

According to NANDA Diagnosis and NIC, Administration Nursing Care of Patient With Congenital Esophageal Atresia

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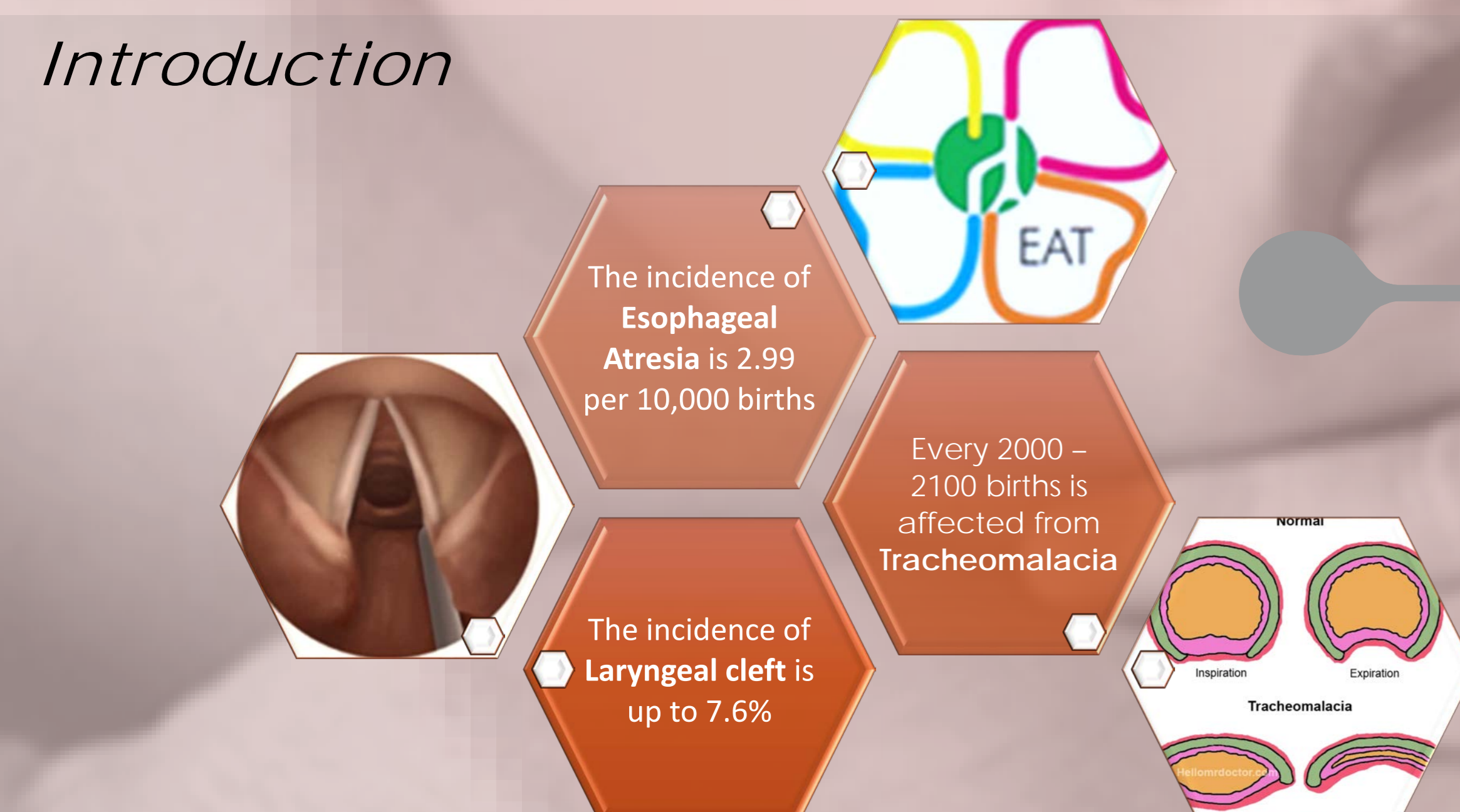
Abstract

Esophageal atresia is the most common malformations of the esophagus anomalies which is life-threatening and requires lifelong treatment and care. Laryngeal cleft is a rare congenital anomaly too. It causes the connection between the trachea and esophagus. And the last one that, tracheomalacia is defined as loosening or softening of the tracheal and bronchial lumen leading to the lungs and collapsing/contracting during airflow.

