

## Syndrome

- Protein-free urine
- Acute infections prevented
- Edema absent or minimal
- Nutrition maintained
- Metabolic abnormalities controlled

## Nursing Care Management

Continuous monitoring of fluid retention or excretion is an important nursing function. Strict intake and output records are essential but may be difficult to obtain from very young children. Application of collection bags is irritating to edematous skin that is readily subject to breakdown. Applying diapers or weighing wet pads may be necessary.

Other methods of monitoring progress include urine examination for albumin, daily weight, and measurement of abdominal girth. Assessment of edema (e.g., increased or decreased swelling around the eyes and dependent areas), the degree of pitting, and the color and texture of skin are part of nursing care. Vital signs are monitored to detect any early signs of complications, such as shock or an infective process.

Infection is a constant source of danger to edematous children and those receiving corticosteroid therapy. These children are particularly vulnerable to upper respiratory tract infection; therefore, they must be kept warm and dry, active, and protected from contact with infected individuals (e.g., roommates, visitors, and personnel). The pneumococcal conjugate vaccine (13-valent) and pneumococcal polysaccharide vaccine (PPSV, 23-valent) are recommended for children with nephrotic syndrome ([Centers for Disease Control and Prevention, 2014](#)).

Loss of appetite accompanying relapse creates a perplexing problem for nurses. The combined efforts of nurse, dietitian, parents, and child are needed to formulate a nutritionally adequate and attractive diet. Salt is restricted (but not eliminated) during the