University of the Philippines Manila
The Health Sciences Center
COLLEGE OF NURSING
WHO Collaborating Centre for Leadership in Nursing Development
Commission on Higher Education Center of Excellence
Sotejo Hall, Pedro Gil St., Ermita, Manila
Tel.: (632)523-1472 / Telefax: (632)523-1485

NURSING CARE PLAN

IDENTIFIED AND ANTICIPATED NURSING PROBLEMS	RATIONALE FOR IDENTIFIED AND ANTICIPATED NURSING PROBLEMS	GOAL AND OBJECTIVES OF CARE	INTERVENTIONS AND RATIONALE
Impaired dentition r/t inappropriate dietary habits (milk intake) as evidenced by dental and root caries	Despite being breastfed, Jill reported that Jack also consumes a glass of milk three times a day and goes to sleep with a bottle of milk. Prolonged exposure of teeth to carbohydrates can cause caries (Berman, Snyder, & Frandsen, 2016). For this nursing problem, we'll need to address Jack's inappropriate dietary habits, particularly, his milk intake.	*Knowledge: Healthy Diet [1854]* *Oral Health [1100]* **Goal** After the nursing intervention, the client will have increased capability for oral health maintenance by presenting: • Substantial to extensive knowledge on recommended daily milk/dairy servings for toddlers • Absence of dental and root caries **Objectives** By the end of the nursing interventions, the client will: 1. Explain the importance of appropriate dietary habits, particularly milk intake, in maintaining the oral health of the toddler	*Oral Health Restoration [1730]* *Referral [8100]* The nurse will: 1. Monitor condition of toddler's mouth, including character of abnormalities. *Rationale: This helps determine the need for instruction, assistive devices, and/or referral to dental care providers.* 2. Discuss importance of adequate and appropriate nutritional intake. *Rationale: Providing an appropriate diet such as low-sugar, low-starch foods and limiting bedtime snacks minimizes tooth decay and improve overall health.* 3. Recommend to limit sugary and high-carbohydrate foods in diet. *Rationale: This reduces the buildup of plaque and the risk of cavities caused by acids associated with the breakdown of sugar and starch.* 4. Encourage patient to increase water intake. *Rationale: Increase in water enhances hydration and general well-being of oral mucous membranes.*

		2. Follow through on referrals for appropriate dental care and to improve condition of toddler's dental and root caries	5. Encourage an assessment visit by other care provider. *Rationale: This promotes the ongoing evaluation, support, and management of the client's situation.* 6. Contact appropriate agency or health care provider. *Rationale: This provides assistance to the family/client in availing services needed.* 7. Provide client with a copy of the referral information. *Rationale: This ensures that the client is referred to the appropriate care providers.*
Ineffective child eating dynamics r/t excessive parental control over child's eating experience as evidenced by food refusal and child throwing tantrums	Jill reported that she gets frustrated when Jack throws tantrums whenever Jill insists that he finishes the food she has prepared for him. It is shown that Jack results to tantrums and food refusal due to the mother's insistence on how much food Jack should eat which implies excessive control over the child's eating experience. In a healthy feeding dynamic, parents choose how, when, where, and what children eat without being overly controlling; but within those boundaries, kids choose how much and what to eat, but can decide not to eat, as well. (700 Children's, 2015). For this nursing problem, we'll have to address the etiology factor to improve Jack's eating experience and overall eating dynamic.	*Knowledge: Parenting [1826]* **Goal** After the nursing intervention, the client will show extent of understanding on providing a child of 3 years of age with a healthy feeding/eating experience by demonstrating: • Substantial to extensive knowledge on child's nutritional needs • Substantial to extensive knowledge on age-appropriate expectations **Objectives** By the end of the nursing interventions, the client will: 1. Verbalize understanding of adequate toddler nutrition by listing foods that: a. must be included in toddler's diet b. must be limited in toddler's diet 2. Identify specific actions that affect toddler's eating habits	*Teaching: Toddler nutrition 25-36 months [5662]* *Parent education: Childrearing family [5566]* The nurse will: 1. Provide parent with written materials on toddler nutrition and healthy eating dynamics. *Rationale: Parents may require basic or additional information to understand current situation.* 2. Instruct parent to give toddler healthy food choices. *Rationale: A healthy eating pattern limits intake of sodium, solid fats, added sugars, refined grains, and emphasizes nutrient-dense foods and beverages instead.* 3. Instruct parent to offer small portions of food. *Rationale: Children will eat what they need when given the opportunity to make own choices (i.e., ask for more food if needed).*

