

University of the Philippines Manila
COLLEGE OF NURSING



Developing the Family Nursing Care Plan

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Learning Outcomes

Rank the health and nursing problems of the family based on a specific scale or criteria

Develop a **family nursing care plan**

Adhere to **standards and practice guidelines** in the provision of care to the family and its members who are *well, at-risk, or with mild physiologic alterations and psychosocial concerns*

Demonstrate beginning skills in **health promotion and disease prevention** towards a *higher level of wellness of the family and its members*

Adhere to existing **laws, policies, regulations, code of ethico-legal and moral principles** in the *provision of nursing care* to the family and its members

Demonstrate **integrity, respect for human dignity, gender and culture sensitivity, and social justice** in the practice of family health nursing

Learning Outcomes

Communicate effectively with clients emphasizing **shared decision-making** throughout the nurse-family working relationship

Document nursing care, family's response to interventions, and other pertinent information using appropriate forms in a timely, complete and accurate manner

Demonstrate skills in nurse-family relationship toward **achievement of health goals, client empowerment, and family competence**

Recognize the role of a nurse in **facilitating and coordinating the delivery of safe, quality care** to the family and its members in the home and community setting

Recognize the importance of **evidence-based practice** in the provision of care to the family and its members

Learning Outcomes

Appreciate the value of **lifelong learning and keeping current** with national and global developments in nursing and health for better care of the family and its members

Appreciate the significance of being a **caring and competent family health nurse** in *improving health care of Filipino families*

Nursing Process in Family Health

- The main framework in nursing practice and the means by which nurses work with client-partners
- Phases:
 1. Establishing a working relationship
 2. Assessment
 3. Diagnosis
 1. Presence of Wellness Condition, Health threat, Health Deficit, or Foreseeable Crisis
 2. Performance of Family Health Tasks
 4. Planning of Outcomes and Interventions
 5. Evaluation

Assessment

- Steps:
 1. Data Collection
 2. Data Analysis
 3. Problem Definition of Nursing Diagnosis
 1. First-level Assessment: health conditions or problems identified and categorized as wellness state, health threat, health deficit, or stress point/foreseeable crisis
 2. Second-Level Assessment: inability to perform health tasks and the causes, barriers, or etiologies

Family Health Tasks

(Freeman and Heinrich, 1981, and Bailon and Maglaya, 1978)

1. Recognize the presence of a wellness state or health condition or problem
2. Make decisions about taking appropriate action
3. Provide nursing care to the sick , disabled, dependent, or at-risk members
4. Maintain a home environment conducive to health maintenance and personal development
5. Utilize community resources for health care

TABLE 19.1 Categories of Data Collection for Family Health Assessment

Assessment Categories	Family Strengths and Self-care Abilities	Family Stresses and Problems	Family Resources
1. Family demographics			
2. Physical environment			
3. Psychological and spiritual environment			
4. Family structure/roles			
5. Family functions			
6. Family values and beliefs			
7. Family communication patterns			
8. Family decision-making patterns			
9. Family problem-solving patterns			
10. Family coping patterns			
11. Family health behavior			
12. Family social and cultural patterns			

Beliefs about the Health Problem (Wright and Leahey, 2013)

A. Beliefs:

- A. diagnosis, etiology, prognosis, and treatment treatment;
- B. mastery, control and influence; religion and spirituality;
- C. places of illness in lives and relationships, roles of family members, role of healthcare professionals

B. Influence of the family on the health problem: resource utilization and medication and treatment

C. Influence of the health problem on the family

D. Strengths related to the health problem at present

E. Concerns related to the health problem at present

Nursing Process in Family Health

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Family Health Practice Guidelines (Stanhope and Lancaster)

1. Work with the family.
 1. View the family as one unit with common attributes and activities.
 2. As much as possible, involve all the members of the family.
2. Start where the family is.
 1. Work with the present level of functioning of the family.
3. Adapt nursing interventions to the family's stage of development.
4. Recognize the validity of family structure variations.
5. Emphasize family strengths

Nursing Care Plan

- Provides direction for implementation and the framework for evaluation
- A blueprint of the nursing care designed to systematically enhance the family's capability to maintain wellness and/or manage health problems through
 - explicitly formulated **goals and objectives of care**
 - deliberately chosen set of **interventions and resources**, and
 - Specified **evaluation criteria, standards, methods, and tools.**

