

edema phase and while the child is on steroid therapy. Fluid restriction (if prescribed) is limited to short-term use during massive edema. Every effort should be made to serve attractive meals with preferred foods and a minimum of fuss, but it usually requires considerable ingenuity to entice the child to eat (see [Feeding the Sick Child, Chapter 20](#)). Once the child feels better, the appetite (enhanced by steroids) returns. At this point, care must be taken to prevent excessive caloric intake and weight gain.

Children usually adjust activities according to their tolerance level. However, they may require guidance in selecting play activities. Suitable recreational and diversional activities are an important part of their care. Irritability and mood swings that accompany steroid therapy are not unusual in these children and may create an additional challenge for the nurse and family.

Family Support and Home Care

Continuous support of the child and family is one of the major nursing considerations. Parents are taught to detect signs of relapse and to call for changes in treatment at the earliest indication. Unless the edema and proteinuria are severe or the parents, for some reason, are unable to care for the ill child, *home care is preferred*. Parents are instructed in testing urine for albumin, administering medications, and providing general care. Parents are also instructed regarding avoiding contact with infected playmates, but the child should attend school.

The prolonged course of the relapsing form of nephrotic syndrome is taxing to both the child and the family. The up-and-down course of remissions and exacerbations with periodic disruption of family life by hospitalization places a severe strain on the child and the family, both psychologically and financially. Reassurance regarding this characteristic of the course of the disease, with emphasis on the importance of long-term care, needs to be provided to parents and children. A satisfactory response is more likely when relapses are detected and therapy is instituted early, and remissions are prolonged when instructions are carried out faithfully. Continuous support of the child and family is one of the major nursing considerations (see [Chapter 17](#)).