



SNS COLLEGE OF NURSING

SARAVANAMPATTI, COIMBATORE

UNIT-3

NUTRITIONAL NEEDS II

Mrs.M.Navaneetha
PROFESSOR



Anorexia Nervosa Disorder

Here is where your presentation begins



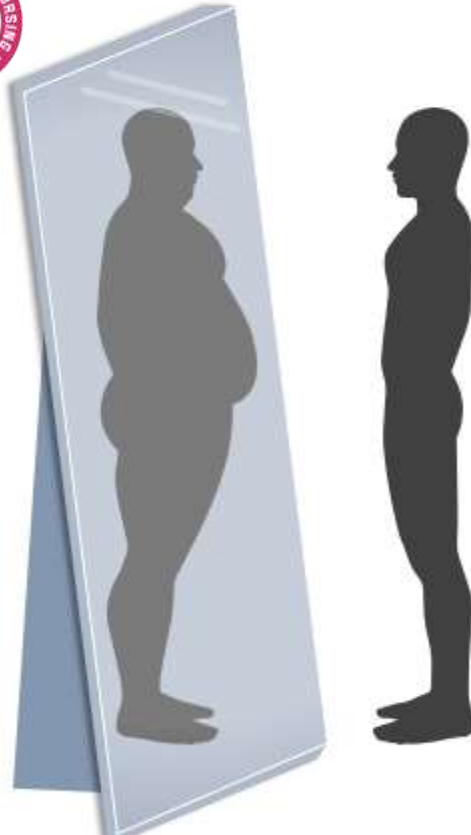
DEFINITION :-

- Anorexia Nervosa is an eating disorder occurs most often in adolescent girls. The problem is found as refusal of food to maintain normal body weight by reducing food intake, especially fats and carbohydrates.



ANOREXIA NERVOSA

Signs and Symptoms of Anorexia Nervosa



Insomnia



Osteoporosis



Dizziness or Fainting



Dramatic Weight Loss



Inadequate Food Intake



Irregular Heart Rhythms



Decreased Testosterone



ANOREXIA NERVOSA

Source : MINDJOURNN

Problems Associated with Anorexia Nervosa



ANOREXIA NERVOSA

Treatment of Anorexia Nervosa





nurseslabs



Nausea & Vomiting



NURSING CARE PLAN AND MANAGEMENT

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Nausea

- Nausea is an uneasiness of the stomach that often comes before vomiting.

Vomiting

- Vomiting is the forcible voluntary or involuntary emptying ("throwing up") of stomach contents through the mouth.





Common Causes of Nausea & Vomiting

INTERNAL CAUSES

Headaches

Viral Infections

Heart Attack

Severe Pain

From any source

Abdominal Sources

Appendicitis, hepatitis, kidney, or gallbladder issues.

Pregnancy

EXTERNAL CAUSES



Motion Sickness



Alcohol Poisoning



Food Poisoning



Medicines



SIGNS OF NAUSEA



Restlessness

Fatigue

Increased Salivation

Urge to Vomit

Loss of Appetite

Headache

Dizziness

Excessive Sweating

Burping

Abdominal Pain





Treatment of Vomiting



- Patient **Vomiting** can be treated by,
- **Ondansetron 2mg/1ml** IV or IM injection or tablet given
- For less than 6years baby :
- Syrup of **Ondansetron**
- **Can lead to stop vomiting.**





Diet in Vomiting



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SPECIAL FEEDING METHODS

Terminally ill patients are unable to consume oral fluids. Therefore, nutrients can be administered by special feeding method to prevent further nutritional deficiencies. Commonly two methods are used to administer fluids **these** are:

- Enteral feeding
- Parenteral feeding



Enteral feeding



Enteral feeding is a method to provide nutrients in the gastrointestinal tract with the help of tube when oral intake is inadequate to maintain optimal nutritional status in body

Enteral access:

