

multidisciplinary nutritional support service is essential. The nurse plays an active and important role in the success of a home nutrition program. Home infusion companies provide portable equipment, which enables the child and family to maintain a more normal lifestyle.

Many infants with SBS have an intestinal ostomy performed at the time of the initial bowel resection. Routine ostomy care is another important nursing responsibility. Because infants and children with SBS have chronic diarrhea, perineal skin irritation is often a problem after ostomy closure. Frequent diaper changes, gentle perineal cleansing, and protective skin ointments help prevent skin breakdown.

When hospitalization is prolonged, the child's developmental and emotional needs must be met. This often requires special planning to promote normal family adjustment and adaptation of the hospital routines. Care of hospitalized children is discussed in [Chapter 19](#).

NCLEX Review Questions

1. A 16-month-old has a history of diarrhea for 3 days with poor oral intake. He received intravenous (IV) fluids, has tolerated some oral fluids in the emergency department (ED), and is being discharged home. Instructions for diet for this child should include:
 - a. BRAT (bananas, rice, applesauce, and toast) diet for 24 hours, then a soft diet as tolerated
 - b. Chicken or beef broth for 24 hours, then resume a soft diet
 - c. Offer a regular diet as child's appetite warrants
 - d. Keep on clear liquids and toast for 24 hours
2. A 5-month-old infant is seen in the well-child clinic for a complaint of vomiting and failure to grow. His birth weight was 7 pounds, and he now weighs 8 pounds, 10 ounces. The infant's mother reports that he is taking 4 to 7 ounces of formula every 4 to 5 hours, but he "spits up a lot after eating and then is hungry again." The child is noted to be alert but appears malnourished. The mother reports his stools are brown in color, and he has one