

### Nursing Care Plan

Nursing Diagnosis	Rationale	Goals and Objectives		Nursing Interventions
<p><i>Dysfunctional gastrointestinal motility</i> related to (r/t) excessive consumption of fast food</p> <p>As evidenced by (aeb)</p> <ul style="list-style-type: none"> <li>• Pizza and fried chicken as the child's usual food on weekdays</li> <li>• Frequent ER visits due to "stomach aches" before school, with negative tests for any illness</li> <li>• No signs of abdominal pain or discomfort during child's health visit with mom</li> </ul>	<p>Abdominal pain among children can have variable or unknown etiology. Based on initial patient's history and physical exam, Justin's poor nutrition is likely to affect his gastrointestinal functioning, leading to problems such as indigestion, irritable bowel syndrome, and childhood functional abdominal pain syndrome (Sparks et al., 2015). This is because excessive fat consumption can impede normal digestion and absorption processes, thus triggering issues in motility.</p> <p>Other developmental aspects, such as secondary motives or stress response to issues at home and school, can also influence Justin's condition and are discussed further in the last diagnosis.</p>	<p>Goals:</p> <ul style="list-style-type: none"> <li>• Gastrointestinal function through healthy diet and risk control</li> <li>• Weight management through healthy diet</li> </ul>		<p>Surveillance, nutrition counseling</p>
<p><i>Overweight</i> r/t excessive consumption of fast food</p> <p>aeb</p> <ul style="list-style-type: none"> <li>• BMI = 25 kg/m<sup>2</sup>, 7-year-old boy</li> <li>• pear-shaped body build, pajamas can barely fit</li> <li>• grandmother's ordering of pizza or</li> </ul>	<p>Justin's being overweight is another health problem. The direct cause of the problem is his grandmother's frequent ordering of pizza and fried chicken, which means that he always does not have other better food choices.</p> <p>The problem to be resolved requires participation of the whole family. Healthier alternatives should be discussed, including what can work with the grandmother. As mentioned earlier, if his parents can also be involved more on Justin's care, his nutrition</p>	<p>Within 2 weeks to 1 month of continuing care, the school-age client will:</p> <ol style="list-style-type: none"> <li>1. Report more manageable, or no to less frequent, occurrences of abdominal pain or discomfort</li> <li>2. Achieve a normal BMI, which is less than 25 and at least 18.5 kg/m<sup>2</sup></li> <li>3. Gradually reduce consumption of fast food from most days of the week to three meals at most per week</li> </ol>	<p>Within 2 weeks to 1 month of continuing care, the family of the school-age client will:</p> <ol style="list-style-type: none"> <li>1. Report less frequent to no signs and symptoms observed and ER visits for the child's abdominal pain</li> <li>2. Observe minimized disruption of the child's daily activities because of abdominal pain.</li> <li>3. Track the daily weight and height of the child at consistent time periods</li> <li>4. Suggest healthier alternative meal plans, including the specific type of food and preparation needs</li> </ol>	<ol style="list-style-type: none"> <li>1. Ask client and his family about signs, symptoms, or problems that occur along with gastrointestinal upset.</li> <li>2. Collaborate with physician on monitoring gastrointestinal function, as appropriate.</li> <li>3. In case of chronic pain, facilitate child psychotherapy services.</li> <li>4. In case other clinical findings indicate the need, facilitate acquisition of further diagnostic tests.</li> <li>5. Reassure family that in the absence of red flag signs (e.g., dysphagia, unintended weight loss, recurrent vomiting, fever, GI bleeding), abdominal pain in children is considered "functional" and benign. Pain may be managed through promoting nutrition, physical activity, social interaction, and relaxation.</li> <li>6. Instruct how excessive consumption of fatty food can trigger gastrointestinal issues even at childhood</li> <li>7. Provide information about Justin's need to lose weight and have a normal BMI.</li> <li>8. Identify strengths and perceived barriers in having healthier food options.</li> <li>9. Provide helpful information on alternative food options, food service establishments, and</li> </ol>

