



SNS COLLEGE OF NURSING

SARAVANAMPATTI, COIMBATORE-35

DEPARTMENT OF NURSING

COURSE NAME : BSC (N) II YEAR

SUBJECT : MEDICAL SURGICAL

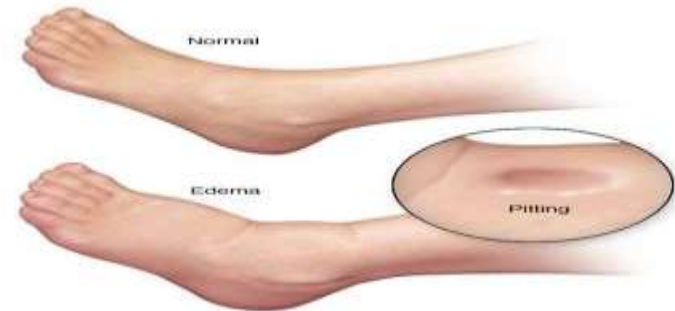
NURSING

UNIT II: EDEMA

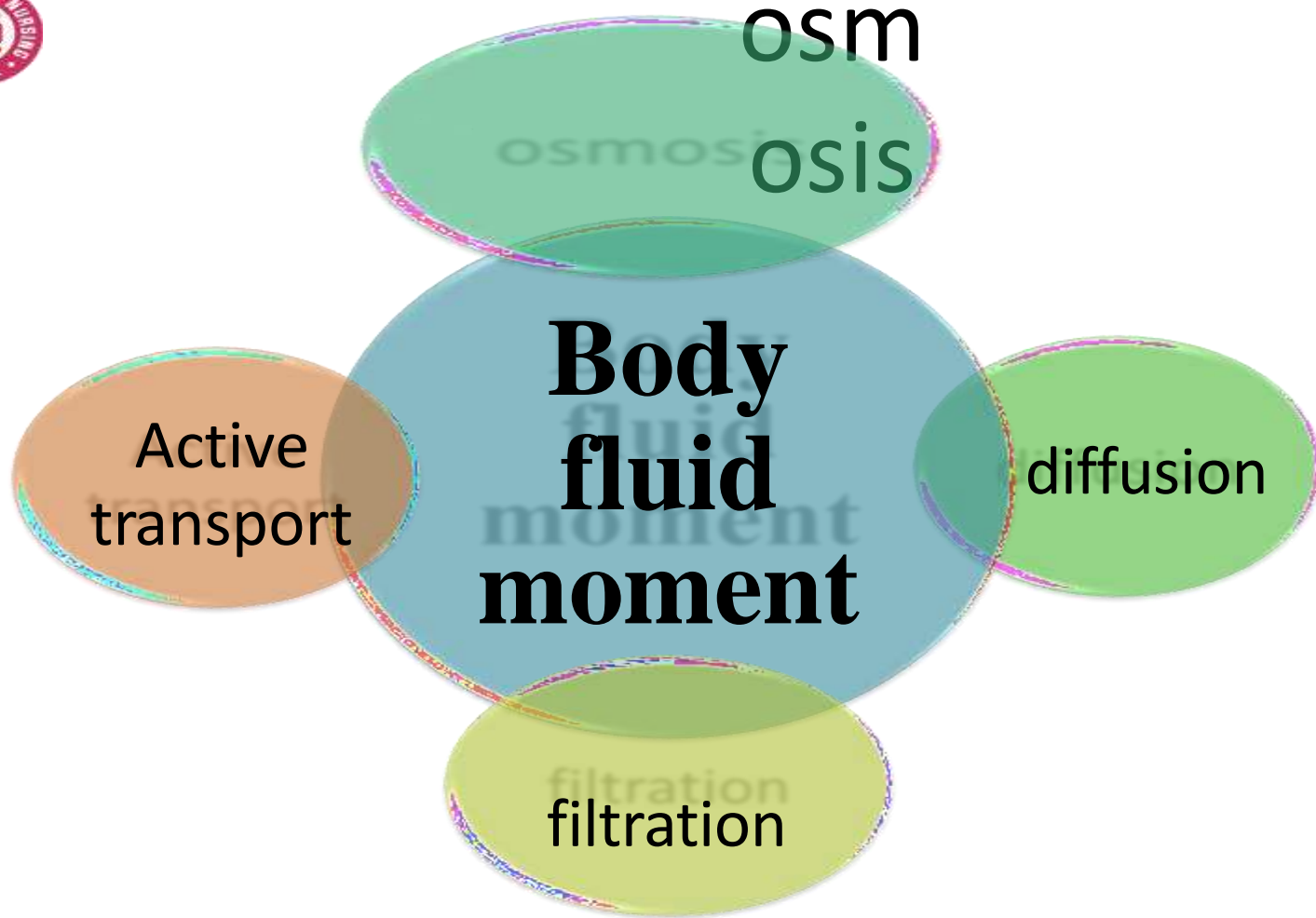
Edema refers to **swelling due to fluid buildup in bodily tissues**. It is common in the skin but can affect the brain, lungs, and other organs.



