

NDx: Fear related to response to school phobia as evidenced by the patient missing school due to stomach aches whenever he is about to go to school

ASSESSMENT	NURSING DIAGNOSIS	BACKGROUND KNOWLEDGE	GOAL AND OBJECTIVES (NOC)	INTERVENTIONS AND RATIONALE (NIC)	EVALUATION	
					Standard	Criteria
<p>Subjective Cues</p> <p>- The patient's mother verbalized that recently, patient J has been missing school because he always gets stomach aches whenever he is about to go to school.</p> <p>- The patient's mother verbalized that they had brought patient J to the ER several times because of his stomach aches</p>	<p>Fear related to response to school phobia as evidenced by the patient missing school due to stomach aches whenever he is about to go to school</p>	<p>According to NANDA International, fear is defined as a response to a perceived threat that is consciously recognized as a danger. Its defining characteristics include apprehensiveness, decrease in self-assurance, feeling of alarm, feeling of dread, feeling of panic, presence of a stimulus believed to be a threat, avoidance behaviors, and change in physiological response among others. Additionally, its related factors include learned response to threat, response to phobic stimulus, separation</p>	<p>Fear Level: Child (1213) as evidenced by a decrease in the severity of manifested apprehension, tension, or uneasiness arising from attending school</p> <p>Fear Self-Control (1404) as evidenced by learned personal actions to eliminate or reduce disabling feelings of apprehension, tension, or uneasiness from attending school</p> <p>Goal: After 5 hours of performing nursing interventions, the client will experience a reduction in fear</p>	<p>Calming Technique (5880) Presence (5340) Security Enhancement (5380) Anxiety Reduction (5820) Coping Enhancement (5230)</p> <p>The nurse will: (Independent)</p> <p>1. Ascertain the family of the client's perception of what is occurring and how this affects their life <i>(Fear is a defensive mechanism in protecting oneself, but if left unchecked, it can become disabling to the client's life)</i></p> <p>2. Educate the client on the usual or typical fears experienced among school-aged children</p>	<p>By the end of the nursing interventions, the client:</p> <p>- Acknowledges and discusses the patient's fear of attending school</p> <p>- Verbalizes accurate knowledge of and sense of safety related to attending school</p> <p>- Demonstrates understanding through the use of effective coping behaviors and resources (e.g., relaxation, visualization,</p>	

<p>but his examinations and tests have all yielded negative results for any illness.</p> <p>- Patient J is an only child.</p> <p>- His father works abroad.</p> <p>Objective Cues</p>		<p>from support system, and unfamiliar setting.</p> <p>In the case of patient J, fear is mainly caused by the patient's school phobia as manifested by the patient missing school due to stomach aches whenever he is about to go to school. In school-age children, it is very common for them to suffer from school refusal or phobia, which is a fear of attending school. According to Aldaba (2022), this is a type of social phobia that may even develop physical signs such as vomiting, diarrhea, headache, and/or abdominal pain on school days. This may also occur due to fear of separation from parents.</p>	<p>Objectives: At the end of the nursing interventions, the client and his family will:</p> <ol style="list-style-type: none"> 1. Acknowledge and discuss fears, recognizing healthy versus unhealthy fears 2. Verbalize accurate knowledge of and sense of safety related to attending school for the patient 3. Demonstrate understanding through the use of effective coping behaviors and resources 4. Display 	<p><i>(Provides knowledge to the client's family about the usual or typical fears experienced by school-aged children including the patient)</i></p> <p>3. Assess the school environment of the patient</p> <p><i>(Actions and responses of the people in school may exacerbate the fear of the client)</i></p> <p>4. Discuss the client's perceptions and fearful feelings. Active-listen the client's concerns.</p> <p><i>(Promotes an atmosphere of caring and permits explanation or correction of misperceptions)</i></p> <p>5. Acknowledge normalcy of fear and pain, and give permission to express feelings appropriately and freely</p> <p><i>(Promotes an attitude of caring and opens the door for discussion)</i></p>	<p>guided imagery, etc.)</p> <p>- Exhibits reduced fear as evidenced by relief of stomach aches whenever the patient attends to school</p>	
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				(Collaborative) 9. Encourage regular physical activity within limits of ability <i>(Provides a healthy outlet for energy generated by fearful feelings and promotes relaxation)</i>		
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NDx: Overweight related to high frequency of restaurant or fried food as evidenced by the patient's grandmother buying patient J pizza or fried chicken every day when she is at work