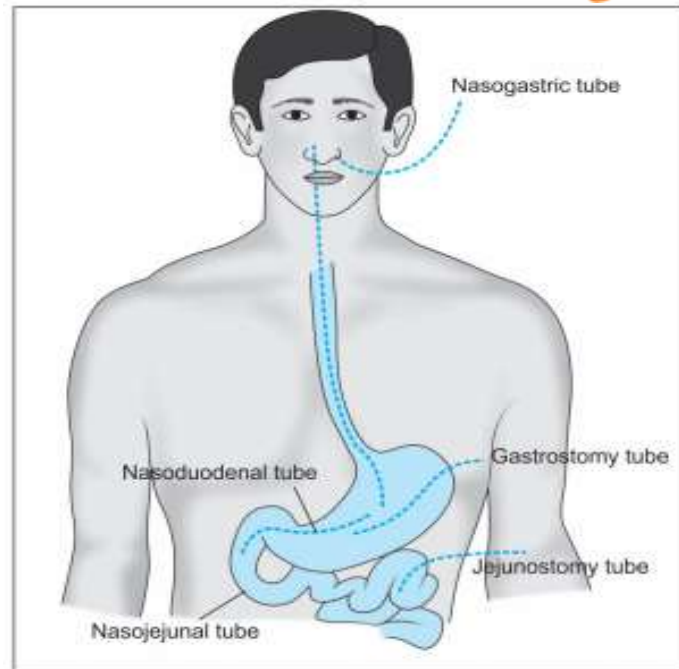
The short term enteral access involves:

- Nasogastric
- Nasoduodenal
- Nasojejunal



Nasogastric

Nasogastric involves in short-term method for 3–4 weeks. A nasogastric tube is inserted through nose into the stomach.





Nasoduodenal and Naso jejunal

This is also a short-term method for 3–4 weeks. This method is used for the patients with gastric motility disorders, esophageal reflux or persistent nausea and vomiting. By peristaltic movements the tube reaches into the small intestine and the tube placement can be verified radiologically.

