Nurses Content
Downloaded from nursescontent.com

Renal and Genitourinary Disorders

Child Health Nursing

Urinary tract infections, nephrotic syndrome, acute glomerulonephritis, acute kidney injury, congenital abnormalities of the urinary system and nursing management.

For educational purposes only.

CHAPTER 11 / CHILD HEALTH NURSING 11. Renal and Genitourinary Disorders

1. Assessment

Assess urine pattern, wet diapers/output in mL/kg/h, fever, dysuria, oedema, BP using correct cuff, weight and hydration. Urinalysis/culture, creatinine, electrolytes, albumin and ultrasound guide assessment. Collect reliable urine specimen before antibiotics if feasible, but do not delay urgent treatment. Paediatric reference values vary with age and size.

UTI

Definition and pathophysiology: Bacterial infection of urinary tract, sometimes associated with reflux/anomaly.

Clinical features and investigations: Infants may have fever, poor feeding; older children dysuria, frequency or flank pain; culture.

Management and nursing care: Prescribed antibiotics and hydration, monitor fever/response, assess recurrence and imaging indications; teach toileting/hygiene without blame.

Nephrotic syndrome

Definition and pathophysiology: Heavy proteinuria from glomerular barrier injury, often minimal change disease in children.

NURSE'S CONTENT / CHILD HEALTH NURSING 19

B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Clinical features and investigations: Periorbital/generalized oedema, hypoalbuminaemia, hyperlipidaemia.

Management and nursing care: Prescribed corticosteroids for selected disease, daily weights, urine protein monitoring, individualized salt/fluid advice. Infection and thrombosis risk; fever/abdominal pain or dyspnoea urgent.

Acute glomerulonephritis

Definition and pathophysiology: Glomerular inflammation, e.g., after streptococcal infection.

Clinical features and investigations: Cola-coloured urine, oedema, hypertension, reduced output; complement and tests.

Management and nursing care: Monitor BP, weight, urine and electrolytes, control overload and hypertension as prescribed; headache/seizure or pulmonary oedema urgent.

Nurses Content
Downloaded from nursescontent.com

AKI

Definition and pathophysiology: Acute kidney dysfunction from dehydration/sepsis, nephrotoxins, glomerular disease or obstruction.

Clinical features and investigations: Reduced output or rising creatinine, fluid/electrolyte problems.

Management and nursing care: Assess cause and volume, avoid nephrotoxins, accurate fluid balance, prescribed therapy/dialysis when indicated; hyperkalaemia emergency.

Congenital urinary abnormalities

Definition and pathophysiology: Vesicoureteral reflux, posterior urethral valves, hydronephrosis, hypospadias or other defects.

Clinical features and investigations: UTI, poor stream, antenatal ultrasound findings or renal impairment.

Management and nursing care: Refer to paediatric urology/nephrology, monitor infections and growth. Avoid circumcision before hypospadias repair assessment; tissue may be needed.

2. Nursing management

Prepare specimens, support prescribed testing and medications, coordinate age-appropriate diet/fluid instructions, monitor skin oedema, maintain play/development and family education. Protect dialysis access where relevant. Assess enuresis without shame; new symptoms may reflect constipation, diabetes or infection.

3. Important Examination Questions

Long Answer Questions

1. 1. Compare nephrotic syndrome and glomerulonephritis with nursing management.

Short Answer Questions

1. 1. Explain UTI in infants
2. 2. list causes of AKI
3. 3. describe VUR.

Very Short Answer Questions (with answers)

1. 1. What is haematuria? - Blood in urine.
2. 2. What is VUR? - Vesicoureteral reflux.

4. Quick Revision

- Oedema does not automatically mean intravascular overload.

NURSE'S CONTENT / CHILD HEALTH NURSING 20

B.SC. NURSING / CHAPTER-WISE STUDY NOTES

- Measure BP with correct cuff.
- Monitor urine, weight and renal indices together.

Nurses Content
Downloaded from nursescontent.com

5. Conclusion

Oedema does not automatically mean intravascular overload. Measure BP with correct cuff. Monitor urine, weight and renal indices together.

Practice questions

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

1. Which findings most strongly fit nephrotic syndrome?

A. Cola-coloured urine with hypertension after infection
B. Dysuria and frequency with a positive urine culture
C. Heavy proteinuria with hypoalbuminaemia and oedema
D. Poor urinary stream with an anatomic obstruction

2. Which urinary pattern is characteristic of acute glomerulonephritis?

A. Clear urine with isolated excessive thirst
B. Frequency without changes in blood pressure
C. Nocturnal wetting with normal daytime function
D. Cola-coloured urine, oedema and hypertension

3. Why should circumcision be deferred until hypospadias repair assessment?

A. The tissue may be needed for repair
B. Circumcision itself corrects the urethral opening
C. Repair always requires a previous circumcision
D. Circumcision is needed to measure bladder emptying

Nurses Content
Downloaded from nursescontent.com

Answer key and explanations

1. C - Heavy proteinuria with hypoalbuminaemia and oedema

Nephrotic syndrome combines heavy urinary protein loss with low albumin and oedema.

2. D - Cola-coloured urine, oedema and hypertension

Glomerulonephritis may produce haematuria, oedema, hypertension and reduced output.

3. A - The tissue may be needed for repair

Preputial tissue may be needed during repair.

Source and attribution

Online chapter: https://nursescontent.com/learn/child-health-nursing/unit-11-renal-and-genitourinary-disorders/

Downloaded from Nurses Content. Branding identifies the delivery website. Original author credits, third-party licences and applicable rights remain unchanged.