

A Client With Acute Glomerulonephritis Is Admitted To The Nursing Unit. The Nurse Would Plan To Do Which

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When a client is admitted with acute glomerulonephritis, prompt and comprehensive nursing care is essential to manage symptoms, prevent complications, and promote recovery. This article explores the essential nursing interventions, assessments, and patient education strategies that nurses should employ when caring for a client with this condition. Understanding the pathophysiology, clinical manifestations, and targeted nursing actions can significantly impact patient outcomes.

Understanding Acute Glomerulonephritis

Definition and Pathophysiology

Acute glomerulonephritis is an inflammatory condition affecting the glomeruli—the tiny filtering units in the kidneys. It often results from immune-mediated processes, such as post-infectious immune responses following streptococcal infections. The inflammation damages the glomeruli, impairing their ability to filter waste and excess fluids effectively.

Common Causes and Risk Factors

- Post-streptococcal infections (most common in children)
- Autoimmune diseases such as lupus erythematosus
- Viral infections
- Vasculitis
- History of recent infection or illness

Clinical Manifestations

Clients with acute glomerulonephritis may present with:

- Hematuria (blood in urine)
- Proteinuria (protein in urine)
- Hypertension
- Edema, especially periorbital and peripheral
- Oliguria (decreased urine output)
- General malaise, fatigue, and fever

Initial Nursing Assessments and Monitoring

Vital Signs and Fluid Status

The nurse should prioritize monitoring vital signs closely, especially blood pressure, heart rate, respiratory rate, and temperature. Elevated blood pressure is common due to fluid retention and decreased renal function.

Key points:

- Assess for hypertension and hypotension
- Monitor for signs of fluid overload such as pulmonary edema
- Check input and output meticulously to assess fluid balance

Laboratory and Diagnostic Data Review

The nurse should review and interpret laboratory results, including:

- Urinalysis (looking for hematuria, proteinuria, sediment)
- Serum creatinine and blood urea nitrogen (BUN)
- Electrolytes (notably sodium and potassium)
- Complete blood count (CBC) for anemia or infection
- Throat swab or serology if recent streptococcal infection is suspected

Physical Examination

Conduct a thorough physical assessment focusing on:

- Edema severity and distribution
- Respiratory status for signs of pulmonary congestion
- Skin integrity and signs of dehydration or fluid overload
- Neurological status, considering hypertension effects

Key Nursing Interventions for Management

1. Managing Fluid Balance

Fluid management is critical in clients with glomerulonephritis due to the risk of fluid overload and hypertension.

- Monitor intake and output meticulously
- Assess for edema, crackles in lung sounds, and other signs of pulmonary congestion
- Administer diuretics as prescribed to reduce fluid overload
- Implement fluid restrictions if ordered
- Encourage small, frequent sips if client is dehydrated

2. Controlling Blood Pressure

Elevated blood pressure can exacerbate renal damage and increase risks of hemorrhage.

- Administer antihypertensive medications as prescribed
- Monitor blood pressure regularly
- Implement non-pharmacologic measures, such as elevating the head of the bed and reducing stress

- Educate the client on the importance of blood pressure control

3. Promoting Rest and Comfort

Fatigue is common due to anemia, hypertension, and the illness itself.

- Encourage adequate rest periods
- Limit physical activity based on the client's tolerance
- Provide a calm environment to reduce stress levels

4. Preventing Infection and Complications

Since immune response and renal impairment can predispose to infections:

- Practice strict aseptic techniques during procedures
- Monitor for signs of infection such as fever, chills, or increased leukocytes
- Encourage proper hand hygiene and respiratory etiquette
- Ensure vaccinations are up-to-date, if applicable

5. Dietary Management

Nutritional support is vital, with particular attention to:

- Restricting sodium intake to control hypertension and edema
- Limiting protein intake to reduce nitrogenous waste buildup
- Monitoring potassium levels, especially if renal function declines
- Encouraging small, frequent meals for better tolerance

Patient Education and Psychosocial Support

Educating the Client and Family

Effective education fosters compliance and promotes recovery.

- Explain the nature of glomerulonephritis, causes, and expected course
- Discuss the importance of medication adherence
- Instruct on dietary restrictions and fluid management
- Teach signs of potential complications, such as increased swelling, decreased urine output, or changes in mental status
- Advise on the need for regular follow-up and laboratory testing

Addressing Emotional and Psychosocial Needs

Hospitalization and illness can cause anxiety and fear.

- Provide emotional support and reassurance
- Encourage open communication about concerns
- Involve family members in care and education
- Refer to counseling or support groups if needed

Planning for Discharge and Follow-Up Care

Long-Term Management

Post-acute management focuses on preventing recurrence and monitoring renal function.

