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Feeding difficulties affecting infant or caregiver well-being Cleft palate feeding support

Child Health Nursing | Focused diagnosis-based template

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Fictional educational example. Individualize using verified patient findings, authorized treatment and current local protocols. No real patient record or observed outcome is claimed.

Clinical assessment

Subjective: Prolonged feeds, milk leakage and caregiver worry about weight gain.

Objective findings and required checks: Feeding efficiency and growth require specialist assessment; airway and aspiration signs are reviewed.

Physical examination and investigations: Observe feeding, weight, hydration, respiratory symptoms and the cleft-team plan.

Supply actual values, units, timing and trends during supervised application. Do not invent missing clinical data.

Clinical focus and pathophysiology

Cleft palate feeding support: An opening in the palate reduces the ability to generate effective suction.

Medical / surgical management

Use the specialist feeding method and positioning, support paced feeds and coordinate surgical-team follow-up.

Illustrative drug and treatment study

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Medicine / treatment	Purpose	Nursing checks
Prescribed nutritional support	Meet infant needs using the assessed feeding plan	Monitor intake and growth
no routine medicine for the cleft itself	Avoid implying a drug corrects the structural problem	Treat separate conditions only when indicated.

Treatment examples are not a prescription. Verify the authorized product, dose, route, timing, contraindications and current local product information.

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Focused nursing-problem template

Nursing diagnoses use original clinical problem wording. They are not the licensed NANDA-I classification. Verify any formal label or code against your institution's licensed current edition; select actual or risk diagnoses only when supported by assessment.

Context task: Establish the immediate clinical priorities and verify the baseline before assuming a diagnosis.

Set individualized measurable targets and an exact review time. Select actual or risk statements only when supported by assessment.

Assessment: subjective / objective	Nursing diagnosis: original problem wording	Short- and longer-term goals	Nursing interventions with rationale	Evaluation
Ask: Ask about feed frequency, pain, infant behaviour and caregiver concerns. Assess: Observe an entire feed when possible and assess weight, output and clinical stability.	Feeding difficulties affecting infant or caregiver well-being. Possible factors: ineffective attachment, fatigue or a clinical feeding barrier. Validate against the patient's assessment.	Short-term: At the next patient-specific reassessment: A safe, supported feeding plan is demonstrated during the observation period. Longer-term: Before the clinically approved transition or agreed follow-up: Caregiver describes feeding cues, intake indicators and when to seek help.	1. Assess both infant stability and caregiver comfort before recommending changes. Rationale: Feeding difficulty can have medical as well as technique-related causes. 2. Support positioning and attachment or the prescribed alternative feeding method. Rationale: Individual support can improve comfort and effective milk transfer. 3. Arrange weight or feeding review and escalate poor intake or dehydration. Rationale: Follow-up helps identify inadequate intake early. 4. Use the specialist feeding method and positioning, support paced feeds and coordinate surgical-team follow-up. Rationale: An opening in the palate reduces the ability to generate effective suction. The condition-specific plan addresses the underlying problem while response is monitored.	Record the baseline and reassessed finding, the time and whether this goal is met, partly met or not met. If not met, reassess causes and revise or escalate. Do not record an unobserved improvement.

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Apply this template

Complete with verified data: assessment cues; supported actual problem or risk; measurable outcome and review time; selected authorized interventions and rationale; observed response and next action.

Subjective / objective cues: _____

Patient-specific target and review time: _____

Evaluation evidence and next action: _____

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Health education and continuing care

Demonstrate the recommended feeder, pacing, cleaning and follow-up schedule.

Transition only after clinical readiness is confirmed. Reconcile medicines, check access and caregiver support, and document who will review the patient and when.

Urgent warning signs

Choking, cyanosis, repeated respiratory symptoms or dehydration requires prompt pediatric assessment.

Evaluation and conclusion

For each goal, document met, partly met or not met using observed evidence and the review time. Reassess and revise if progress is inadequate. Individual assessment, prioritized care and coordinated review guide this topic.

Quick Revision

- An opening in the palate reduces the ability to generate effective suction.
- Priority concerns: Feeding difficulties affecting infant or caregiver well-being.
- Choking, cyanosis, repeated respiratory symptoms or dehydration requires prompt pediatric assessment.
- Demonstrate the recommended feeder, pacing, cleaning and follow-up schedule.

Exam / viva: What assessment evidence supports this problem, and what measurable result would demonstrate improvement?

References

Nursing Fundamentals, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2024
https://wtcs.pressbooks.pub/nursingfundamentals/

Health conditions A to Z: external further reading - NHS
https://www.nhs.uk/conditions/

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Nursing Pharmacology, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2023
https://wtcs.pressbooks.pub/pharmacology2e/

B.Sc. Nursing curriculum and regulatory notifications - Indian Nursing Council
https://www.indiannursingcouncil.org/gazette-notification

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