ASSESSMENT	NURSING DIAGNOSIS	BACKGROUND KNOWLEDGE	GOAL AND OBJECTIVES (NOC)	INTERVENTIONS AND RATIONALE (NIC)	EVALUATION	
					Standard	Criteria
Subjective Cues - The patient's mother verbalized that the grandmother buys patient J pizza or fried chicken every day when she is at work.	Overweight related to high frequency of restaurant or fried food as evidenced by the patient's grandmother buying patient J pizza or fried	According to NANDA International, overweight is defined as a condition in which an individual accumulates excessive fat for age and gender. Its defining characteristic specified for children ages 2 to 18 is having a body mass index (BMI) of more than 85th percentile or 25 kg/m ² but less than 95th percentile or 30	Adherence Behavior: Healthy Diet (1621) as evidenced by learned actions to monitor and optimize a healthy and nutritional dietary regimen Compliance Behavior: Prescribed Diet (1601) as evidenced by learned actions to follow food and fluid intake recommended	Behavior Modification (4360) Nutrition Management (1100) Nutritional Counseling (5246) Nutritional Monitoring (1160) Weight Reduction Assistance (1280) The nurse will: (Independent)	By the end of the nursing interventions, the client: - Participates in the development of, and commit to, a personal weight loss program - Demonstrates appropriate	

<p>Objective Cues</p> <p>- BMI: 25 kg/m² (overweight)</p>	<p>chicken every day when she is at work</p>	<p>kg/m² for age and gender. Moreover, its related factors include average daily physical activity less than recommended for gender and age, consumption of sugar-sweetened beverages, disordered eating behaviors, disordered eating perceptions, frequent snacking, low dietary calcium intake in children, portion sizes larger than recommended, sedentary behavior occurring for more than two hours per day, and high frequency of restaurant or fried food among others.</p> <p>In the case of patient J, being overweight is mainly due to his high frequency of restaurant or fried food as verbalized by the patient's mother that the patient's grandmother buys him</p>	<p>by a health professional</p> <p>Knowledge: Diet (1802) as evidenced by understanding conveyed about recommended diet</p> <p>Knowledge: Weight Management (1841) as evidenced by understanding conveyed about the promotion and maintenance of optimal body weight and fat percentage congruent with height, frame, gender, and age</p> <p>Goal: After 5 hours of performing nursing interventions, the client will experience a reduction in weight</p> <p>Objectives: At the end of the</p>	<p>1. Assess the client's and family of the client's knowledge about the body weight and nutritional needs of the patient, and determine cultural expectations regarding size</p> <p><i>(To determine the appropriate interventions)</i></p> <p>(Collaboration)</p> <p>2. Collaborate with physician and nutritionist</p> <p><i>(Develops and implement a comprehensive weight-loss program that includes food, activity, behavior alteration, and support)</i></p> <p>3. Provide information regarding specific nutritional needs</p> <p><i>(Determines the amount of food intake required for the patient's age)</i></p> <p>4. Identify unhelpful</p>	<p>changes in lifestyle and behaviors, including eating patterns, food quantity/quality, and exercise program</p> <p>- Reports attainment of desirable body weight with optimal maintenance of health</p>	
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		<p>pizza or fried chicken every day when she is at work. Another possible contributing factor would be the patient's school phobia. Since the patient has been missing school, there's a possibility that he is consuming his energy less than what he is taking. This is also manifested by the BMI of the patient, which is 25 kg/m².</p> <p>This is one of the priority nursing diagnoses because if not addressed immediately, the patient may develop obesity. Obesity among children has reached epidemic proportions in both developed and developing countries. Obesity and overweight in children have been shown to have a negative influence on both physical and mental</p>	<p>nursing interventions, the client and his family will:</p> <ol style="list-style-type: none"> 1. Participate in the development of, and commit to, a personal weight loss program 2. Demonstrate appropriate changes in lifestyle and behaviors, including eating patterns, food quantity/quality, and exercise program 3. Attain desirable body weight with optimal maintenance of health 	<p>eating behaviors and address the kinds of activities associated with eating</p> <p><i>(Eliminates unhealthy eating habits that may contribute to weight gain)</i></p> <p>5. Educate the client and his family about the use of a food diary</p> <p><i>(Monitors the food intake of the patient)</i></p> <p>6. Recommend weighing once a week, same time and clothes, and graph on a chart.</p> <p><i>(Track the progress)</i></p> <p>7. Provide positive reinforcement and encouragement for efforts as well as actual weight loss</p> <p><i>(Enhances commitment to the program as well as the patient's sense of self-worth)</i></p>		
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		health. Obese children are more likely to remain obese into adulthood and to develop noncommunicable diseases like diabetes and cardiovascular disease at a younger age (Sahoo et al., 2015).		(Collaborative) 8. Encourage the client and his family to develop an exercise/activity program <i>(Helps the patient achieve calorie deficit that leads to weight loss)</i>		
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References

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