- Schedule regular outpatient assessments of renal function
- Maintain a low-sodium, adequate-protein diet as advised

- Encourage continued medication compliance
- Monitor blood pressure regularly

Signs to Report Immediately

Patients should be instructed to seek medical attention if they experience:

- Sudden rise in blood pressure
- Severe headache or visual disturbances
- Increased swelling or difficulty breathing
- Decreased urine output or dark-colored urine
- Fever or signs of infection

Conclusion

Caring for a client admitted with acute glomerulonephritis requires a comprehensive understanding of the disease process and meticulous nursing interventions. The nurse's role encompasses vigilant assessment, precise management of fluid and blood pressure, patient education, and emotional support. Early recognition and intervention can minimize renal damage, prevent complications, and facilitate a smoother recovery process. Through collaborative care and patient empowerment, nurses can significantly influence the prognosis and quality of life for individuals affected by this condition.

Frequently Asked Questions

What initial assessments should the nurse prioritize for a client admitted with acute glomerulonephritis?

The nurse should assess vital signs, monitor blood pressure closely, evaluate urine output, observe for edema, and perform a thorough physical exam to identify signs of fluid retention and hypertension.

How should the nurse manage fluid balance in a patient with acute glomerulonephritis?

The nurse should monitor intake and output meticulously, restrict fluids as prescribed, and observe for signs of fluid overload such as edema and pulmonary congestion, adjusting care accordingly.

What dietary modifications are appropriate for a client with acute glomerulonephritis?

The nurse should collaborate with the healthcare team to implement a low-sodium, low-protein diet to reduce renal workload and control hypertension, while ensuring adequate caloric intake.

What laboratory tests should the nurse anticipate and monitor in a client with acute glomerulonephritis?

The nurse should monitor serum creatinine, BUN, electrolytes, urine analysis, and blood pressure readings to assess renal function and disease progression.

What patient education should the nurse provide to prevent complications and promote recovery?

The nurse should educate the client about adhering to dietary restrictions, medication compliance, recognizing symptoms of worsening condition, and the importance of follow-up care.

Which nursing interventions are essential to prevent secondary infections in a client with acute glomerulonephritis?

The nurse should practice strict aseptic technique, monitor for signs of infection, promote good hygiene, and educate the client on infection prevention strategies.

Additional Resources

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Introduction

Acute glomerulonephritis is a significant renal disorder characterized by inflammation of the glomeruli, the tiny filtering units within the kidneys.

It often presents suddenly and can lead to rapid deterioration in renal function if not managed promptly and effectively. When a client is admitted to a nursing unit with this condition, the nurse plays a pivotal role in the initial assessment, ongoing monitoring, and implementation of therapeutic interventions. The comprehensive care plan must be rooted in a detailed understanding of the pathology, clinical manifestations, diagnostic evaluations, and potential complications associated with acute glomerulonephritis.

This article explores the critical steps and considerations a nurse must undertake when caring for a client with this condition, examining each aspect in detail to ensure optimal patient outcomes. It emphasizes the importance of evidence-based practices, patient safety, and holistic care approaches.

Understanding Acute Glomerulonephritis

Pathophysiology

Acute glomerulonephritis results from an immune-mediated inflammatory process affecting the glomeruli. It often follows infections, most notably streptococcal pharyngitis or skin infections, which trigger immune complexes' deposition in the glomerular basement membrane. This immune response causes inflammation, leading to increased permeability of the glomerular capillaries, and results in leakage of blood and protein into the urine. The inflammatory process also decreases the glomerular filtration rate (GFR), leading to fluid retention and waste accumulation.

Clinical Manifestations

Clients with acute glomerulonephritis typically present with:

- Hematuria (blood in urine), often giving urine a smoky or cola-colored appearance
- Proteinuria
- Edema, especially in the face, hands, and lower extremities
- Hypertension due to fluid overload
- Oliguria (decreased urine output)
- General malaise, fever, and headache
- Elevated blood urea nitrogen (BUN) and serum creatinine levels indicating renal impairment

Understanding these clinical features guides the nurse in assessing the severity and progression of the disease.

Initial Nursing Assessment and Data Collection

Comprehensive Physical Assessment

Upon admission, the nurse must conduct a thorough assessment focusing on:

- Vital Signs: Monitoring blood pressure is crucial because hypertension is common and may require intervention. Tachycardia and fever may also be present.
- Fluid Status: Assess for signs of fluid overload (e.g., edema, crackles in lungs, neck vein distention). Conversely, monitor for signs of dehydration if present.
- Urinary Pattern: Note the color, consistency, and volume of urine. Hematuria and proteinuria might be evident.
- Neurological Status: Monitor for changes related to uremia, such as mental status alterations.
- Skin Examination: Look for signs of edema and skin integrity issues.