Nursing Care Plan

Purposes

- Systematically enhance the family's capability for health and resource generation, allocation, and utilization
- Enhances the nurse's foresight for teamwork and coordination of services
- In written form, promotes systematic communication among those involved in the healthcare effort

Steps in the Developing the Nursing Care Plan

1. Prioritizing health conditions and problems
2. Setting the goals and objectives of the care
3. Developing the intervention plans by
 1. selecting appropriate nursing actions to enhance the capability of the family to perform the health tasks
 2. Specifying the method of nurse-family contact and resources
4. Developing the evaluation plan
5. Documenting the plan

Prioritizing Health Conditions and Problems

- The process of establishing a preferential sequence for addressing the nursing problems and the interventions
- Instead of rank-ordering, problems may be classified as high, medium, and low priority
 - High: life-threatening problems
 - Medium priority: health-threatening problems
 - Low priority: those that arise from normal development needs or that require minimal nursing support

Prioritizing Health Conditions and Problems

Four Criteria in Determining Priorities (Bailon and Maglaya, 1990):

- **Nature of the Problem** – categorized into wellness state/potential, health threat, health deficit, and foreseeable crisis
- **Modifiability of the problem** – the probability of success in enhancing the wellness state, improving the condition, minimizing , alleviating or totally eradicating the problem through intervention
- **Preventive Potential** – the nature and magnitude of the future problems that can be minimized or totally prevented if intervention is done
- **Salience** – the family's perception and evaluation of the conditions or problems in terms of seriousness and urgency of attention needed or family readiness

Prioritizing Health Conditions and Problems

Factors Affecting Priority Setting (Maglaya, 2009):

- **Modifiability –**
 - Pathophysiology of the condition: chronic or acute; self-limiting or not
 - Current knowledge, technology and interventions
 - Resources of the family
 - Resources of the nurse
 - Resources of the community

Prioritizing Health Conditions and Problems

Factors Affecting Priority Setting (Maglaya, 2009):

- **Preventive Potential –**

- Gravity or severity of the patient's/ family's problem : progress or extent of damage, prognosis.
 - The more severe r advanced the problem is, the lower the preventive potential
- Duration of the problem
- Current management – the presence and appropriateness of intervention measures
- Exposure of vulnerable or high-risk groups – increases the preventive potential

Prioritizing health conditions and problems

1. Decide on the score for each criteria
2. Divide the score by the highest possible score and multiply by the weight
3. Sum up the scores

The higher the score of a given condition or problem, ***the more likely it is taken*** as a priority.

TABLE 3.1 SCALE RANKING HEALTH CONDITIONS AND PROBLEMS ACCORDING TO PRIORITIES

Criteria	Weight	
1. <i>Nature of the condition or problem presented</i> Scale **: wellness state health deficit health threat forseeable crisis	3 3 2 1	1
2. <i>Modifiability of the condition or problem</i> Scale **: easily modifiable partially modifiable not modifiable	2 1 0	2
3. <i>Preventive potential</i> Scale **: high moderate low	3 2 1	1
4. <i>Salience</i> Scale **: a condition or problem, needing immediate attention a condition or problem not needing immediate attention not perceived as a problem or condition needing change	2 1 0	1

Prioritizing health conditions and problems

1. Decide on the score for each criteria
2. Divide the score by the highest possible score and multiply by the weight
3. Sum up the scores

The higher the score of a given condition or problem, ***the more likely it is taken*** as a priority.

TABLE 3.1 SCALE RANKING HEALTH CONDITIONS AND PROBLEMS ACCORDING TO PRIORITIES

Criteria	Weight	
1. <i>Nature of the condition or problem presented</i> Scale **: wellness state	3	1
health deficit	3	
health threat	2	
forseeable crisis	1	
2. <i>Modifiability of the condition or problem</i> Scale **: easily modifiable	2	2
partially modifiable	1	
not modifiable	0	
3. <i>Preventive potential</i> Scale **: high	3	1
moderate	2	
low	1	
4. <i>Salience</i> Scale **: a condition or problem, needing immediate attention	2	1
a condition or problem not needing immediate attention	1	
not perceived as a problem or condition needing change	0	

Indications for Family Interventions (Wright and Leahey)

- A family member presents with a condition that has an obvious detrimental impact on other family members.
- A family member contributes to another family member's symptoms or problems
- One family member's improvement leads to symptoms or deterioration in another family member.
- A child or an adolescent develops an emotional, behavioral, or physical problem in the context of a family member's illness.

