

NURSING CARE PLAN

ASSESSMENT	NURSING PROBLEM	RATIONALE	GOALS	NURSING INTERVENTIONS
<p>Subjective cues</p> <ul style="list-style-type: none"> ● Client reported to having a daughter and son ● Client stated that her husband works abroad ● Client reported to currently breastfeeding the baby ● Client asked for an ideal milk formula ● Client asked for recommended multivitamins for infants ● Client verbalized feeling that “Joshua is not growing enough” ● Client reported to be starting an office job every weekday ● Client stated planning to leave the baby with her 18-year-old sibling who does not have children <p>Objective cues</p> <ul style="list-style-type: none"> ● Child is a 4-month-old baby boy ● Child has normal weight gain ● Child’s weight, and length and head 	<p>Interrupted breastfeeding d/t maternal employment and need to wean infant abruptly</p>	<p>Breastfeeding is important to ensure a child’s health and survival, especially when they are still 4-months-old. For infants, it is best to feed the child with breastmilk since it is safe, clean, has antibodies to protect the baby, provides energy and nutrients needed to sustain the first months of life (WHO, n.d.). To fully aid in the child’s nutrition and development, mothers are recommended to follow the golden standard of feeding – breastfeeding.</p> <p>However, for the client’s case, due to her upcoming office job resulting in mother-child separation, it will hinder the feeding of the baby with breastmilk. Thus, the client plans to accustom the child to use milk formula instead.</p>	<p>Breastfeeding Maintenance (1002), Knowledge: Breastfeeding (1800), Breastfeeding Establishment: Maternal (1001)</p> <p>Goal: After 1-day of intervention:</p> <p>The mother will report confidence in establishing and continuing satisfying, effective breastfeeding.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Explain the importance of breastfeeding for the child’s first months of life. 2. Demonstrate pumping of breast. 	<p>Lactation Counseling (5244)</p> <p>The nurse will:</p> <ol style="list-style-type: none"> 1a. Provide information about psychological and physiological benefits of breastfeeding. 1b. Correct misconceptions, misinformation, and inaccuracies about breastfeeding. 2a. Discuss techniques to avoid or minimize engorgement and associated Discomfort. 2b. Demonstrate proper pumping of breast for breast milk production.

<p>circumference are normal</p> <ul style="list-style-type: none"> ● Child has a social smile, good head control, and can roll over ● Child is active with good suck 			<p>3. Demonstrate effective positioning.</p>	<p>2c. Educate safe storage of breastmilk using jars or medication cups.</p> <p>3a Instruct on infant’s feeding cues (e.g., rooting, sucking, and quiet alertness).</p> <p>3b. Demonstrate different positions and rooting reflexes.</p> <p>3c. Discuss and demonstrate burping.</p>
	<p>Caregiver role strain d/t competing role commitments, complexity of care activities, and insufficient time</p>	<p>An infant requires care and thus requires someone to take care of them. A caregiver is a person who supports and aids another person (Wayne, 2022). Despite having a significant role in health, caregiving roles have a significant physical, psychological, emotional stress related to their roles.</p> <p>For the client’s case, she has to juggle with being a mother and an office worker. Due to this, she cannot handle both at the same time; thus, asking her sibling for aid. It should also be noted that since the child is an infant, his care requirements are unrelenting which contributes to more strain. The information that the</p>	<p>Caregiver Well-being (2508), Caregiver Lifestyle Disruption (2203), Caregiver Role Endurance (2210), Caregiver Stressors (2208), Family Coping (2600), Family Integrity (2603)</p> <p>Goal: After 1-day of intervention:</p> <p>The mother will report a plan to decrease her caregiving burden, and the family will establish a plan for weekly support or help.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Share frustrations regarding caregiving responsibilities. 	<p>Caregiver Support (7040), Respite Care (7260), Coping Enhancement (5230), Family Mobilization (7120), Support System Enhancement (5440), Anticipatory Guidance (5210)</p> <p>The nurse will:</p> <ol style="list-style-type: none"> 1a. Allow the client to share feelings. 1b. Emphasize the difficulties of the caregiving responsibilities. 1c. Convey admiration of the client’s competency.

