

**NURSING CARE PLAN No 19**  
**ALTERED HYDRATION AND NUTRITION**  
*This care plan to be used with care plan 9 if commenced on Intravenous fluids*  
*(All care plans must be used in conjunction with care plan 1)*

Full Name: .....

Address: **Addressograph** .....

HCR:.....

<b>Care Plan No 19</b>	<b>ALTERED HYDRATION AND NUTRITION</b>	<b>Issue Date:</b> October 2019 <b>Review Date:</b> October 2021
<b>Problem</b> <ul style="list-style-type: none"> <li>• Has altered nutritional intake</li> <li>• Has altered hydrational intake</li> <li>• Has nausea and vomiting</li> </ul> Related to..... .....	<ol style="list-style-type: none"> <li>1. To maintain hydration status for age and condition</li> <li>2. To maintain nutrition status for age and condition</li> <li>3. To relieve nausea and vomiting</li> </ol> <p style="text-align: center;"><b>NB.</b> Loop all enteral feeding tubes when not in use to prevent tubes catching in equipment if not connected to feeding pumps.</p> <p style="text-align: center;"><i>Special care when moving and handling infants</i></p> <p style="text-align: center;"><i>(For example transferring to a buggy, placement in parents arms or weighing)</i></p>	

	<b>NURSING INTERVENTION</b>	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<b>1</b>	<b>HYDRATION</b> <i>(encourage parental involvement)</i>		
	<ul style="list-style-type: none"> <li>• Offer oral fluids to ensure adequate hydration.</li> <li>• Monitor and record intake and output, report deviations.</li> <li>• Record type of feed               <ul style="list-style-type: none"> <li>➢ Breast</li> <li>➢ Bottle feeds _____ Volume x _____ feeds of _____ formula</li> <li>➢ beakers or cups _____ Volume x _____ feeds of _____ formula</li> <li>➢ Special feed _____ Volume x _____ feeds of _____ formula</li> </ul> </li> <li>• Observe for signs of dehydration, (<i>reduced urinary output, sunken fontanelle, slow capillary refill, reduced skin turgor,</i></li> <li>• Monitor urinary output: <i>Weigh nappies/measure urinary output</i> and record same, report accordingly. Perform ward urinalysis as required</li> <li>• Intravenous fluids as per care plan 9 Consider Blood sugar level in infants</li> </ul>		
<b>2</b>	<b>NUTRITION</b> <i>(encourage parental involvement)</i>		
	<ul style="list-style-type: none"> <li>• Offer small snacks/spoon feeds at regular intervals</li> <li>• Offer meals at mealtimes; ensure food preferences are taken into account.</li> <li>• Record refusals in intake/output chart</li> <li>• Record all vomits, amounts and type</li> <li>• Weight (<i>insert frequency</i>) _____</li> <li>• Special diet and feeds / any feed additives or thickeners included</li> <li>_____</li> <li>• Record bowel motions, amount, frequency, consistency and type</li> <li>• Liaise with Speech and Language Therapist for oral stimulation as applicable</li> <li>_____</li> <li>• Liaise with the dietitian if applicable/special feeds ordered</li> <li>_____</li> <li>_____</li> <li>• Record route of feeds (<i>Please circle</i>) Oral / NG / PEG / NJ/TAT</li> <li>_____</li> </ul>		

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	Date	Date	Date	Date	Date	Date	Date	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<b>Type of Tube</b>									
<b>Size</b>									
<b>Location R/L</b>									
<b>Secured with</b>									
<b>If NG insert length in CMs</b>									
<b>Signature</b>									
<ul style="list-style-type: none"> <li>Ensure tube is free of kinks.</li> <li>Tape securely, but maintain skin integrity at all times.</li> <li>Aspirate and test to ensure correct position as per NPC guidelines <i>Not applicable if TAT or NJ tube</i></li> <li>Flush tube post the administration of feeds/medication with sterile water as condition allows</li> <li>Record types of feeding equipment used, date and time</li> </ul> <hr/> <hr/>									
<b>3</b>	<b>NAUSEA AND VOMITING</b> <i>(Encourage parental involvement)</i>								
<ul style="list-style-type: none"> <li>Provide emesis bowl and tissues</li> <li>Record all vomits, type, amount, consistency, colour and volume</li> <li>Record on intake and output sheet</li> <li>Administer anti-emetics as prescribed</li> <li>Attend to oral hygiene needs</li> <li>Administer oral fluids as tolerated</li> </ul>									
<b>4</b>	<b>PSYCHIATRY ASSESSMENT</b>								
<ul style="list-style-type: none"> <li>Review by psychiatry team as ordered.</li> <li>Regular team meetings.</li> <li>See specific care plan for psychiatry care.</li> </ul>									

Issue Date: October 2019 / Review Date: October 2022