			4. Instruct parent on normal physiological, emotional, and behavioral characteristics of a toddler. *Rationale: This helps parents understand what to look for or expect in the toddler as he grows and develops.* 5. Identify and instruct parents on how to use a variety of strategies in managing the toddler's behavior. *Rationale: How family members interact and have arguments or disagreements can affect child's eating behaviors.*
Risk for impaired parenting r/t insufficient knowledge about child development	Jill reported that she gets frustrated when Jack plays with his food, doesn't want to take naps anymore, and throws tantrums when insisted to finish the food that was prepared for him. This implies that Jill may be unaware of what is expected of in a toddler, and which behavior is considered normal or not. This naturally leads to her describing her son to be *"matigas ang ulo."* Providing health education, information about growth and development, and anticipatory guidance to parents is an important nursing role (Berman, Snyder, & Frandsen, 2016).	*Parenting Performance: Preschooler [2906]* **Goal** After the nursing intervention, the parent will provide the three-year old with a safe, nurturing, and positive physical, emotional, and social environment by consistently demonstrating: • Constructive response to negative behavior • Promotion of independent feeding • Maintenance of bedtime routine • Age-appropriate discipline measures **Objectives** By the end of the nursing interventions, the client will: 1. Develop understanding of expected developmental milestones of a toddler	*Parenting promotion [8300]* *Developmental enhancement: Child [8274]* The nurse will: 1. Assist parents to have realistic expectations appropriate to developmental and ability level of child. *Rationale: Ineffective parenting and unrealistic expectations contribute to problems of abuse and neglect.* 2. Teach parents about normal developmental milestones and associated behaviors. *Rationale: Parents with children of any age may seek basic information about a variety of concerns, which can be addressed by providing ongoing information and support.*

		2. Develop appropriate response to toddler's behavior 3. Support the toddler's developing sense of autonomy	3. Discuss age-appropriate behavior management services. *Rationale: Proper discipline provides the toddler with security, and helps him learn self-control and social standards.* 4. Teach parents to appropriately respond to behavior cues exhibited by their toddler. *Rationale: Negative feelings about oneself and one's child are likely to negatively influence the parent-child relationship.* 5. Help child learn self-help skills (e.g., feeding). *Rationale: This facilitates learning of new skills to promote sense of autonomy.* 6. Create a safe, well-defined space for children to explore and learn. *Rationale: Learning is more effective when individuals feel safe.*
Readiness for enhanced knowledge (toilet training) as evidenced by parent asking advice on appropriate time for removal of diapers	During the interview, Jill asked advice on when she can remove Jack's diapers. The concern of nighttime wetting was also raised. This shows the mother's interest in learning about the toddler's elimination needs and potential for toilet training. Successful toilet training can prevent many problems related to elimination (Berman, Snyder, & Frandsen, 2016).	*Parenting Performance: Preschooler [2906]* **Goal** After the nursing intervention, the client will exhibit appropriate parental actions that will promote the toddler's independent toileting **Objectives** By the end of the nursing interventions, the client will: 1. Determine the child's readiness for toilet training	*Teaching: Toilet training [5634]* The nurse will: 1. Instruct the parent about how to determine the child's physical readiness for toilet training. *Rationale: This determines the ability of the toddler to navigate to the toilet, be able to recognize and hold the urge to void or defecate, remove and replace clothing, sit on the toilet, and get off it when completed.* 2. Instruct the parent about how to determine the child's psychosocial readiness for toilet training. Rationale: This determines the child's desire to cooperate with toilet training and ability to communicate the need to eliminate.

		2. Adapt appropriate strategies for toilet training	3. Provide information opportunities for child to observe others during the toileting process. *Rationale: This makes it clear to the toddler that bigger people customarily leave urine and feces in the toilet.* 4. Provide information on how to take the child to the toilet. *Rationale: This is to introduce to him to the equipment and process of toileting.* 5. Provide information on how to reinforce the child's success with any part of the process. *Rationale: Positive reinforcement makes it likely for the toddler to repeat his actions.* 6. Provide information on how to expect and ignore accidents. *Rationale: This allows for the parent to practice patience in toilet training.*

References

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