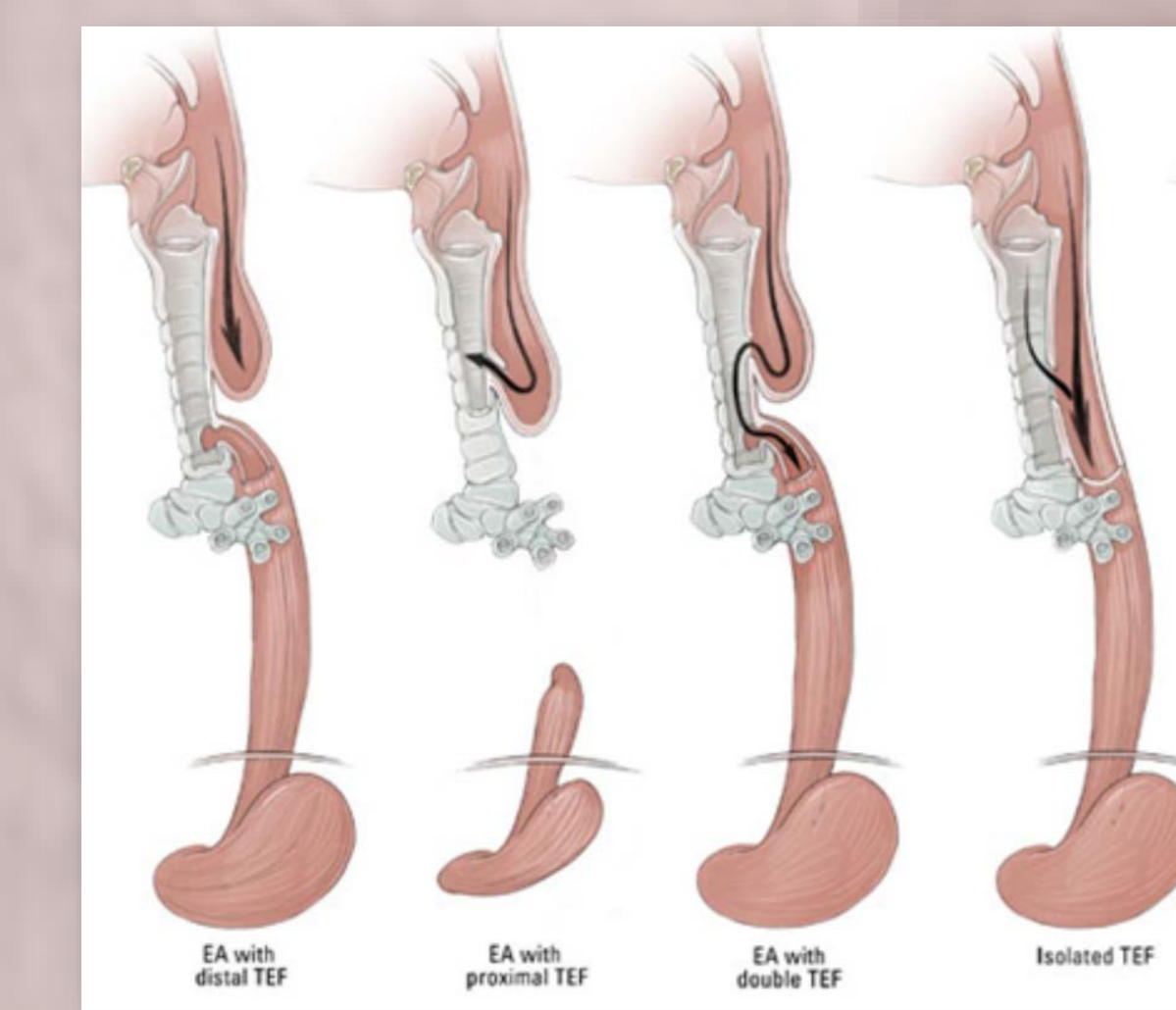
In addition, laryngeal clefts and tracheobronchomalacia are similarly dangerous diseases that affect the respiratory tract in a major way and can often be fatal, requiring intensive care. Infants with these diseases experience developmental delays, recurrent respiratory infections, frequent intensive care hospitalizations.

In this study, it is presented a 5-month-27-day-old infant 'case M' with a diagnosis of esophageal atresia, laryngeal cleft, and tracheobronchomalacia. The anamnesis of Case M was taken and evaluated according to Marjory Gordon's Functional Health Patterns Model. As a nursing diagnosis were made in accordance with NANDA, and intervened according to the NIC, and the results were established according to the NOC.