- Edema is an abnormal accumulation of fluid in the interstitial, located beneath the skin and in the cavities of the body.



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osmosis

Active transport

diffusion

Body fluid movement

filtration



RISK FACTOR OF EDEMA



- Sitting or staying in one position for too long
- Eating too much salty food
- Having premenstrual signs and symptoms
- Being pregnant
- Some medications eg: steroids, NSAIDs,



Several diseases and conditions may cause edema, including:



Congestive heart failure

Inadequate lymphatic system

Weakness or damage to veins in your legs

Kidney damage

Kidney disease

Cirrhosis



CAUSES OF EDEMA



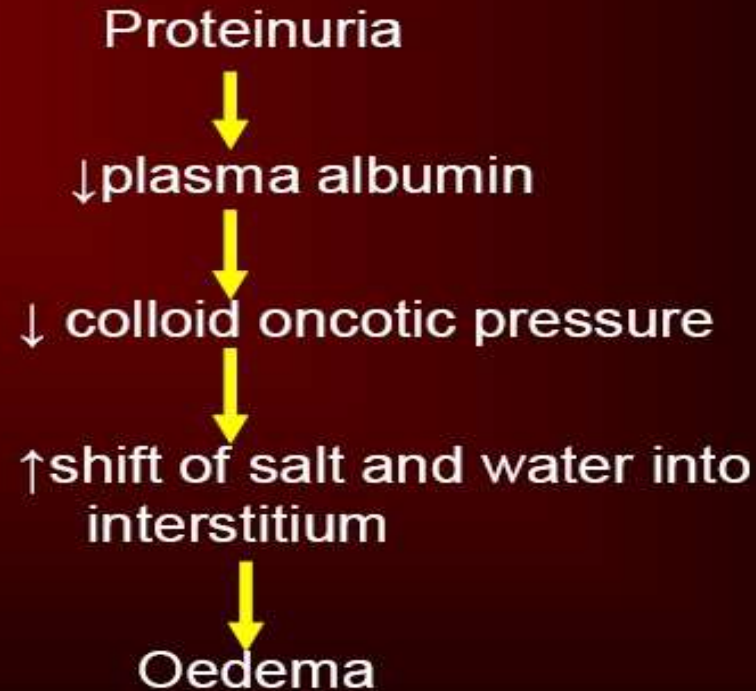
- Increased capillary hydrostatic pressure
- Reduced plasma oncotic pressure
- Increased blood vessel wall permeability e.g. Inflammation
- Obstruction of fluid clearance in the lymphatic system
- Changes in the water retaining properties of the tissues themselves. Raised hydrostatic pressure often reflects retention of water and sodium by the kidney



