

Nephrotic Syndrome (NSNS)	Acute Glomerulonephritis	Acute Renal Failure	Chronic Renal Failure
<p>• Clinical state with massive proteinuria, hypoalbuminemia, hypertension, & edema</p> <p>• Increased glomerular permeability to plasma proteins with massive urinary protein loss</p> <p>• Decreased albumin level, decreased pressure in capillaries</p> <p>• Change in pressure causes interstitial fluid accumulation edema, ascites</p> <p>• Hypovolemia occurs which stimulates ADH & aldosterone with increased absorption of water.</p> <p>• The glomerular membrane is normally impermeable to protein/albumin.</p> <p>• Unknown how hypertension occurs</p> <p>• "Self-limiting disease... meaning it will come to an end by itself"</p> <p>PATOPHYSIOLOGY</p> <p>Peak incidence in children 2-8 years</p> <p>Males > females</p> <p>Cause not fully understood</p> <p>Includes metabolic, biochemical, physicochemical, or immune mediated errors.</p> <p>CLINICAL MANIFESTATIONS</p> <p>"P. U. PLEW"</p> <ul style="list-style-type: none"> -Pleural effusion -Urine alterations -Facial edema, ascites -Labial or scrotal swelling -Easily fatigued -Weight gain <p>DIAGNOSIS</p> <ul style="list-style-type: none"> -Based on clinical manifestations -Proteinuria, hypoalbuminemia, and hypercholesterolemia -UAC (urine proteinuria) <p>LABS</p> <p>Total serum protein is low</p> <p>serum albumin low</p> <p>plasma lipids elevated (don't know why)</p> <p>hgb and gct usually normal</p> <p>platelet count up</p> <p>serum Na low</p> <p>MANAGEMENT</p> <ul style="list-style-type: none"> -CPR in the ED* -Control edema -Corticosteroids (2mg/kg/day for ~2 weeks) -Pain/Treat infection -Reduce proteinuria (keep child from losing protein) -Establish balanced nutritional state -Diuretics -$\geq 20\%$ albumin loss (for reduced proteinuria) <p>Remember this is a blood product- we do frequent vital signs!</p>	<p>Acute Glomerulonephritis</p> <p>• Inflammation of the glomeruli can lead to...</p> <p>• Destruction & sclerosis of glomeruli</p> <p>• Which causes kidney damage...</p> <p>• Pathophysiology is not clear, but we do know it is infiltrated with IgA.</p> <p>Although, we don't find any bacteria in their urine, we just ask about their history. Typically, will be about a month after they've had strep, they either didn't go to doctor or didn't finish their antibiotics.</p> <p>• Uncommon in kids less than 2- happens to older kids, happens more in boys than girls.</p> <p>CLINICAL MANIFESTATIONS</p> <p>"TACBED"</p> <ul style="list-style-type: none"> -Thick appearing -Dribbling to lethargy -Anorexia -Cloudy, smoky brown urine (muc) -Hypertension -Edema \rightarrow pulmonary edema -Decreased urine output <p>DIAGNOSIS</p> <p>"A CHIRP"</p> <ul style="list-style-type: none"> -Antineutrophil cytoplasmic antibodies (ANCA) test (will be positive w/ having strep throat as main point) -Blood & sputum -Hematuria with red blood cell casts, bacteria -Increased BUN and Creatinine -Reduced serum complement (C3) levels -Proteinuria <p>MANAGEMENT</p> <p>"G. DASE"</p> <ul style="list-style-type: none"> -Generally supportive care -Dietary restrictions -Diuretics -Daily Weights -Antihypertensive meds -Sister I & O -Home Tx: OK if good UOP/normal BP -Hospitalized: oliguria, gross hematuria, HTN -Skin integrity—edema -Need early recognition and Rx of complications. -Can sometimes be treated at home, if they're still producing urine and their blood pressure is okay. -Teach hand hygiene -Secure precautions if Na low/bed in 	<p>• Inability of kidneys to excrete waste materials, concentrate urine, & conserve bytes</p> <p>• Abrupt reduction of renal function</p> <p>• Most types are reversible</p> <p>• Caused by different clinical conditions</p> <p>DEHYDRATION IS MOST COMMON CAUSE,</p> <p>[which means it's easily fixed]</p> <p>CLINICAL MANIFESTATIONS</p> <p>"HONKD"</p> <ul style="list-style-type: none"> -HTN -Oliguria associated with... -Azotemia (which nitrogen is in the blood), metabolic acidosis, diverse electrolyte abnormalities -Nausea/vomiting -Edema -Drowsiness <p>DIAGNOSES</p> <p>Diagnosis is made primarily on urinalysis.</p> <p>Urine Culture.</p> <p>CBC (Hb/Hct low), and Serum Chemistry: BUN.</p> <p>Serum creatinine:</p> <p>Na</p> <p>K+ (monitor if high or low) (high) give Kayexalate PO or renal to absorb the extra K+ if this doesn't work: dialysis</p> <p>Ca levels</p> <p>MANAGEMENT</p> <ul style="list-style-type: none"> -Diuretics (to get fluid shift going in the right direction) -Management of complications -Provide supportive therapy -Rehydration (fluid losses & PO fluid) -Treat underlying cause <p>COMPLICATIONS</p> <p>"CASH"</p> <ul style="list-style-type: none"> -Cardiac failure -Anemia -Seizures -HTN -Hyperkalemia (> 5.5 mg/dL) 	<p>Progressive irreversible</p> <p>Caused by congenital malformations, reflux, pyelonephritis, infections</p> <p>Plasma creatinine levels gradually become elevated as renal function decreases- cannot get this back to normal.</p> <p>CLINICAL MANIFESTATIONS</p> <p>"WTFU DRAWS IT"</p> <ul style="list-style-type: none"> -Weight loss -Headache, HTN -Uremic syndrome (dry, itchy skin with uremic frost, "the breath") -Pallor -Dry/itchy skin -Anorexia -Muscle cramps -N/V -Fatigue -Facial edema <p>MANAGEMENT</p> <ul style="list-style-type: none"> -Dialysis -Fluid regulation (if needed, may restrict sodium, potassium, & water) <p>ENCOURAGE PROTEIN</p> <p>To make sure they have enough to promote healing!</p> <ul style="list-style-type: none"> -3 meals -Medications: side effects (if they're taking meds that are excreted by the kidney and the kidneys aren't working properly) -Previous renal infections -Transplant (will end up on this list, because you can't get your kidney's back once they're damaged) <p>PROGNOSIS: POOR, children will end up on dialysis.</p>

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Lippincott

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Edition Angela Ciolfi Murphy, 1997 This study guide is designed to facilitate effective use of the 5th ed of Whaley & Wong's Essentials of pediatric nursing

[Study Guide for Introduction to Maternity and Pediatric Nursing](#) C. N. E. Gloria

Leifer, 2022-11-12 [Maternal & Child Health Nursing Study Guide](#) A. Joy Ingalls, 1975

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Mobley 4th ed c2004 Introduction to Maternity & Pediatric Nursing - Text & Study Guide Package Gloria

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and Pediatric Nursing, 7e Gloria Leifer,2014-09-29 **Illustrated Study Guide for the NCLEX-PN® Exam - E-Book**

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