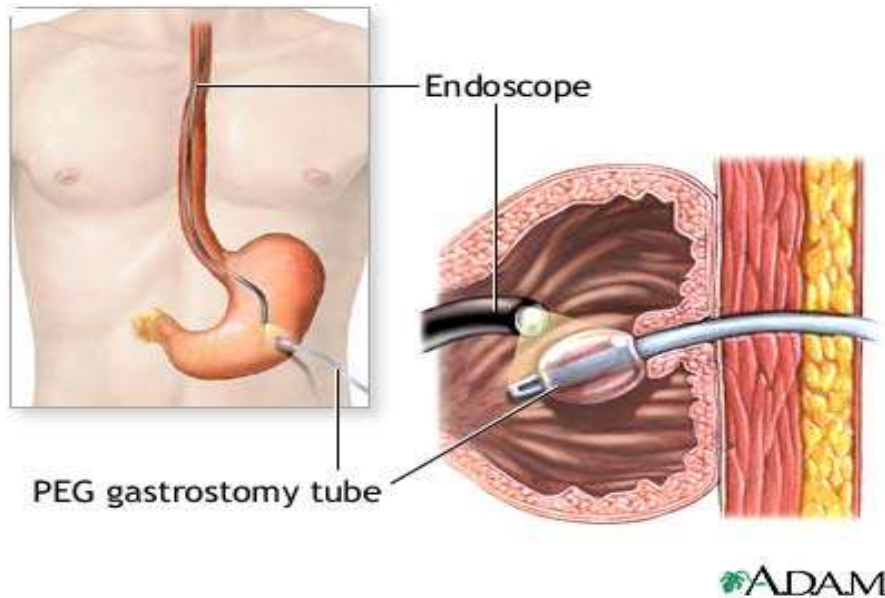
- Gastrostomy
- Jejunostomy

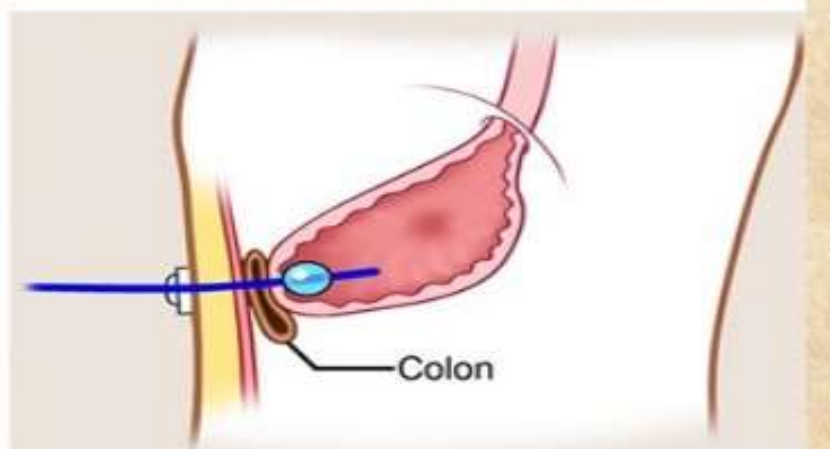
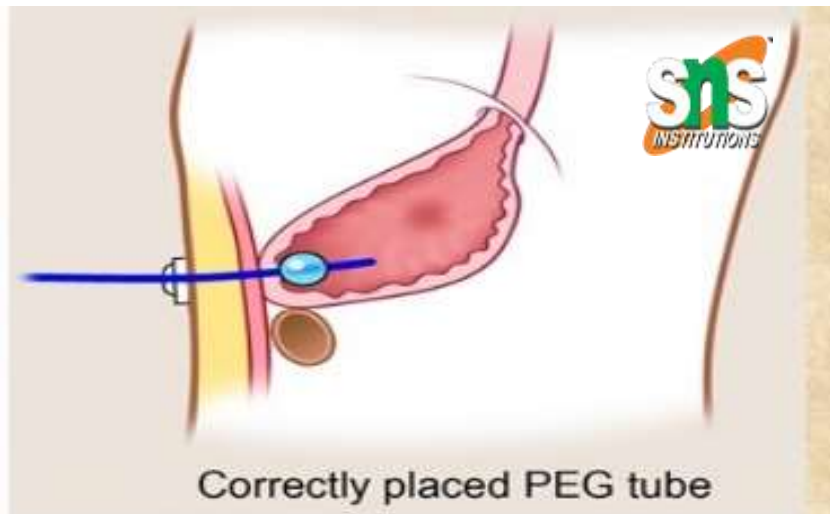
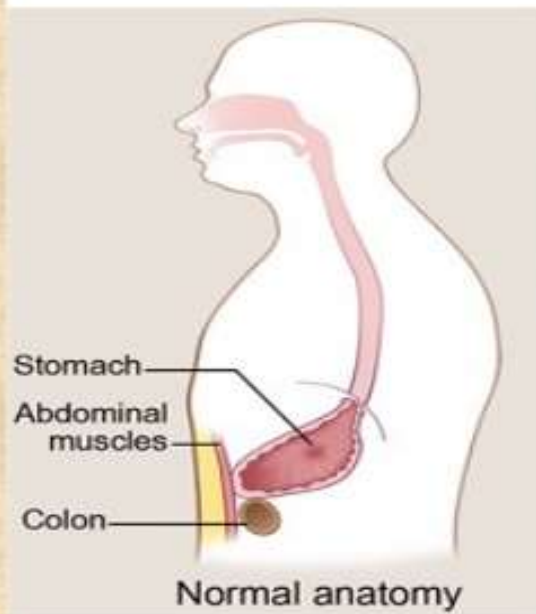