Laboratory and Diagnostic Data

The nurse should review and interpret diagnostic findings, including:

- Urinalysis: Presence of hematuria, proteinuria, red blood cell casts
- Blood tests: Elevated BUN and serum creatinine, electrolyte imbalances (hyperkalemia, hyponatremia)
- Serum complement levels: Typically decreased in post-infectious glomerulonephritis
- Throat or skin cultures: To identify preceding infections
- Renal ultrasound or biopsy: To assess structural damage if indicated

Accurate documentation and interpretation of these data form the basis for planning interventions.

Planning Nursing Interventions

The nurse's plan of care must address the primary issues associated with acute glomerulonephritis: fluid retention, hypertension, electrolyte imbalance, and prevention of complications. The interventions are categorized as follows:

1. Managing Fluid and Electrolyte Balance

Fluid management is critical due to the risk of fluid overload and pulmonary edema. The nurse must:

- Monitor Intake and Output (I&O): Record all fluid intake, including IV fluids, and measure urine output accurately.
- Assess for Edema and Pulmonary Congestion: Use daily weights and physical assessment to gauge fluid status.
- Implement Fluid Restrictions: Based on physician orders, restrict fluids to prevent overload.
- Administer Diuretics: If prescribed, to promote diuresis, and monitor for signs of dehydration or electrolyte imbalance.
- Electrolyte Monitoring: Regular blood tests to detect hyperkalemia or hyponatremia; implement dietary restrictions as needed.

2. Controlling Blood Pressure

Hypertension is often associated with glomerular inflammation. To manage this:

- Administer Antihypertensive Medications: As prescribed, such as ACE inhibitors or calcium channel blockers.
- Monitor Blood Pressure Regularly: Use appropriate cuff sizes and standardized techniques.
- Implement Non-Pharmacological Measures: Such as reducing sodium intake and promoting rest.

3. Preventing and Monitoring for Complications

Potential complications include:

- Pulmonary Edema: Watch for respiratory distress, crackles, and cyanosis.
- Uremia: Monitor for signs such as nausea, vomiting, altered mental status.
- Thromboembolism: Due to hypercoagulability; observe for signs of deep vein thrombosis or pulmonary embolism.
- Infection: Maintain strict asepsis, especially if invasive procedures are performed.

4. Promoting Rest and Comfort

Rest helps reduce metabolic demands and prevents exacerbation of hypertension. The nurse should:

- Encourage adequate sleep and periods of rest.

- Provide comfort measures to alleviate discomfort from edema or skin irritation.

5. Dietary Management

Nutritional support should be tailored to the client's condition:

- Restrict Sodium: To control blood pressure and edema.
- Limit Protein Intake: To reduce renal workload, especially if renal function declines.
- Ensure Adequate Calories: To prevent catabolism and promote healing.

6. Patient Education and Emotional Support

Educating the client and family about:

- Disease process and expected outcomes
- Importance of medication adherence
- Dietary restrictions
- Recognizing signs of worsening condition (e.g., increasing edema, hypertension)
- The need for follow-up and possible future renal function monitoring

Providing emotional support helps alleviate anxiety and fosters cooperation with treatment plans.

Implementing Nursing Interventions and Monitoring

Effective implementation requires vigilance and adaptability:

- Vital Signs Monitoring: Every 4 hours or as needed.
- Urinary Assessment: Including color, clarity, and sediment.
- Laboratory Monitoring: Regular blood tests to evaluate renal function and electrolyte status.
- Assess for Complications: Continuous observation for respiratory distress, neurological changes, or signs of infection.
- Medication Administration and Evaluation: Ensuring timely delivery and monitoring for adverse effects.
- Patient Positioning: Elevate the head of the bed to reduce edema and facilitate breathing.

Evaluation and Ongoing Care

The nurse must continually evaluate the effectiveness of interventions by:

- Comparing current data with baseline assessments
- Monitoring trends in vital signs, laboratory results, and clinical signs
- Adjusting care plans based on patient response
- Educating the patient on self-care and warning signs before discharge
- Coordinating with multidisciplinary teams for comprehensive management

Conclusion

In caring for a client with acute glomerulonephritis, the nurse's role is multifaceted and vital. From meticulous assessment to implementation of targeted interventions, each step aims to stabilize renal function, prevent complications, and promote recovery. By understanding the pathophysiology and clinical manifestations, the nurse can anticipate potential issues and respond proactively. Such comprehensive and evidence-based nursing care enhances patient outcomes, reduces the risk of progression to chronic kidney disease, and supports the client's overall well-being during a critical phase of their health journey. Ensuring effective communication, patient education, and emotional support are integral components of holistic care in managing this complex renal disorder.

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