Indications for Family Interventions (Wright and Leahey)

- Illness is first diagnosed in the family.
- A family member's condition deteriorates markedly.
- A chronic ill family member moves from a hospital or rehabilitation center back into the community.
- An important individual or family developmental milestone is missed.
- A chronically ill patient dies.

Conditions when Family Interventions are Not Required

(Wright and Leahey)

- Family care compromises the individuation of a family member
- The context of a family situation permits little or no leverage.
- All family members state that they do not wish to pursue a family meeting or treatment
- Family members prefer to work with another professional

Steps in the Developing the Nursing Care Plan

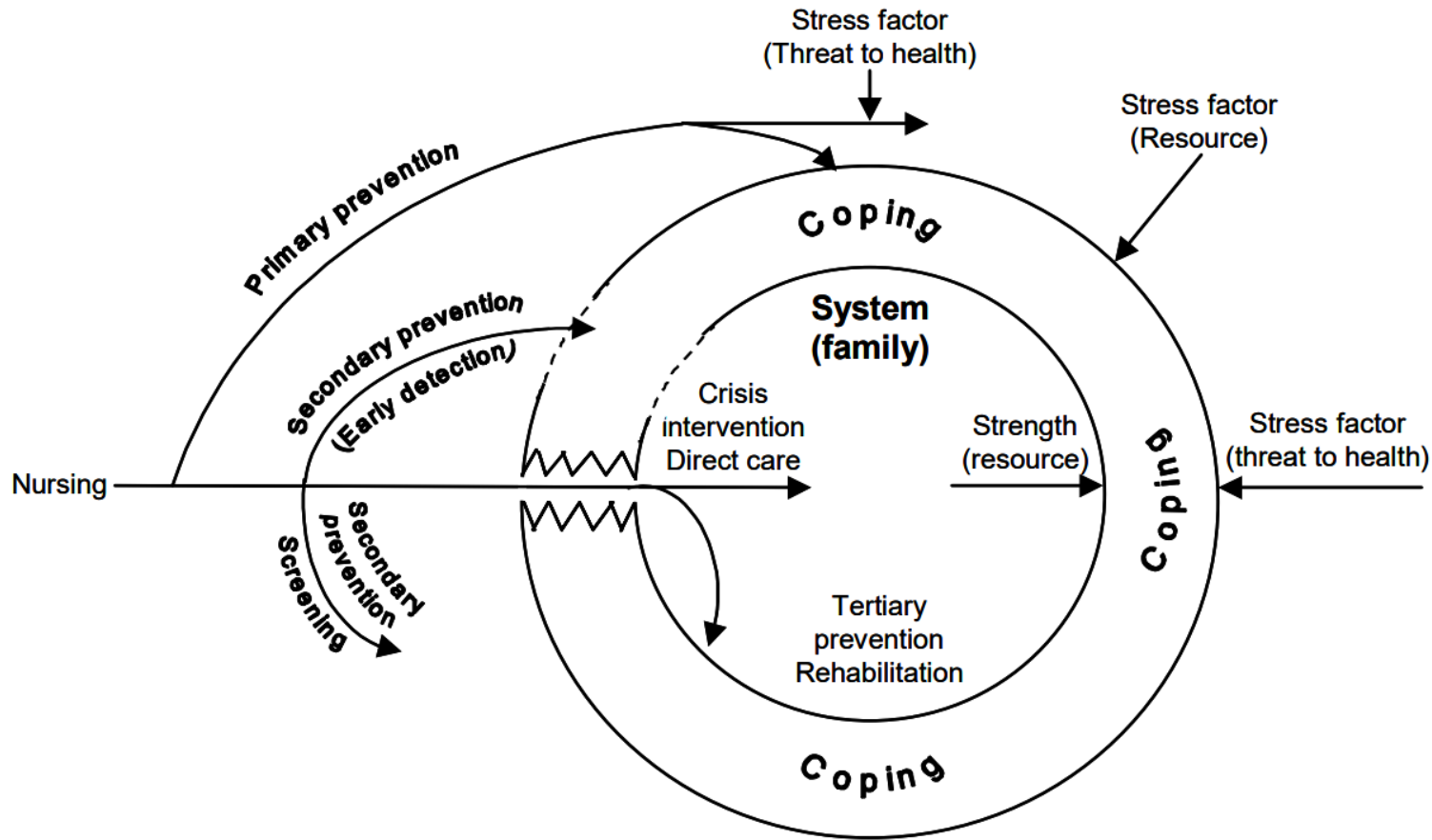
1. Prioritizing health conditions and problems
2. Setting the goals and objectives of the care
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5. Documenting the plan

