

managing diet; (2) coping with factors that increase stress and emotional lability; (3) adjusting to a disease of remissions and exacerbations; and (4) when indicated, preparing the child and parents for the possibility of diversionary bowel surgery.

Because nutritional support is an essential part of therapy, encouraging the anorexic child to consume sufficient quantities of food is often a challenge. Successful interventions include involving the child in meal planning; encouraging small, frequent meals or snacks rather than three large meals a day; serving meals around medication schedules when diarrhea, mouth pain, and intestinal spasm are controlled; and preparing high-protein, high-calorie foods such as eggnog, milkshakes, cream soups, puddings, or custard (if lactose is tolerated). Using bran or a high-fiber diet for active IBD is questionable. Bran, even in small amounts, has been shown to worsen the condition. Occasionally, the occurrence of aphthous stomatitis further complicates adherence to dietary management. Mouth care before eating and the selection of bland foods help relieve the discomfort of mouth sores.

When NG feedings or TPN is indicated, nurses play an important role in explaining the purpose and the expected outcomes of this therapy. The nurse should acknowledge the anxieties of the child and family members and give them adequate time to demonstrate the skills necessary to continue the therapy at home if needed (see [Critical Thinking Case Study](#)).

Critical Thinking Case Study

Inflammatory Bowel Disease

Susan, a 13-year-old girl, was admitted to the hospital because of bloody diarrhea, abdominal pain, and weight loss. After a thorough evaluation, including laboratory tests, radiographic studies, and GI endoscopy procedures, the diagnosis of Crohn disease was made. Medical treatment, including corticosteroid drugs and nutritional support, was implemented during this hospitalization.

Susan has improved considerably and is to be discharged home this week. Enteral formula administered by continuous nighttime nasogastric (NG) tube infusion will be continued at home, and both