		<p>husband is abroad and is absent also provides more stress.</p>	<p>2. Identify one source of support.</p> <p>3. Identify two changes that, if made, would improve daily life.</p> <p>4. Relate two strategies to increase support.</p>	<p>2a. Explain the four types of social support. 2b. Discuss positive outcomes of caregiving responsibilities. 2c. Discuss the effects of present schedule and responsibilities on physical health, emotional status, and relationship. 2d. Identify all possible sources of volunteer help.</p> <p>3a. Ask the client to describe future life in 3 months, 6 months, and 1 year. 3b. Ask the client to describe "a typical day". 3c. Ask the client to describe "a leisure day". 3d. Assist client to identify activities for which she desires assistance. 3e. Role play: how to ask for help with activities.</p> <p>4a. Share the need for the client to feel appreciated. 4b. Discuss the importance of regularly acknowledging the burden of the situation of the client. 4c. Discuss the benefits of listening without giving advice. 4d. Emphasize the importance of emotional and appraisal support.</p>
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				4e. Allow client opportunities to respond to "How can I help you?"
	<p>Risk for ineffective childbearing process d/t inadequate knowledge of childbearing process</p>	<p>NANDA-I 2021-2023 defined this nursing diagnosis as "susceptibility to inability to prepare for and/or maintain a healthy pregnancy, childbirth process and care of the newborn for ensuring well-being."</p> <p>Although the mother had had two children prior to the infant, she verbalized valid yet worrying concerns. She verbalized planning to change to milk formula and having her child take multivitamins despite being 4-months-old. It shows a lack of knowledge on care of the newborn which needs to be addressed eventually to ensure the child's proper development. The infant is also seen wearing accessories that make him prone to injuries. In addition, the client plans to leave her child under the care of her sibling who may not have had any experience on taking care of an infant.</p>	<p>Knowledge: Infant Care (1819), Parenting Performance (2211)</p> <p>Goal: After 1-day intervention:</p> <p>The mother will acknowledge concerns on childbearing related to child development.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Identify pros and cons of infant feeding choices. 2. Provide age-appropriate nutrition. 	<p>Nutrition Management (1100), Teaching: Infant Nutrition 4-6 Months (5641), Cup Feeding: Newborn (8240), Family Involvement Promotion (7110), Teaching: Infant Safety 4-6 Months (5646)</p> <p>The nurse will:</p> <ol style="list-style-type: none"> 1a. Provide opportunities to correct misconceptions and present information necessary to make informed decisions. 1b. Instruct client about infant nutritional needs. 1c. Instruct client on cup feeding procedures. 1d. Instruct client about feeding readiness, distress, and feeding termination signs. 2a. Provide client with written materials appropriate to identified knowledge needs. 2b. Instruct parent/caregiver to introduce puree without added salt or sugar.

			<p>3. Eliminate controllable environmental hazards.</p> <p>4. Acknowledge considerations when choosing a childcare provider.</p>	<p>2c. Instruct parent/caregiver to introduce one new food at a time.</p> <p>2d. Instruct parent/caregiver to avoid giving juice or sweetened drinks.</p> <p>2e. Instruct parent/caregiver to feed from a spoon only.</p> <p>3a. Instruct parent/caregiver to avoid use of walkers or jumpers due to danger of injury and detrimental effects on muscle development.</p> <p>3b. Instruct parent/caregiver never to leave infant unattended in the bath, grocery cart, high chair, on sofa, etc.</p> <p>3c. Instruct parent/caregiver to feed only soft or mashed food.</p> <p>3d. Instruct parent/caregiver to remove small objects from infant's reach.</p> <p>4a. Identify family members' capabilities for involvement in care of infant.</p> <p>4b. Determine physical, emotional, and educational resources of primary caregiver.</p> <p>4c. Provide information to the family to assist them in identifying the infant's needs for care.</p>
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				4d. Provide information to assist parent in selecting a babysitter.
	Risk for injury d/t physical barrier	<p>Risk of injury for children is mostly related to their surroundings. It can be spaces between mattresses and cribs, pillows, and toys (Carpenito-Moyet, 2011).</p> <p>However, for the client and the infant, it can be observed that the child is wearing accessories on his neck, wrist, and legs. This puts the child at risk for strangling, choking, and allergy – especially since the child has delicate skin.</p>	<p>Risk Control (1902), Safe Home Environment (1910), Parenting: Infant (2900)</p> <p>Goal: After 1-day intervention:</p> <p>The child will be free from injury from potentially hazardous factors identified in the environment.</p> <p>Objectives</p> <ol style="list-style-type: none"> 1. Identify factors that increase risk for injury. 2. Relate intent to use safety measures to prevent injury. 	<p>Fall Prevention (6490), Environmental Management: Safety (6486), Health Education (5510), Surveillance: Safety (6650), Risk Identification (6610)</p> <p>The nurse will:</p> <ol style="list-style-type: none"> 1a. Discuss the necessity of constantly monitoring small children. 1b. Instruct parents to expect frequent changes in an infant's abilities and to take precautions. 1c. Identify situations that contribute to accidents related to infants and toddlers. 1d. Review unsafe practices. 1e. Assist parents to analyze an accident. 2a. Teach the client to eliminate potentially hazardous objects around the infant. 2b. Teach the client to remove protruding objects. 2c. Teach poison prevention.