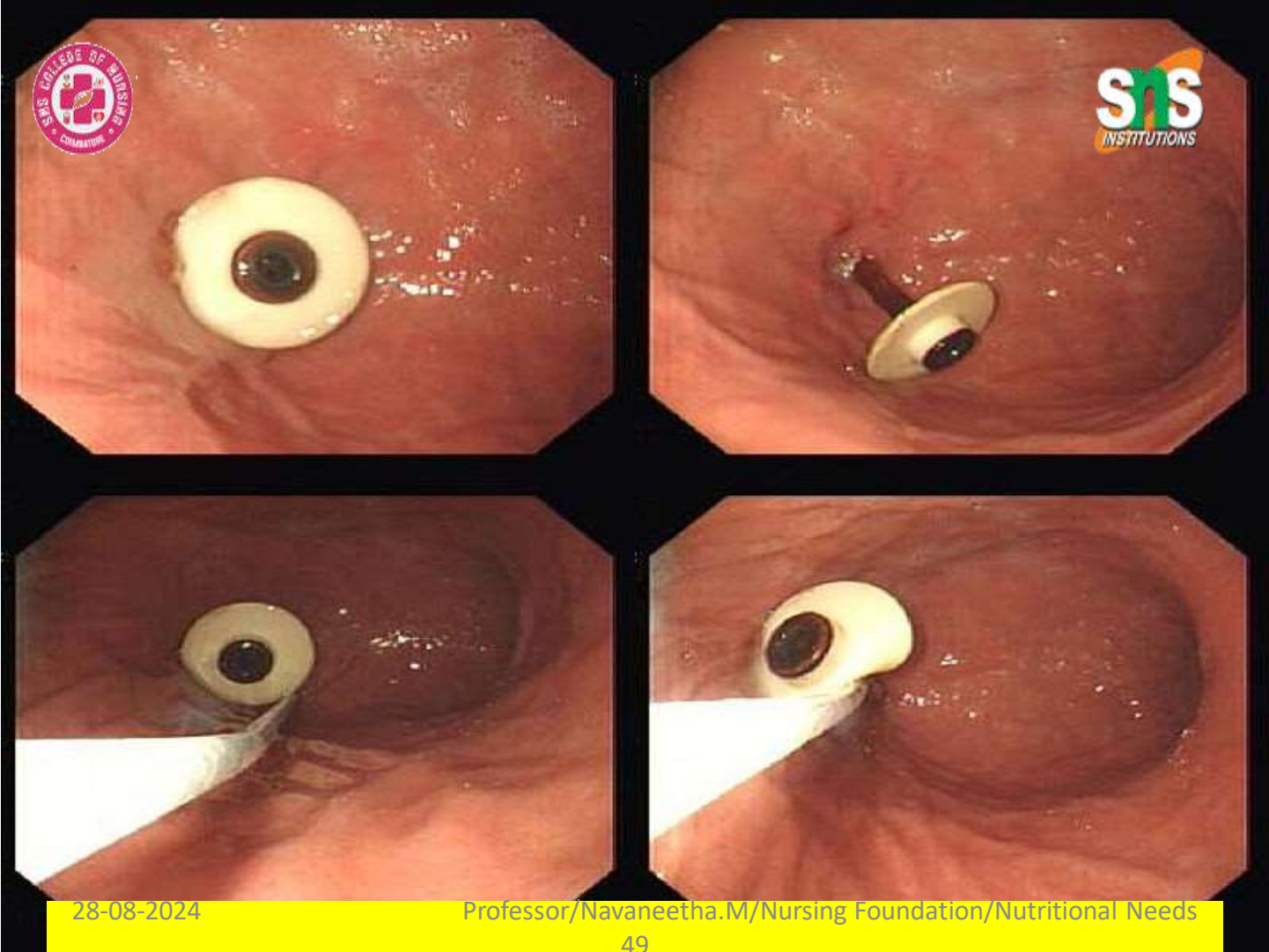
Gastrostomy and Jejunostomy



- The small opening called as stoma is made directly into the stomach or jejunum.