Introduction



Esophageal Atresia



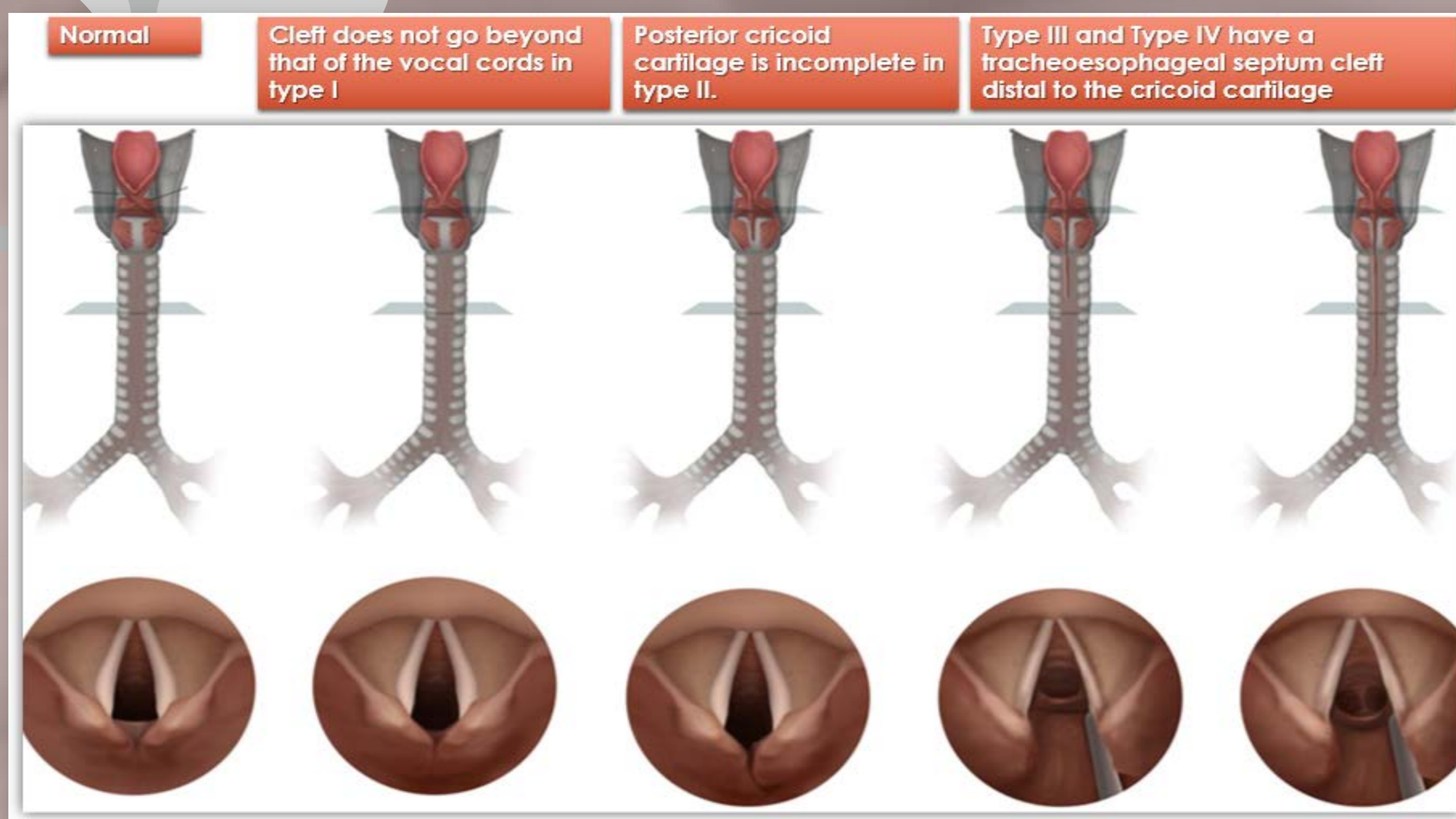
Esophageal atresia is one of the most common malformations of the esophagus anomalies which is life-threatening and requires lifelong treatment and care. Particularly, there is a need for follow-up, treatment and care for life. (1, 2) Treatment and caring needs depend on the type of atresia. (3)

Tracheobronchomalacia

Tracheomalacia is defined as loosening or softening of the tracheal and bronchial lumen leading to the lungs and collapsing/contracting during airflow. (4)

Laryngeal Cleft

Laryngeal cleft is a rare congenital anomaly that causes the connection between the trachea and esophagus. (5, 6, 7, 8)



The patient who was admitted to the hospital with aspiration pneumonia on 7th January 2016 started being followed as 5 months 27 days old and was admitted to the intensive care unit for 45 days There are no anomalies in the parents.

