

Nephrotic Syndrome (MNS)

"Clinical state with massive proteinuria, hypoalbuminemia, hyperlipidemia, & edema"
 "Increased glomerular permeability to plasma proteins with massive urinary protein loss"
 "Decreased albumin level, decreased pressure in capillaries"
 "Change in pressure causes interstitial fluid accumulation (edema, ascites)"
 "Hypovolemia occurs which stimulates ADH & aldosterone with increased absorption of water."
 "The glomerular membrane is normally impermeable to protein/albumin."
 "Unknown how hyperlipidemia occurs."
 "Self-limiting disease... meaning it will come to an end by itself"

PATHOPHYSIOLOGY

"Peak incidence in children 2-8 years"
 "Males 2x greater females"

Cause not fully understood

"Includes metabolic, biochemical, physicochemical, or immune mediated errors."

CLINICAL MANIFESTATIONS

"P, U, E, W"

- Perioral effusion
- Urine alterations
- Facial edema, ascites
- Labial or scrotal swelling
- Easily fatigued
- Weight gain



DIAGNOSIS

- Based on clinical manifestations
- Proteinuria, hypoalbuminemia, and hypercholesterolemia
- U/A: no gross hematuria
- **Hallmark is massive proteinuria**

LABS

"Total serum protein is low"
 "serum albumin low"
 "plasma lipids elevated (don't know why)"
 "hmg and crit usually normal"
 "platelet count up"
 "serum Na low"

MANAGEMENT

- "CPR in the ED"
- Control edema
- Corticosteroids (2mg/kg/day for ~2 weeks)
- Prevent/Treat infection
- Reduce proteinuria (keep child from losing protein)
- Establish balanced nutritional state
- Diuretics
- 25% albumin infusion (to reduce proteinuria, **Remember: this is a blood product- so do frequent vital signs**)

Acute Glomerulonephritis

"Inflammation of the glomeruli can lead to,"
 "Destruction & sclerosis of glomeruli"
 "Which causes kidney damage..."
 "Pathophysiology is not clear, but we do know it is **related to Group A Strep**."
 "Although, we don't find any bacteria in their urine, we just ask about their history."
 "Typically, will be about a month after they've had strep- they either didn't go to doctor or didn't finish their antibiotics."
 "Uncommon in kids less than 2- happens to older kids, happens more in boys than girls."

CLINICAL MANIFESTATIONS

"FACED"

- Ill appearing
- Irritability to **lethargy**
- Anorexia
- Cloudy, smoky brown urine (tea)
- Hypertension
- Edema → pulmonary edema
- Decreased urine output

DIAGNOSIS

"A CHIRP"

- **Anti-streptolysin (ASO) titer** (will be positive **dx** having strep throat at some point)
- Chest x-ray
- **Hematuria** with red blood cell casts, **no bacteria**
- Increased BUN and Creatinine
- Reduced serum complements (C3) levels
- Proteinuria

MANAGEMENT

"G DASH"

- Generally supportive care
- Dietary restrictions
- Diuretics
- Daily Weights
- Antihypertensive meds
- Strict I & O
- Home Tx OK if good UOP/normal BP
- **Hospitalized:** oliguria, gross hematuria, HTN
- Skin integrity—edema
- Need early recognition and Rx of complications.
- Can sometimes be treated at home, if they're still producing urine and their blood pressure is okay.
- Teach hand hygiene
- Seizure precautions if Na low: bed in

Acute Renal Failure

"Inability of kidneys to excrete waste materials, concentrate urine, & conserve lytes"
 "Abrupt reduction of renal function"
 "Most types are reversible"
 "Caused by different clinical conditions"
DEHYDRATION IS MOST COMMON CAUSE.