			<p>3. Relate intent to practice selected prevention measures.</p>	<p>3a. Assist the family in evaluating environmental hazards in the home. 3b. Install specially designed locks to prevent children from opening closets where combustible, corrosive, or flammable materials or medications are stored. 3c. Instruct parents to use socket covers to prevent accidental electrical shocks to children. 3d. Encourage the use of childproof caps. 3e. Advise parents to avoid storing dangerous substances in containers ordinarily used for foods.</p>
	<p>Readiness for enhanced parenting a.e.b., expresses desire to enhance child maintenance (761)</p>	<p>Readiness for enhanced parenting is defined as “a pattern of providing an environment for children or other dependent client(s) that is sufficient to nurture growth and development and can be strengthened (Carpenito-Moyet, 2011).”</p> <p>Despite the misconceptions and the need for health education, the mother showed willingness to enhance parenting by wanting and ensuring that her child’s nutritional needs are met despite her pending</p>	<p>Child Development: 4 Months (0101)</p> <p>Goal: The infant will continue age-appropriate growth and development and not experience excessive environmental stimuli. The parent(s) will demonstrate handling that promotes stability.</p> <p>Objectives</p> <p>1. Describe developmental needs of infant.</p>	<p>Infant Care (6820), Parent Education: Infant (5568), Attachment Promotion (6719), Caregiver Support (7040), Calming Technique (5880)</p> <p>The nurse will:</p> <p>1a. Explain that developmental observations and interventions will change with maturity.</p>

		<p>unavailability due to other responsibilities.</p> <p>Also, it should be noted that the child's development is normal as evidenced by his normal weight, weight gain, length, and circumferences.</p>	<p>2. Describe early signs of stress of exhaustion.</p>	<p>1b. Provide parent with resources for assistance at home.</p> <p>1c. Explain, demonstrate, and observe parents engaging in developmental interventions.</p> <p>1d. Promote adjustment and stability in caregiving activities.</p> <p>1e. Explain the need to reduce environmental stimuli when taking the infant outside.</p> <p>2a. Explain the effects of excess environmental stress on the infant.</p> <p>2b. Provide a list of signs of stress for their infant.</p> <p>2c. Teach them to terminate stimulation if the infant shows signs of stress.</p>
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References

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HEALTH TEACHING PLAN

Title: The Golden Standard of Infant Feeding – Breastfeeding Target Participant: M. Goal: The mother will report confidence in establishing and continuing satisfying, effective breastfeeding.					
Objective/s	Content Outline	Activities	Time Allotted	Materials	Evaluation
Following a session on The Golden Standard of Infant Feeding – Breastfeeding, the mother will be able to: 1. Explain the importance of breastfeeding for the child’s first months of life.	1.1. Assess knowledge on breastfeeding 1.2. Explain myths and misconceptions 1.3. Build on mother’s knowledge 1.3.1. Clarify misconceptions 1.3.2. Explain process of breastfeeding 1.3.3. Discuss advantages and disadvantages 1.3.4. Discuss contraindications to breastfeed 1.4. Support mother’s decision to breast- or bottle-feed	Lecture/discussion One-on-one instruction	15 mins.	Visual aids for lecture Video on myths and misconceptions of breastfeeding	Asks clarification during and after the lecture/discussion. Explained the importance/advantages of breastfeeding in their own words.

<p>2. Demonstrate pumping of breast.</p>	<p>2.1. Instruct how to assess breast prior to breastfeeding or breast pumping by checking for lesions or untoward swelling, nipple inversion, or other conditions 2.2. Demonstrate how to hand express breast milk</p>	<p>One-on-one instruction Demonstration/return demonstration</p>	<p>20 mins.</p>	<p>Breast illustrations for breast assessment Breast model for demonstration</p>	<p>Asks clarification during and after the lecture/discussion. Demonstrated proper hand expression of breast milk for extraction.</p>
<p>3. Demonstrate effective positioning.</p>	<p>3.1. Demonstrate different positions 3.1.1. Positions: Sitting, lying, cradle hold, football hold, cross cradle hold, side-lying 3.1.2. Show how to do C-hold 3.2. Teach the 4 key points positioning a baby onto the mother's breast 3.2.1. Body and head of baby should be aligned 3.2.2. Hold the baby close to mother's body</p>	<p>Lecture/discussion One-on-one instruction Demonstration/return demonstration</p>	<p>30 mins.</p>	<p>Visual aids for lecture Baby doll for demonstration</p>	<p>Asks clarification during and after the lecture/discussion. Demonstrated proper baby positioning for breastfeeding.</p>

	<p>3.2.3. Support baby's head and neck</p> <p>3.2.4. Baby approaches breast – nose to nipple</p> <p>3.3. Teach the 4 key points of attachment</p> <p>3.3.1. More areola area should be seen above the baby's top lip than below</p> <p>3.3.2. Baby's mouth should be wide open</p> <p>3.3.3. Lower lip is turned outward</p> <p>3.3.4. Baby's chin should touch the breast</p>				
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References

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