

completely, and specific immunity is conferred, so subsequent recurrences are uncommon. Less than 1% of children will go on to develop **end-stage renal disease (ESRD)**, although abnormal urinalysis and renal function may persist for decades ([Nast, 2012](#)).

Nursing Care Management

Nursing care of the child with glomerulonephritis involves careful assessment of the disease status, with regular monitoring of vital signs (including frequent measurement of blood pressure), fluid balance, and behavior.

Vital signs provide clues to the severity of the disease and early signs of complications. They are carefully measured, and any deviations are reported and recorded. The volume and character of urine are noted, and the child is weighed daily. Children with restricted fluid intake, especially those who are not severely edematous or those who have lost weight, are observed for signs of dehydration.

Assessment of the child for signs of cerebral complications is an important nursing function, because the severity of the acute phase is variable and unpredictable. The child with edema, hypertension, and gross hematuria may be subject to complications, and anticipatory preparations such as seizure precautions and IV equipment are included in the nursing care plan (see the [Nursing Care Plan](#) box later in this chapter).

For most children, a regular diet is allowed, but it should contain no added salt. Foods high in sodium and salted treats are eliminated, and parents and friends are advised not to bring snacks, such as potato chips or pretzels. Fluid restriction, if prescribed, is more difficult, and the amount permitted should be evenly divided throughout the waking hours. Meal preparation and service require special attention because the child is indifferent to meals during the acute phase. Again, collaboration with parents and the dietitian and special consideration for food preferences facilitate meal planning.

During the acute phase, children are generally content to lie in bed. As they begin to feel better and their symptoms subside, they will want to be up and about. Activities should be planned to allow for frequent rest periods and avoidance of fatigue. Children who have mild edema and no hypertension, as well as convalescent children who are being treated at home, need follow-up care.