Setting the Goals and Objectives of Care

Goals – broad desired outcome toward which behavior is directed

- Stated in terms of client outcomes

Fig. 3. Family health nursing: helping the family to maintain health and cope with threats to health



LEVELS OF PREVENTION PYRAMID

SITUATION: The family will provide the emotional and material resources necessary for its members' growth and well-being.

GOAL: Using the three levels of prevention, negative health conditions are avoided, promptly diagnosed and treated, and/or the fullest possible potential is restored.

Tertiary Prevention		
Rehabilitation	Health Promotion & Education	Primary Prevention
<ul style="list-style-type: none">• After the family suffers a crisis, the members recognize the need for help and accept that help• Families draw on personal resources to rebuild relationships and heal the family unit	<ul style="list-style-type: none">• The family continues using resources that enhance the growth and well-being of individuals and the family as a unit	<ul style="list-style-type: none">• Engage in family strengthening practices to protect the family from possible inhibitors to growth and well-being
Secondary Prevention		
Early Diagnosis	Prompt Treatment	
<ul style="list-style-type: none">• Identification of a family member's personal problems that affect the family as a whole• Early recognition that problems exist in the relationship among or between family members	<ul style="list-style-type: none">• The family seeks out the appropriate resources that bring the family to the highest level of wellness possible	
Primary Prevention		
Health Promotion & Education	Health Protection	
<ul style="list-style-type: none">• Adults are well prepared for the responsibilities of their union.• Adults enter the relationship with the personal resources necessary to promote the growth and development of their family unit.		

Setting the Goals and Objectives of Care

Goals – broad desired outcome toward which behavior is directed

- Stated in terms of client outcomes
- Should be realistic and attainable
- Must be set jointly with the family to ensure commitment to their realization
 - Pre-requisite: recognition and acceptance of existing health needs and problems

Setting the Goals and Objectives of Care

Barriers to joint goal-setting:

1. Family's failure to perceive the existence of a problem
2. Family's preoccupation with other concerns
3. Family's perception of the urgency and seriousness of a problem
4. Family's refusal to take action due to:
 1. Fear of consequences
 2. Tradition/cultural beliefs, values
 3. Failure to perceive benefits
 4. Failure to relate proposed action to family goals
5. Failure to develop a working relationship

Setting the Goals and Objectives of Care

Objectives – more specific statements of the desired results or outcome

- Stated in terms of client outcomes of care:
 - ***Specify the criteria*** by which the degree of effectiveness of care is to be measured
 - Specify outcomes in terms of ***physical or psychosocial states and family behaviors or competencies***
- Specific, measurable, attainable, realistic, timebound, and timely

Setting the Goals and Objectives of Care

Objectives – vary according to timespan required for their realization

- **Short-term or immediate objectives** – for problem situations that require immediate attention; results can be observed in a short period of time
 - **Medium-term or intermediate objectives** – not immediately achieved and are required to attain a long-term objective
 - **Long-term or ultimate objectives** – require several nurse-family encounters and require time to be demonstrated
-
- *“... in community health nursing, the nurse deals mostly with problems within the domain of human behavior or human response to health and illness...Much of the nurse’s effort are **directed at effecting change in the behavior of clients to achieve optimum health.**” (Maglaya, 2009)*