[which means it's easily fixed]

CLINICAL MANIFESTATIONS

"HONED"

- HTN
- Oliguria associated with... *Anorexia (which nitrogen is in the blood), metabolic acidosis, diverse electrolyte disturbances*
- Nausea/vomiting
- Edema
- Drowsiness

DIAGNOSIS

"Diagnosis is made primarily on urinalysis, Urine Culture, CBC (Hct/Low), and Serum Chemistry: BUN, Serum creatinine: Na K+ (monitor if high or low) (high: give Kayexalate PO or rectal to absorb the extra K) if this doesn't work: dialysis)
 Ca levels"

MANAGEMENT

- Diuretics (to get fluid shift going in the right direction)
- Management of complications
- Provide supportive therapy
- Rehydration (fluid boluses & PO fluid)
- Treat underlying cause

COMPLICATIONS

"CASH"

- Cardiac failure
- Anemia
- Seizures
- HTN
- Hyperkalemia (>7mEq/L)

Chronic Renal Failure

"Progressive irreversible"
 "Caused by congenital malformations, reflux, pyelonephritis, infections"
 "Plasma creatinine levels gradually become elevated as renal function decreases—cannot get this back to normal."

CLINICAL MANIFESTATIONS

"WHUP DAMN FF"

- Weight loss
- Headache, HTN
- Uremic syndrome (dry, itchy skin with uremic froth, "the breath")
- Pallor
- Dry/itchy skin
- Anorexia
- Muscle cramps
- N/V
- Fatigue
- Facial edema

MANAGEMENT

- Dialysis
- Diet regulation (if needed, may restrict sodium, potassium, & water)

ENCOURAGE PROTEIN

"to make sure they have enough to promote healing"
 → Fluids
 → Medications: side effects, (if they're taking meds that are excreted by the kidney and the kidneys aren't working properly)
 → Prevent/treat infections
 → Transplant (will end up on this list, because you can't get your kidneys back once they're damaged)

- Prognosis: POOR, children will end up on dialysis

Pediatric Nursing Study Guides

**Marilyn J. Hockenberry, David
Wilson, Anne Rath Rentfro, Linda
McCampbell**



Pediatric Nursing Study Guides:

Pediatric Nursing (Speedy Study Guides) Speedy Publishing, 2014-06-16 Pediatric nursing is the niche area of nursing where one works solely with babies toddlers and children It is a specialized area of nursing that many ponder but find getting good information about day to day duties and responsibilities quite hard A reference book outlining the routine functions of a pediatric nurse is highly beneficial for those seeking to head down this truly unique career path where the care of children is the focal point and nurses are charged with helping kids mitigate and heal from all types of accidents diseases injuries and medical conditions

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Essentials of Pediatric Nursing is intended for Pediatric Nursing courses with an integrated pediatric curriculum. It provides a unique concept-based approach and nursing process focus that helps students go from concept to application by building on previously mastered knowledge from other courses. Organized into four logical units, Kyle's Essentials of Pediatric Nursing covers a broad scope of topics with an emphasis on common issues and pediatric-specific information. In addition, it has a variety of learning features to ensure student retention, such as Healthy People 2010 boxes, Threaded Case Studies, and Comparison Charts highlighting common diseases. Plus, it includes a BONUS CD-ROM and companion website that provide numerous resources for both students and instructors, including video clips of each developmental stage and care of the hospitalized child. *Study Guide for Wong's Essentials of Pediatric Nursing* Marilyn J. Hockenberry, Kelley

Ward, 2012-01-01 Specially designed to parallel the material in Wong's Essentials of Pediatric Nursing 9th Edition, this user-friendly study guide provides a valuable review of essential concepts and skills. Hands-on learning exercises and practical activities allow you to apply your knowledge to real-world scenarios. Learning exercises include key terms, multiple-choice questions, case studies, and critical thinking activities. Perforated pages offer flexibility and ease of use. Answers for review questions and learning activities at the back of the guide allow you to assess your mastery of the material. Completely updated content matches the textbook and provides a comprehensive review of essential pediatric nursing concepts and skills. *Study Guide For Safe Maternity and Pediatric Nursing Care* Luanne Linnard-Palmer, Gloria Haile Coats, 2016-09-23

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