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Parenteral Feeding

Parenteral nutrition is defined as the provision of nutrients directly into the blood stream in the patient who cannot feed through enteral route.

In the parenteral feeding, it is necessary to choose between center and peripheral access.



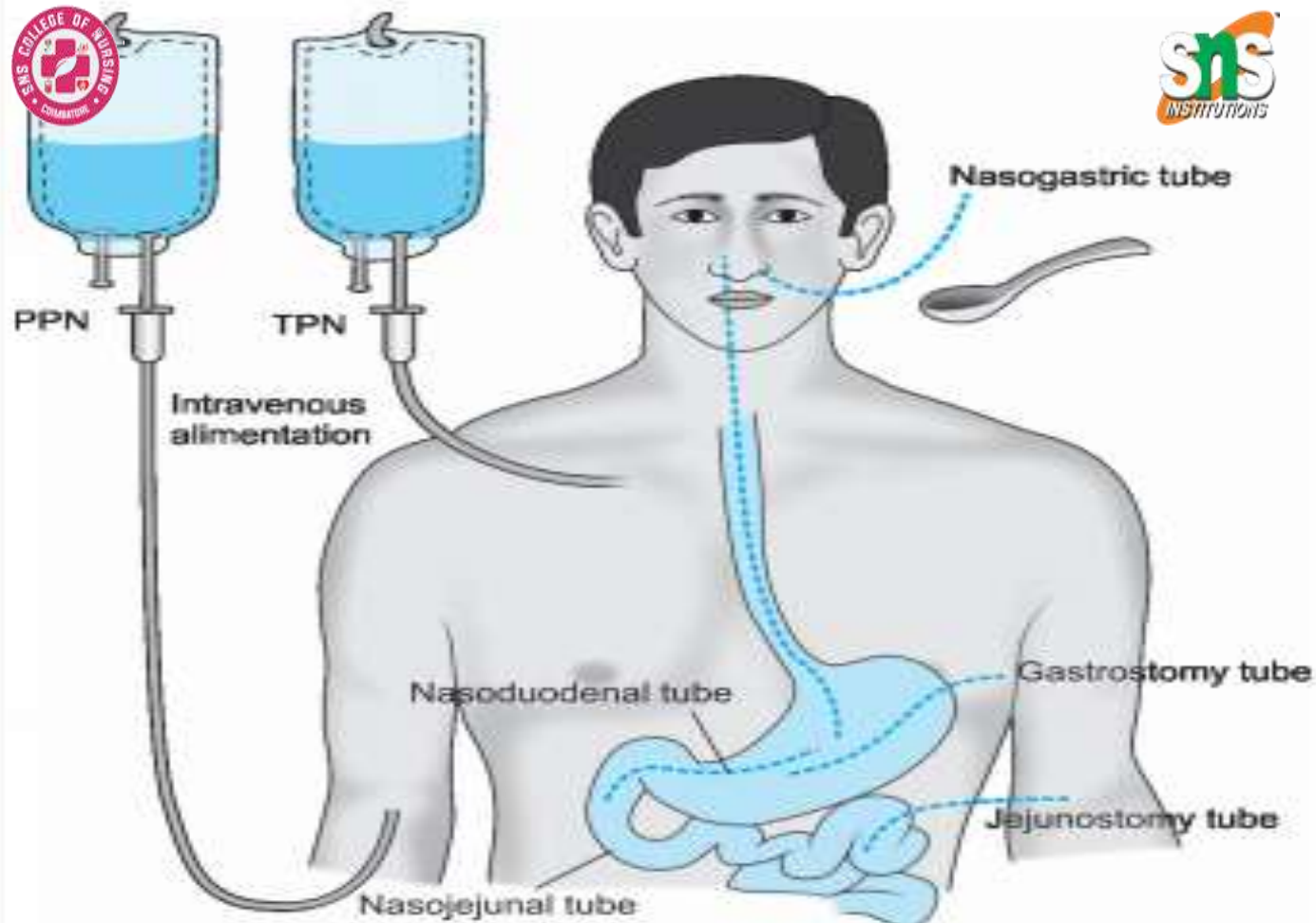
Parenteral Access

Peripheral access:

The feed can be infused through a peripheral intravenous catheter placed in a vein peripheral parenteral nutrition (PPN) nutrition.