Second-Level Assessment

4. Documentation: : Problem Sheet

Health Conditions and Nursing Problems	Supporting Data/Cues
<p>Faulty infant feeding practices as a health threat</p> <p>Failure to recognize the problem due to lack of knowledge regarding nutritional needs of infants</p> <p>Inability to provide adequate nursing care to at risk patient due to inadequate knowledge about appropriate infant feeding practices</p>	<ul style="list-style-type: none">➤ JM, 2 months old, female, was being bottle-fed with 2 tablespoons of condensed milk mixed with water by her mother➤ JM's mother stated, "Okay lang iyan. Lumalaki naman siya at may sustansya din naman siya. Malikot pa nga."➤ JM's mother stated, "pareho lang naming ang laman ng gatas na iyan"

Setting the Goals and Objectives of Care

Health Conditions and Nursing Problems

Faulty infant feeding practices as a health threat

Failure to recognize the problem due to lack of knowledge regarding nutritional needs of infants

Inability to provide adequate nursing care to at-risk patient due to inadequate knowledge about appropriate infant feeding practices

Failure to recognize the problem

Lack of knowledge regarding nutritional needs of infants and nutritional content of forms of milk

Faulty infant feeding practices

Inability to provide adequate nursing care to at-risk patient

Lack of knowledge regarding nutritional needs of infants

Setting the Goals and Objectives of Care

Health Conditions and Nursing Problems	Goal - broad desired outcome toward which behavior is directed	Objectives -more specific statements of the desired results or outcome
<p>Faulty infant feeding practices as a health threat</p> <p>Failure to recognize the problem due to lack of knowledge regarding nutritional needs of infants</p> <p>Inability to provide adequate nursing care to at risk patient due to inadequate knowledge about appropriate infant feeding practices</p>	<p>After the nursing interventions, the family will perform appropriate infant and child feeding practices.</p> <p>And/or</p> <p>After the nursing interventions, the infant will not develop malnutrition.</p>	<p>After the nursing interventions,</p> <ol style="list-style-type: none"> 1. The family, particularly the mother, will ensure the practice of exclusive breast feeding for 6 months and of introducing complementary food after. 2. The infant will gain weight and height appropriate for his <u>age based on WHO growth charts.</u>

Setting the Goals and Objectives of Care

Health Conditions and Nursing Problems

Faulty infant feeding practices as a health threat

Failure to recognize the problem due to lack of knowledge regarding nutritional needs of infants

Inability to provide adequate nursing care to at-risk patient due to inadequate knowledge about appropriate infant feeding practices

Failure to recognize the problem

Lack of knowledge regarding nutritional needs of infants and nutritional content of forms of milk

Faulty infant feeding practices

Inability to provide adequate nursing care to at-risk patient

Lack of knowledge regarding nutritional needs of infants

Health Conditions and Nursing Problems	Goal - broad desired outcome toward which behavior is directed	Objectives - more specific statements of the desired results or outcome
<p>Faulty infant feeding practices as a health threat</p> <p>Failure to recognize the problem due to lack of knowledge regarding nutritional needs of infants</p> <p>Inability to provide adequate nursing care to at risk patient due to inadequate knowledge about appropriate infant feeding practices</p>	<p>After the nursing interventions, the family will perform appropriate infant and child feeding practices.</p> <p>And/or</p> <p>After the nursing interventions, the infant will not develop malnutrition.</p>	<p>After the nursing interventions,</p> <ol style="list-style-type: none"> 1. The family will be able to correctly describe: <ol style="list-style-type: none"> a. <u>The nutritional requirements of an infant based on Filipino energy and nutrient intake standards</u> b. <u>The nutritional content of breastmilk compared to other food sources</u> c. <u>The effects of poor nutrition on the growth and development of children</u> 2. The family will be able to describe breastmilk as the ideal source of nutrition of an infant until 6 months. 3. The family, particularly the mother, will ensure the practice of exclusive breast feeding for 6 months and of introducing complementary food after. 4. The infant will <u>gain weight and height appropriate for his age based on WHO growth charts.</u>

Steps in the Developing the Nursing Care Plan

1. Prioritizing health conditions and problems
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Developing the Intervention Plan

- Selection of appropriate **nursing interventions** based on the formulated goals and objectives
 - Effectiveness and efficiency of **method of nurse-family contact**
 - Resources needed