Oedema pathophysiology



Nephrotic
syndrome
Nephropathy
Renal failure



CLASSIFICATION OF EDEMA

Depending upon site of collection GENERALISED or LOCALISED



LOCALISED EDEMA

Redistribution of edema fluid, no accumulation

- Cellulitis
- DVT
- Lymphedema
- Angioneurotic
- Trauma
- Milroy's edema
- Nifedipine



CLASSIFICATION

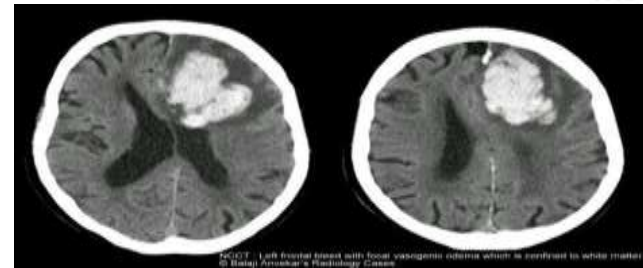
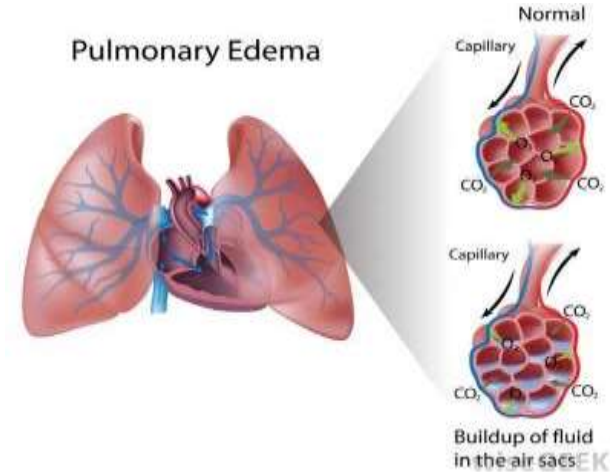
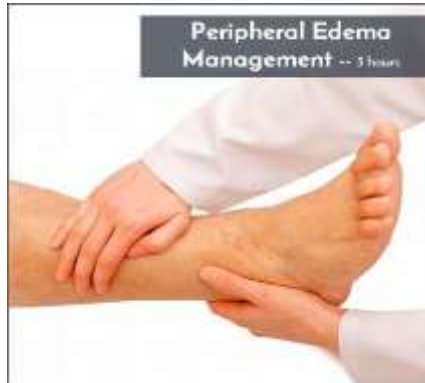
Edema can also be classified as pitting or non-pitting



OTHER TYPES

Other major types

- PERIPHERAL EDEMA
- PULMONARY EDEMA
- CEREBRAL EDEMA





CLINICAL MANIFESTATION OF EDEMA



- The increase in total body water causes weight gain over a short period of time.
- Peripheral edema
- Excess of fluid in interstitial space
- Distended neck veins and peripheral veins
- Slow emptying peripheral veins.
- CVP over 11 cm H₂O
- Crackles and wheezes in lungs.
- Polyurea (if renal function is normal)
- Ascites
- pleural effusion
- Decreased BUN (due to plasma dilution)
- Bounding, full pulse
- Pulmonary edema, if severe



ASSESSMENT



- **Health history**
- **Diagnostic test**
 - ✓ Monitory serum osmolality,
 - ✓ Serum electrolytes,
 - ✓ hemoglobin and hematocrit,
 - ✓ urine, specific gravity and osmolality
 - ✓ CVP reading