Central access/total parenteral nutrition (TPN):

With septic technique, catheters are inserted into the subclavian vein and continued until the catheter tip reaches the superior vena cava.



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NASOGASTRIC TUBE INSERTION





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DEFINITION



Administration Of Feed Directly Into The Stomach Through A Tube Passed Into The Stomach Through The Nose (Nasogastric) Or Mouth (Orogastric)



PURPOSE

- To Provide Adequate Nourishment To Patient Who Cannot Feed Themselves.
- To Administer Medication
- To Provide Nourishment To Patients Who Cannot Be Fed Through Mouth. E.G. ; Surgery In Oral Cavity , Unconscious Or Comatose State



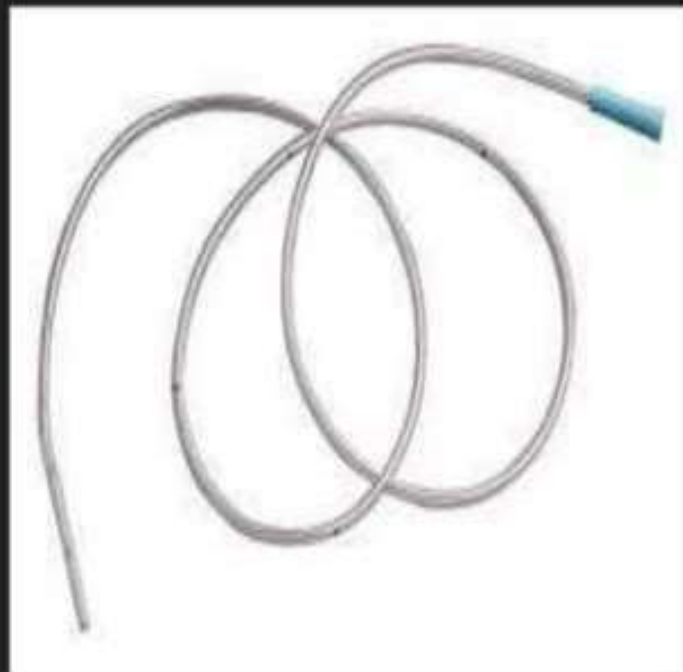
INDICATIONS

- Head And Neck Injury
- Coma
- Obstruction Of Oesophagus Or Oropharynx
- Severe Anorexia Nervosa
- Recurrent Episodes Of Aspiration
- Increased Metabolic Needs – Burns ,Cancer Etc.
- Poor Oral Intake