Marjory Gordon's Functional Health Patterns Model

Detection and Management of health

When interviewed about baby's health, she stated that 'she believes that the baby will improve and this hospital and health workers are safe and she has high hopes'.

Nutrition and Metabolic Status

Patient was fed with TPN until his transpyloric catheter was inserted. After the catheter was inserted, it was started to be infused with food by constant infusion at a rate of 3ml per hour. Then it is continued to be increased.

Discharge/Elimination Activity/Exercise

No urine or stool problems
When the baby's sedation was, there were active limb movements.

Cognitive Perception

When the baby's sedative medicines were cut off, it was seen that he could look at his name, trace with his eyes, grasp small objects, recognize her mother's voice.

Sleep/Rest

When the baby's sedation was interrupted, he had an average of 15 hours of sleep per day.

Self-Perception and Self

Baby's mother was evaluated. She stated that she saw herself as a good mother devoted to the health of her baby and she was open for further education for the care and healing of the baby.

Role and Relationships

The mother stays in hospital because of her baby's disease.

Sexuality and Reproduction

Mother S has stated that she has been in hospitals for months for the baby.

Coping and stress

The baby's mother says she can cope with it and seems positive.

Faith and Values

The mother was thinking positively during the interview and said that it made her feel good. (9)

Physical Examination Findings

Weight: 2.810, Weight Percentile: <3	Blood pressure: 123/87 (right leg)
Height: 52cm, Height Percentile: <3	Pulse: 147 / apical, rhythmic strong
Head circumference: 39 cm,	Capillary filling time: lower and upper extremity 2sec
Respiration: 32	Body Temperature: 36.7 Axillary
Mechanical Ventilation: In PCV mode, PEEP 3, Rate: 20, I: E Ratio ¼, PIP: 24	There Is No Known allergy: -
FiO2 between 45-60% was ventilated	Vaccinations: Proper for the age
SpO2: 92%-97%	

NANDA Diagnosis of Nursing: Infection Risk

Area: Safety/Protection	Class: Infection
Intubation, tracheostomy, use of ventilator, surgical treatment, intermittent enteral and parenteral feeding, following arterial pressure after surgery, due to insertion of urine probe after surgical procedures	
Related Factors	

NOC	Area	Grade	NIC	Area	Grade
0703 The severity of infection	Physiologic Health	Immune response	6540 Infection Control	Safety	Risk Management
1102 Wound Healing: Primary	Physiologic Health	Tissue Integrity	6550 Prevention from Infections		

Infection Control-Exapmle For The NIC

If necessary/appropriate, start and continue the specified isolation measures. Properly, limit the number of visitors. Keep the aseptic environment while changing the TPN tube and bottles. According to the CDC guidelines; Make sure that perieral / central / IV catheters are in aseptic conditions for dressing change. Teach the patient's family/caregiver about signs and symptoms of infection and inform healthcare providers.

NANDA Nursing Diagnosis: Liquid Volume Depletion

Area: Nutrition	Class: Hydration
Related Factors	
Descriptive Factors	

NOC	Area	Grade	NIC	Area	Grade
0601 Liquid Balance	Physiologic Health	Liquid & Electrolyte	2180 Hypovolemia Management	Physiological Complex	Tissue Perfusion Management
0602 Hydration	Physiologic Health	Liquid & Electrolyte	2080 Liquid/Electrolyte Management		

NANDA Diagnosis of Nursing: Imbalance in Feeding: Less than Need

Area: Nutrition	Class: Eating
Related Factors	
Descriptive Factors	

NOC	Area	Grade	NIC	Area	Grade
0102 Child Development: 6 months	Functional Health	Growth & Development	1160 Monitoring Nutrition	Physiological: Basic	Nutrition Support
			1200 Total Parenteral Nutrition Application		

NANDA Nursing Diagnosis: Risk Of Difficulty As Their Caregivers (Mom)

Area: Role Relationship	Class: Carer's Role
Related Factors	

NOC	Area	Grade	NIC	Area
2506 Caregivers Emotional Health	Health Information & Behavior	Health Status of Family Members	7040 Support for Caregiver	Family
2205 Care Provider Performance: Direct Care	Health Information & Behavior	Performance of Care Provider in Family		
1302 Coping	Functional Health	Psychological Adaptation		
2508 Career Goodness	Health Information & Behavior	Health Status of Family Members		
1813 Information: Treatment Regime	Health Information & Behavior	Health information		

Conclusion

In conclusion, esophageal atresia, laryngeal cleft, and tracheobronchomalacia are rare diseases, it has been observed that there is no study of nursing care of these diseases in our country. So literature need new work to be done this area.

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