<p>fried chicken on weekdays</p> <ul style="list-style-type: none"> <li>• grandmom as primary caregiver; full-time working mom and an OFW dad</li> </ul>	<p>and activity can be improved.</p>		<ol style="list-style-type: none"> <li>5. Facilitate trying, with the child, healthier food options for most of the day</li> <li>6. Report child's increased physical activity that should be at least 60 minutes daily.</li> </ol>	<p>recommended physical activities.</p> <ol style="list-style-type: none"> <li>10. Assist the family in stating feelings, concerns, and strategies in achieving mutually agreed goals.</li> </ol>
<p><i>Risk for impaired attachment</i> related to (r/t) under-involved parents</p> <p>Aeb</p> <ul style="list-style-type: none"> <li>• Only child (M, 7 years old) with working mom and OFW dad</li> <li>• left w/ grandmother during his mom's work</li> <li>• grandmother's ordering of pizza or fried chicken on weekdays for child's food</li> <li>• Frequent ER visits due to "stomach aches" before school</li> <li>• Negative tests for any illness</li> <li>• Child's health visit with mom</li> </ul>	<p>The possibility of an impaired secure attachment also appears to be a priority health concern. Having under-involved parents relates to the child's poor nutrition patterns and other health concerns, including behavioral and family relationship issues (Bosmans &amp; Kerns, 2015). For instance, Justin's attachment problems can explain his frequent ER visits on school days due to "stomach aches", which always end up with no medical diagnosis. It is likely that Justin's condition simply manifests his longing for attention from his busy parents (Bufler et al., 2011). Fear of going to school is also possible, and Justin should feel that he can communicate this with his family.</p> <p>This is an anticipated problem because Justin's health visit being accompanied by his mom Jane shows her effort and care as a mother. Furthermore, more assessment data, such as their daily interactions and weekend activities, may be necessary to elaborate parent-child attachment being impaired. Through effective interventions, this problem can still be avoided or mitigated.</p>	<p>Goals:</p> <ul style="list-style-type: none"> <li>• More secure attachment through more responsive parenting</li> </ul>	<p>Within 2 weeks to 1 month of continuing care, the school-age child's family will:</p> <ol style="list-style-type: none"> <li>1. Report engaging in more frequent and open communication with their child about topics such as the child's feelings on his parents' work and his activities at home and at school</li> <li>2. Have more quality recreational bonding moments, such as having picnics, going to malls and parks, and playing indoor or backyard games, especially on weekends</li> </ol>	<p>Childhood developmental enhancement</p> <ol style="list-style-type: none"> <li>1. Teach caregivers about normal developmental milestones and associated behaviors, such as fear of school and attention-seeking tendency</li> <li>2. Encourage caregivers to help their child express his thoughts and feelings about his family, home, and school.</li> <li>3. Teach parents to respond to behavior cues exhibited by their school-age child.</li> </ol>

### Health Education Plan

Topics	Objectives	Materials	Activities
<p>1. Abdominal Pain during Middle Childhood</p> <p>a. Possible causes</p> <ol style="list-style-type: none"> <li>i. Overeating of fatty/spicy food</li> <li>ii. Constipation</li> <li>iii. Stress and anxiety</li> <li>iv. Attention-seeking behavior</li> </ol> <p>b. Red flag signs and symptoms</p> <ol style="list-style-type: none"> <li>i. Persistent symptoms in the right upper and lower quadrants</li> <li>ii. Pain that awakens the child</li> <li>iii. Dysphagia, heartburn</li> <li>iv. Unintended weight loss, slowed growth</li> <li>v. Recurrent vomiting</li> <li>vi. Chronic diarrhea</li> <li>vii. Blood in the vomit or stool</li> <li>viii. Unexplained fever</li> <li>ix. Palpable mass, guarding</li> <li>x. Micturition disturbances</li> </ol>	<p>Following a 15- to 30-minute health teaching, the family will:</p> <ul style="list-style-type: none"> <li>• Identify at least 3 possible causes of abdominal pain that occurs without other alarming signs and symptoms.</li> <li>• Enumerate at least 5 red flag signs and symptoms that can occur with abdominal pain and should be monitored as they require further assessment.</li> <li>• Realize that abdominal pain in the absence of red flags is a common and benign health issue among children and may be relieved through modifying certain risk factors.</li> </ul>	<p>Parents' handouts (Chacko &amp; Chiou)</p>	<p>Interactive discussion</p> <p>Recall</p>
<p>2. Basics of Weight Management</p> <ol style="list-style-type: none"> <li>a. Go, Grow, and Glow</li> <li>b. Games and Physical Activities</li> <li>c. Family Fitness Goals</li> <li>d. BMI Monitoring</li> </ol>	<ul style="list-style-type: none"> <li>• Help the child give at least 5 examples each for <i>go</i>, <i>grow</i>, and <i>glow</i> foods.</li> <li>• Explain that eating less fatty food can reduce possible triggers of abdominal pain</li> <li>• Suggest at least 3 healthier alternatives for pizza and fried chicken.</li> <li>• Understand that physical activity promotes blood circulation and gastrointestinal functioning.</li> <li>• Set goals and strategies on improving family fitness, which should include reduced fatty food intake and at least 3 ways to increase physical activity.</li> <li>• Demonstrate measurement of height and weight.</li> </ul>	<p>Infographics</p> <p>Pen and paper</p> <p>BMI calculator</p> <p>Supplemental resources for parents (ABS-CBN Entertainment, 2019; CDC, n.d.)</p>	<p>Interactive discussion and recall</p> <p>Goals Setting</p> <p>Return demonstration</p>

<p>3. Other Ways to Relieve Abdominal Pain (that occurs without other alarming signs and symptoms) and Prevent Complications</p> <ol style="list-style-type: none"> <li>a. Hydration</li> <li>b. Family bonding and social interaction</li> <li>c. Relaxation techniques</li> </ol>	<ul style="list-style-type: none"> <li>• Discuss that drinking 6-8 glasses of water is important even with acute or functional abdominal pain to prevent dehydration.</li> <li>• Realize that the child’s recreational activities with family or peers are opportunities for promoting physical health and emotional bonding.</li> <li>• Recognize that encouraging the child to openly express his thoughts and feelings about his family, school, and pain experience can ease stress and tension, which are also possible triggers of abdominal pain.</li> <li>• Understand that relaxation techniques, such as deep breathing, may also help manage the child’s abdominal pain and stress.</li> </ul>	<p>Parents’ handouts (Chacko &amp; Chiou)</p>	<p>Interactive discussion</p>
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**References:**

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