TYPES OF NASOGASTRIC TUBE

LEVINE'S TUBE

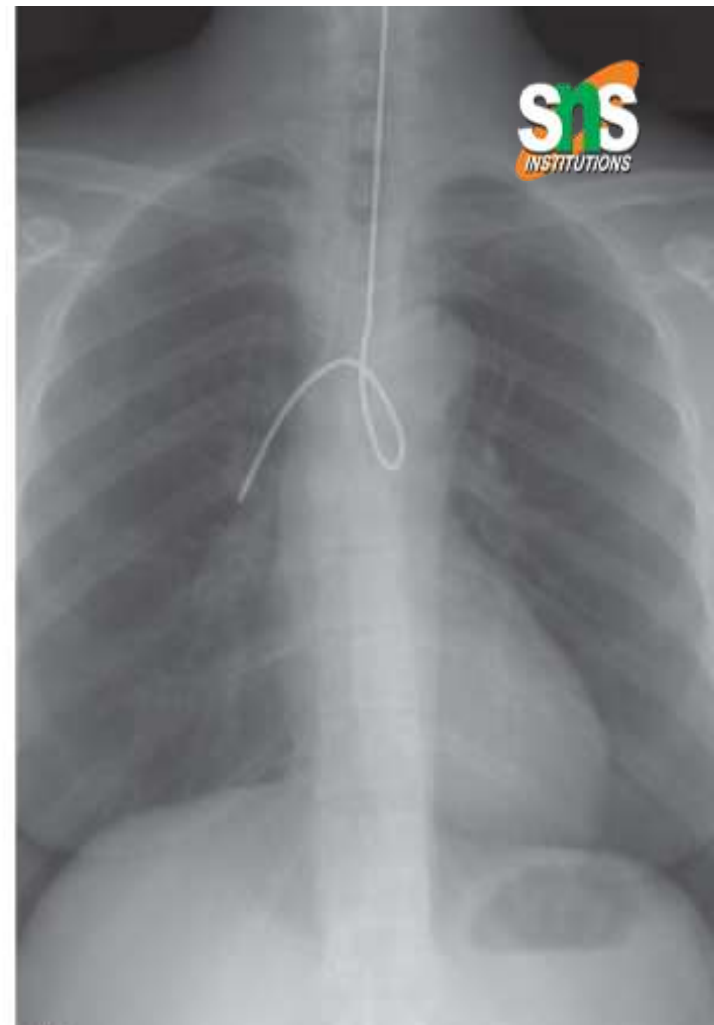
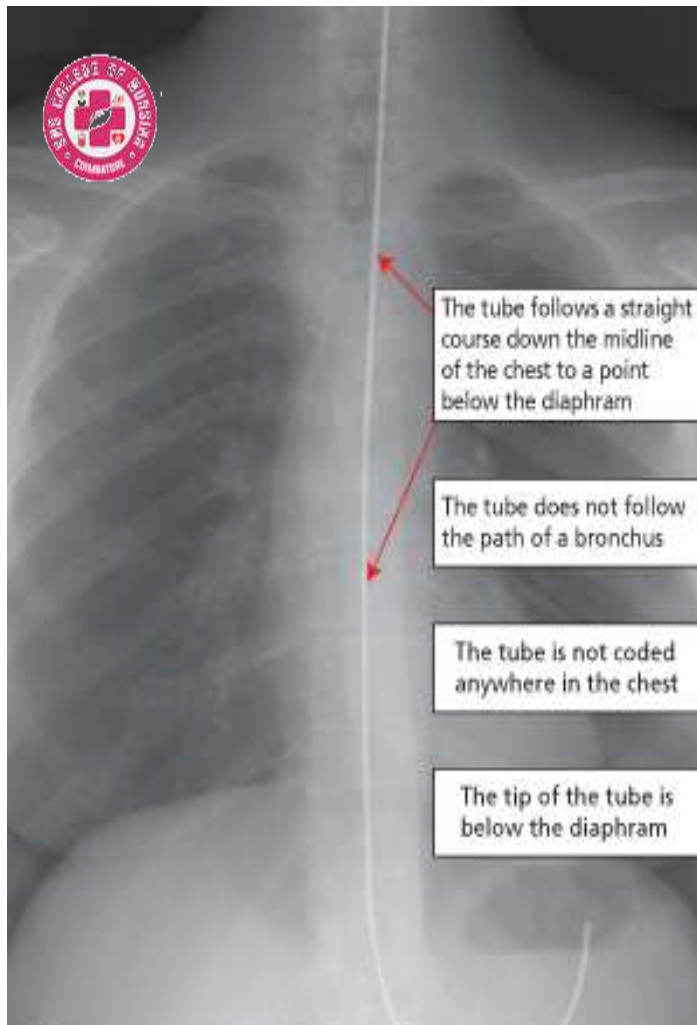