*“... in community health nursing, the nurse deals mostly with problems within the domain of human behavior or human response to health and illness...Much of the nurse’s effort are **directed at effecting change in the behavior of clients to achieve optimum health.**” (Maglaya, 2009)*

Developing the Intervention Plan

General Guidelines (Maglaya, 2009):

1. Analyze the current situation and determine choices and possibilities based on the family's lived experience of meaning and concern
2. Develop the family's competence in thinking, in doing, and in feeling
3. Focus on interventions to help perform the health tasks
4. Catalyze behavior change through motivation and support

Developing the Intervention Plan

General Guidelines (Maglaya, 2009):

1. Analyze the current situation and determine choices and possibilities based on the family's lived experience of meaning and concern
 1. Use of experiential learning strategies to understand its behavior
2. Develop the family's competence in thinking, in doing, and in feeling
 1. Make information/data available and accessible
 2. Provide opportunities to practice skills and communication competencies
 3. Facilitate the acknowledgment, expression, and understanding of emotions

Developing the Intervention Plan

General Guidelines (Maglaya, 2009):

3. Focus on interventions to help perform the health tasks
 - a. Help the family recognize the problem
 - a. Facilitating the understanding of the nature, magnitude, causes, potential complications and implications of the problem
 - b. Guide the family on how to decide on an appropriate health action to take
 - a. Explore courses of actions and resources, including actions
 - b. Analyze effects of inaction

Developing the Intervention Plan

General Guidelines (Maglaya, 2009):

3. Focus on interventions to help perform the health tasks
 - c. Develop the family's ability and commitment to provide nursing care to its members
 - a. Contracting – specifies, in a written document, steps to take and corresponding reinforcements to produce behavior change
 - d. Enhance the capability of the family to provide a home environment conducive to health maintenance and personal development
 - a. Teaching about environmental modification
 - b. Facilitating the improvement of communication patterns, role assumptions, relationships, and interaction patterns

Developing the Intervention Plan

General Guidelines (Maglaya, 2009):

3. Focus on interventions to help perform the health tasks
 - e. Facilitate the family's capability to utilize community resources for health care
 - a. Facilitating the navigation of the healthcare system through effective referral

4. Catalyze behavior change through motivation and support
 - a. Motivation – any experience or motivation that leads the family to desire and agree to undergo the behavior change or proposed measure and take the initial action
 - b. Support – any experience of information that maintains, restores, or enhances the capabilities or resources of the family to sustain these actions and complete the change process

Developing the Intervention Plan

Calgary Family Intervention Model

Domain of Family Functioning	Outcome and Interventions
Cognitive	Goal: change in the way the family perceives its health problems so that members can discover solutions Interventions: Commending strengths, offering information and opinions,
Affective	Goal: reduce or increase intense emotions as needed to facilitate problem-solving efforts Interventions: Validating, acknowledging, or normalizing emotional responses; encouraging the telling of illness narratives; drawing forth family support

Developing the Intervention Plan

Calgary Family Intervention Model

Domain of Family Functioning	Outcome and Interventions
Behavioral	Goal: help the family interact with and behave differently in relation to one another Interventions: Encouraging and supporting members to be caregivers, encouraging respite, devising rituals

Developing the Intervention Plan

Types of Nurse-Family Contact:

- Home visit: appropriate if care require accurate appraisal of family relationships, home and environment, and family competencies
- Clinic or office conference – opportunity to use equipment that cannot be taken at home; emphasizes the importance of assuming responsibility for self-help
- Phone conference – immediate access to data despite distance
- Written communication

Health and Nursing Problems	Goals and Objectives	Interventions
<p>Faulty infant feeding practices as a health threat</p> <p>Failure to recognize the problem due to lack of knowledge regarding nutritional needs of infants</p> <p>Inability to decide to breastfeed the infant due to misconceptions about proposed course of action</p> <p>Inability to provide adequate nursing care to at risk patient due to inadequate knowledge about appropriate infant feeding practices</p>	<p>Goals: After the nursing interventions, the family will perform appropriate infant and child feeding practices.</p> <p>And</p> <p>After the nursing interventions, the infant will not develop malnutrition.</p> <p>Objectives:</p> <p>After the nursing interventions,</p> <ol style="list-style-type: none"> 1. The family will be able to correctly describe: <ol style="list-style-type: none"> a. <u>The nutritional requirements of an infant based on Filipino energy and nutrient intake standards</u> b. <u>The nutritional content of breastmilk compared to other food sources</u> c. <u>The effects of poor nutrition on the growth and development of children</u> 	<ol style="list-style-type: none"> 1. Conduct a family teaching on the following: <ul style="list-style-type: none"> • Role of nutrition on infant and young child growth and development • Nutritional needs of an infant and a young child to support growth and development • Nutrition components of breastmilk and other milk formulations • Consequences of inadequate nutritional intake • Other benefits of breastmilk compared to other milk formulations

