

modifications, such as increasing the amount of carbohydrate, fruit, or vegetables in the infant's diet.

3. Initially, the nurse practitioner can tell Harry's mother that functional constipation may occur with changes in the diet (e.g., the change from breastfeeding 6 weeks ago to bottle-formula feeding). The nurse practitioner can recommend that Harry's mother slowly introduce cereal and prune juice into Harry's diet. Cereal and one or two offerings of fruit juice each day may help to prevent further constipation. Often, simple measures such as the introduction of solid foods or other dietary modifications help to remedy functional constipation.

4. The initial data seem to point to the conclusion that Harry has functional constipation. However, the one episode of diarrhea and the two episodes of passage of ribbonlike stools do not usually occur with functional constipation.

Inflammatory Bowel Disease

1. Evidence: Yes, there is sufficient evidence to arrive at some conclusions about what to include in Susan's discharge planning.

2. Assumptions:

a. The goals of nutritional support for a patient with Crohn disease include (1) correction of nutrient deficits and replacement of ongoing losses, (2) provision of adequate energy and protein for healing, and (3) provision of adequate nutrients to support normal growth.

b. See Gavage Feeding, [Chapter 20](#) (pp. 622-624).

c. Adolescents who are diagnosed with Crohn disease