SALEM SUMP

Salem (Double Lumen) pump



- Most common nasogastric tube
- Used for irrigation of stomach and tube feedings
- Sizes 14-18 French
- 120 cm long
- If suction is needed, connect the larger bore to suction
- Blue vent is always open to air for continuous atmospheric irrigation
- Prevent reflux by having the blue vent port above patient's waist



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ARTICLES

A Tray Containing ;

- Formula Feed
- Graduated Container
- Large Syringe(30 To 60 ML)
- Water In Container
- Stethoscope

GRADUATED CONTAINER



LARGE SYRINGE (60 ML)



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PROCEDURE



NURSING ACTION

RATIONALE

- Identify Patient And Explain Procedure To The Patient And That Feeding Will Take Around 10 – 20 Minutes To Complete, Also Explain That Patient Will Experience A Feeling Of Fullness After Feeding.
- Assess The Food Allergies, Time Of Last Feed , Bowel Sounds And Laboratory Values.

- Proper Explanation Allays Anxiety And Ensures Cooperation , Explanation To Be Given To Patients Who Are Comatose Or Unconscious As They May Hear And Perceive The Instructions.
- Proper Assessment Will Prevent Risk Of Complication.



- Place Container With Feed In Warm Water.
- Assist Patient To Fowlers Position.
- Wash Hands
- Spread Towel And Mackintosh Over Patients Chest.
- Done Gloves Attach Syringe To Nasogastric Tube.
- Warms The Fluid To Be Fed.
- To Enhance Gravitational Flow Of Feed Through Tube End Prevents Risk Of Aspiration.
- Reduces Risk Of Transmission Of Micro-organisms



- Aspirate Stomach Contents If There Is Doubts About Tube Placement And Obtain An Order For X-ray.
- If Tube Placement Is Confirmed In Stomach , Pinch The Feeding Tube And Attach Barrel Of Feeding Syringe To Tube
- If Residual Gastric Contents Exceeds 100ml For Intermittent Tube Feeding Or Greater Than 1/5 Times The Hourly Rate For Continuous Feed And Notify Physician.
- Pinching Of Feeding Tube Prevents Air From Entering The Stomach And Causing Distension



- Fill Syringe Barrel With Water And Allow Fluid To Flow In Gravity , By Raising Barrel Above Level Of Patients Head.
- Pour Feed Into Syringe Barrel And Allow It To Flow By Gravity Keep On Pouring Feed / Formula To Barrel When It Is Three Quarters Empty, Pinch Tube Whenever Necessary To Stop When Pouring
- Water Clears The Tube And The Rate Of Flow Is Regulated By Raising Or Lowering The Syringe.
- Prevents Air From Entering Tube



- After Feeding Is Completed , Flush Tube With At Least 30 Cc Of Plain Water.
- Prevents Clogging Of Feeding Tube.
- After Tube Is Cleared Close The End Of Feeding Tube.
- Prevents Leakage.
- Rinse Equipment's With Warm Water And Dry.
- Prevents Bacterial Growth.
- Keep Head Of Bed Elevated For 30-60 Mins After Feeding.
- Prevents Aspiration



- Wash Hand
- Document Type And Amount Of Feeding Amount Of Feeding, Amount Of Water Given And Tolerance Of Feed.
- Monitor For Breath Sounds ,Bowel Sounds , Gastric Distension , Diarrhoea Constipation And Intake And Output.
- Reduces Risk Of Transmission Of Micro Organism.
- Evaluates For Aspiration Effects On GI System And Therapeutic Effect Of Feeding.



- Instruct Patient To Notify Nurse If He Experience Sensation Of Fullness , Nausea Or Vomiting.

- May Indicate Intolerance Of Feeding.



SPECIAL CONSIDERATION

- Change The Nasogastric Tube According To Institution Policy.
- Change The Articles Every 24 Hours Or According To Institute Policy.

