states she is doing well but in some pain. Pt speaks good English with normal tone. PT is not able to move without restriction in her left leg due to the ulcer. Strength is weak in left leg. Pt follows commands with no restrictions. Pt has no signs of neurological deficit. Reflexes are within normal limits.. Patient resting comfortably in bed. |
| PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support): | patient has her son that looks after her and her husband. Patient also has her faith. She is catholic. |

Vital Signs, 2 sets (5 points)

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|-------------|--------------|---------------|------------------|-------------|---------------|
| 0830 | 82 | 135/82 | 17 | 97.3 | 99 |
| 1100 | 92 | 151/72 | 18 | 98.1 | 98 |

Vital Sign Trends: patient had a increase in vital signs due to felling pain after physical therapy due to being made to walk.

Pain Assessment, 2 sets (2 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|-------------|----------------|-----------------|-----------------|------------------------|-----------------------|
| 0830 | Numeric | n/a | n/a | n/a | n/a |
| 1100 | Numeric | Left leg | 7 | Throbbing | Norco for pain |

IV Assessment (2 Points)

| IV Assessment | Fluid Type/Rate or Saline Lock |
|--|---|
| Size of IV: 20g Location of IV: Date on IV: 9/10/19 Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment: | 20 guage iv in pt left antecubital fossa No sign of erythema or drainage Iv flushed well Iv dressing looked intact and dry |

Intake and Output (2 points)

| Intake (in mL) | Output (in mL) |
|----------------|----------------|
| n/a | n/a |

Nursing Care

Summary of Care (2 points)

Overview of care: pt was given iv ancef to treat her foot ulcer, patient was also accucheck before eating to check her blood glucose level. Patient was also seen by physical therapy. Patients pain was managed through medication.

Procedures/testing done: urine test, glucose, bmp

Complaints/Issues: none

Vital signs (stable/unstable): vital signs were mostly stable, there was an increase in vital signs due to patient experiencing some pain.

Tolerating diet, activity, etc.: patient on a diabetic diet

Physician notifications: N/A

Future plans for patient: continue to monitor glucose level, new exercise program and dietary changes

Discharge Planning (2 points)

Discharge location: Danville home health

Home health needs (if applicable): education on continuing medications

Equipment needs (if applicable): none pt has a waker

Follow up plan: patient needs to meet with primary doctor in a week for a follow up

Education needs: Encourage adequate dietary and fluid intake. And medication education needed

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

| Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components | Rational <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen | Intervention (2 per dx) | Evaluation <ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions? <ul style="list-style-type: none"> • Client response, status of goals and outcomes, modifications to plan. |
|--|--|---|---|
| 1. Risk for Unstable Blood Glucose related to high glucose level as evidenced by foot ulcer | Pt has a foot ulcer | 1. Assess blood glucose level before meals 2. Assess feet for temperature, pulses, color, and sensation. | Patient was compliant of the intervention Patient was able to keep her glucose level within defined limits on day of care |
| 2. Risk for infection related to high wbc count as evidenced by foot ulcer | Pt has a wound on left lg | 1. Teach and promote good hygiene 2. Administer antibiotics as appropriate. | Provided meticulous skin care: gently massage bony areas, keep skin dry. Keep linens dry and wrinkle-free. Patient was given antibiotics |
| 3. Risk for impaired skin integrity related to dry cracked skin as evidenced by foot ulcer | Patient has dry flaky skin and has a foot ulcer | 1. Assess integrity of the skin 2. Use gentle moisturizers on the feet. | Patient demonstrated proper foot care. |
| 4. Deficient | Patient was seen | 1. Teach patient to | patient understands and |

| | | | |
|---|--|---|--|
| <p>Knowledge related to foot ulcer as evidenced by Inadequate follow-through of instructions</p> | <p>in the past for an ulcer</p> | <p>rotate insulin injection sites.</p> <p>2. Teach patient to follow a diet that is low in simple sugars, low in fat, and high in fiber and whole grains.</p> | <p>demonstrates the technique and timing of home monitoring of glucose.</p> |
|---|--|---|--|

Other References (APA):

Swearington, P. (2018). All-In-One Nursing Care Planning Resource. [S.I.]:

MOSBY.

Concept Map (20 Points):

Subjective Data

Pain of 7 on numeric scale

Nursing Diagnosis/Outcomes

Risk for Unstable Blood Glucose related to high glucose level as evidenced by foot ulcer
Risk for infection related to high wbc count as evidenced by foot ulcer
Risk for impaired skin integrity related to dry cracked skin as evidenced by foot ulcer
Deficient Knowledge related to foot ulcer as evidenced by Inadequate follow-through of instructions

Objective Data

Foot ulcer on left leg
Edema on lower extremities
Patient has dry flaky skin
Blood glucose of 149

Patient Information

Patient is 76 year old female who is obese and presents with a diabetic foot ulcer on left leg

Nursing Interventions

Assess blood glucose level before meals
Assess feet for temperature, pulses, color, and sensation.
Teach patient to rotate insulin injection sites.
Teach patient to follow a diet that is low in simple sugars, low in fat, and high in fiber and whole grains.
Teach and promote good hygiene
Administer antibiotics as appropriate.