Daily Weight



Lung sound

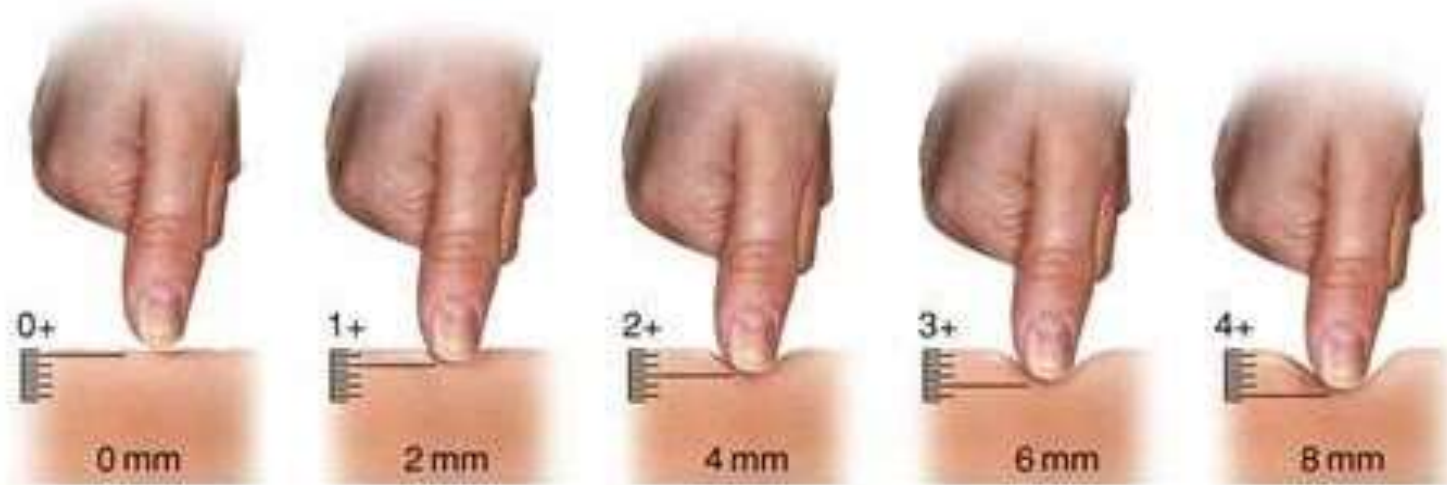


Extremity
measurement



Abdominal
measurement

ASSESSMENT OF EDEMA



0+ No pitting edema

1+ Mild pitting edema. 2 mm depression that disappears rapidly.

2+ Moderate pitting edema. 4 mm depression that disappears in 10–15 seconds.

3+ Moderately severe pitting edema. 6 mm depression that may last more than 1 minute.

4+ Severe pitting edema. 8 mm depression that can last more than 2 minutes.



Exercise to Eliminate Leg Swelling

How to Exercise Leg Swelling

- Lie flat on back clamping arms and legs.
- In the air shake leg as if to crush lymph fluid
- Take down to the zone of your body.
- Enjoy your self.





Nursing Management



- Assess the presence of worsening of edema.
- Encourage adherence to sodium restriction to avoid over the counter drugs
- When indicated, encourage rest period



Nursing Management

- Monitor the clients response to diuretics, check daily weight.
- Monitor the rate of parenteral fluids and the client response.
- Teach self monitoring of weight and intake and output measurement (such as the case CCF, renal failure, cirrhosis of liver)



Nursing Management



- Turn and position the client frequently
- Help the patient relax to promote oxygenation.
- Place the patient in high Fowler's position to enhance lung expansion.
- Administer oxygen as ordered.
- Assess the patient's condition frequently.



Nursing Management



- Auscultate the lung fields for breath sounds and be alert for crackles.
- Watch for complications of treatment such as electrolyte depletion.
- Monitor ABG results for presence of hypoxemia (decrease PaO₂) and hypercapnia (Increase P_cO₂)



ASSESSMENT



1. Define edema
2. List out types of edema
3. Describe about the assessment of edema
4. Elaborate the management of edema



REFERENCES



- BRUNNER & SUDDARTH, MEDICAL SURGICAL NURSING, 1ST EDITION
- LEWIS'S, MEDICAL SURGICAL NURSING, 9TH EDITION
- M.P SHARMA, MEDICAL SURGICAL NURSING, 1ST EDITION, AITBS PUBLISHERS



Thank You