Health and Nursing Problems	Goals and Objectives	Interventions
<p>Faulty infant feeding practices as a health threat</p> <p>Failure to recognize the problem due to lack of knowledge regarding nutritional needs of infants</p> <p>Inability to decide to breastfeed the infant due to misconceptions about proposed course of action</p> <p>Inability to provide adequate nursing care to at risk patient due to inadequate knowledge about appropriate infant feeding practices</p>	<ol style="list-style-type: none"> 2. The family will be able to describe the use of condensed milk as breastmilk substitute as inadequate for the growth and development of the infant. 3. The family will describe breastfeeding as the ideal source of nutrition of an infant until 6 months. 4. The family, particularly the mother, will ensure the practice of exclusive breast feeding for 6 months and of introducing complementary food after. 5. The infant will <u>gain weight and height appropriate for his age based on WHO growth charts.</u> 	<ol style="list-style-type: none"> 2. Explore further understanding and conceptions of nutrition and breastfeeding. 3. Monitor and supervise the mother regarding breastfeeding practices during home visits to provide support and to explore possible challenges in breastfeeding such as: <ul style="list-style-type: none"> • Breast discomforts • Positioning • Timing of breastfeeding • Possible difficulties 4. Monitor the growth and development of the infant

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Developing the Evaluation Plan

Evaluation plan – specifies how the nurse will determine changes in the health status, condition, or situation and achievement of the outcomes of care specified in the family nursing care plan.

- Includes:
 - **Criteria and/or indicator** – objective, measurable, and flexible indicators to determine the achievement of expected performance, behavior, circumstances, or clinical status
 - **Standards** – desired or acceptable condition, clinical status, or level of performance corresponding to an evaluation criterion or indicator which actual condition, clinical status or performance is compared
 - **Methods** – same as those used in the assessment
 - **Tools**, including evaluation data sources -

Health and Nursing Problems	Goals and Objectives	Evaluation Plan	
		Criteria, Indicators, and Standards	Methods and Tools
<p>Faulty infant feeding practices as a health threat</p> <p>Failure to recognize the problem due to lack of knowledge regarding nutritional needs of infants</p> <p>Inability to decide to breastfeed the infant due to misconceptions about proposed course of action</p>	<p>After the nursing interventions, the infant will <i>not develop malnutrition.</i></p>	<p>Criteria: Nutritional Status of the Infant Indicators: sex-appropriate weight-for-age, length-for-age, weight-for-length Standard: z-scores within normal range</p>	<p>Method: Measurement of anthropometric measures Tools: WHO growth charts</p>
	<p>After the nursing interventions, the family will perform appropriate infant and child feeding practices.</p>	<p>Criteria: Infant feeding practices Indicators: self-report and observed feeding practices Standard: exclusive breastfeeding</p>	<p>Method: Interview and observation Tool: Interview guide and observation checklist</p>
	<p>After the nursing interventions,</p> <ol style="list-style-type: none"> 1. The family will be able to correctly describe: <ol style="list-style-type: none"> a. The nutritional requirements of an infant based on <u>Filipino energy and nutrient intake standards</u> 	<p>Criteria: Knowledge on nutritional requirements of infants Indicators: answers to questions or a written exam Standard: Correct answers</p>	<p>Method: Question and Answer Interview or a written exam Tool: Questionnaire or written exam</p>

Philippine Dietary Reference Intakes 2015: Summary Tables

Life stage/ age group	Recommended Energy Intakes per day			
	Weight (kg)		Energy (kcal)	
	M	F	M	F
Infants, mo				
0-5	6.5	6.0	620	560
6-11	9.0	8.0	720	630

