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Gastrointestinal and Nutritional Disorders

Child Health Nursing

Acute gastroenteritis, diarrhea, dehydration, constipation, vomiting, malnutrition, protein-energy malnutrition, intestinal obstruction and congenital gastrointestinal disorders.

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CHAPTER 09 / CHILD HEALTH NURSING 09. Gastrointestinal and Nutritional Disorders

1. Assessment

Assess frequency/duration of stool and vomiting, blood or bile, abdominal pain/distension, feeding, urine/wet diapers, weight, perfusion and level of consciousness. A green bilious vomit in an infant is an urgent possible obstruction. Dehydration signs include thirst, dry mouth, sunken eyes, reduced urine, irritability/lethargy and circulatory changes.

Acute gastroenteritis and diarrhoea

Definition and pathophysiology: Usually infection from contaminated food/water or person-to-person transmission.

Clinical features and investigations: Loose stools, vomiting, fever, dehydration; stool tests only for selected cases.

Management and nursing care: Low-osmolarity ORS prepared with correct water volume; continue breastfeeding/feeding, prescribed zinc per current national age/product guidance, monitor output and warning signs. Severe dehydration/shock needs urgent supervised fluid therapy. Avoid routine antidiarrhoeals and antibiotics.

Vomiting and constipation

Definition and pathophysiology: Vomiting may arise from infection, obstruction, metabolic illness; constipation may be functional or organic.

Clinical features and investigations: Assess bilious/bloody vomit, pain, weight and stool history; delayed meconium or growth failure suggests organic disease.

Management and nursing care: Hydration and cause-specific treatment; constipation: fibre/fluids as appropriate, toilet routine and prescribed laxative. Avoid forceful enemas without evaluation.

Protein-energy malnutrition

Definition and pathophysiology: Inadequate energy/protein and other nutrients; wasting (marasmus phenotype), nutritional oedema (kwashiorkor phenotype).

Clinical features and investigations: Low weight-for-height, low MUAC, oedema, skin/hair changes, infection risk.

Management and nursing care: Severe malnutrition requires specific stabilization, cautious feeding and fluid/electrolyte management; assess hypoglycaemia, hypothermia, infection and refeeding risk. Link nutrition rehabilitation and follow-up.

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Intestinal obstruction and intussusception

Definition and pathophysiology: Blockage from congenital lesion, volvulus, intussusception or adhesion.

Clinical features and investigations: Bilious vomiting, intermittent severe pain, distension, blood/mucus stool, lethargy; ultrasound/imaging.

Management and nursing care: Urgent surgical review, NPO, prescribed IV fluids and decompression; intussusception may be reduced by image-guided enema when suitable. Do not delay for classic triad.

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B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Congenital GI disorders

Definition and pathophysiology: Pyloric stenosis, Hirschsprung disease, oesophageal atresia/TEF and anorectal malformations.

Clinical features and investigations: Pyloric stenosis: non-bilious projectile vomiting; Hirschsprung: delayed meconium/distension; TEF: choking, excessive secretions.

Management and nursing care: Early recognition, NPO when unsafe, fluid correction, surgical referral and aspiration prevention; postoperative nutrition and wound care.

2. Dehydration management overview

Classify no/some/severe dehydration using age-appropriate IMNCI signs. No dehydration: home ORS, continued feeding and return advice. Some dehydration: supervised ORS and reassessment. Severe dehydration: urgent IV/NG therapy according to protocol and underlying condition. Standard regimens must be modified for severe acute malnutrition and selected comorbidities. Monitor weight, pulse/perfusion, urine and mental status.

3. Important Examination Questions

Long Answer Questions

1. 1. Discuss childhood diarrhoea, dehydration classification and nursing management.

Short Answer Questions

1. 1. Explain SAM
2. 2. list signs of GI obstruction
3. 3. describe Hirschsprung disease.

Very Short Answer Questions (with answers)

1. 1. What is ORS? - Oral rehydration salts solution.
2. 2. Is bilious vomiting in an infant urgent? - Yes.

4. Quick Revision

- Continue breastfeeding during diarrhoea.
- Green vomit needs urgent evaluation.
- Malnutrition changes fluid and feeding protocols.

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5. Conclusion

Continue breastfeeding during diarrhoea. Green vomit needs urgent evaluation. Malnutrition changes fluid and feeding protocols.

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B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which vomiting pattern in an infant raises urgent concern for obstruction?

A. Green bilious vomiting
B. Small non-bilious spit-ups without distress
C. Occasional regurgitation after feeding
D. A small milk-stained burp

2. Which feeding advice is appropriate during childhood diarrhoea?

A. Stop all breastfeeding until stools normalize
B. Continue breastfeeding and feeding
C. Replace feeds with water alone
D. Withhold all food until appetite fully returns

3. An infant has non-bilious projectile vomiting. Which congenital GI disorder is associated with this pattern?

A. Hirschsprung disease
B. Oesophageal atresia
C. Pyloric stenosis
D. Anorectal malformation

4. A child with diarrhoea is lethargic, drinks poorly and has signs of poor perfusion. What is the safest response?

A. Recommend only a routine diet review next month
B. Force oral fluid despite poor consciousness
C. Arrange urgent clinical assessment for severe dehydration or shock and follow the resuscitation protocol
D. Stop observing urine output because it is unrelated

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Answer key and explanations

1. A - Green bilious vomiting

Green bilious vomiting may indicate obstruction and needs urgent evaluation.

2. B - Continue breastfeeding and feeding

Continued feeding supports nutrition while rehydration is managed.

3. C - Pyloric stenosis

Pyloric stenosis is associated with non-bilious projectile vomiting.

4. C - Arrange urgent clinical assessment for severe dehydration or shock and follow the resuscitation protocol

Lethargy, inability to drink adequately and poor perfusion may indicate severe dehydration or shock. Urgent assessment determines safe fluid resuscitation and monitoring.

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