NURSING CARE PLAN  A Client with Malnutrition

Rose Chow is an 88-year-old widow who lives alone. She typically rises early and has a cup of tea before spending her morning putting in her garden. She consumes her main meal of the day at lunch, which usually includes rice and some vegetables. For dinner, she generally eats a bowl of rice with "whatever seems to be in the refrigerator." She admits to little interest in cooking or eating since her husband died 10 years ago and her group of friends has been "dying off too."

ASSESSMENT
Mrs. Chow weighs 95 lb (43.1 kg) and is 5′3″ (160 cm) tall, for a BMI of 16.8. She reports weighing 118 lb (53.5 kg) 5 years ago. Her triceps skinfold thickness measurement is 11 mm (normal values for a female: >13 mm). Her skin is pale, and she appears thin and wasted. Her temperature is 97°F (36.1°C). Diagnostic test results include serum albumin 2.9 g/dL (normal 3.4 to 4.8 g/dL) and serum cholesterol 130 mg/dL (normal 150 to 200 mg/dL). A diagnosis of protein-calorie malnutrition is made, and a 1500-calorie per day diet is recommended.

DIAGNOSES
- Imbalanced Nutrition: Less than Body Requirements related to lack of knowledge and inadequate food intake
- Risk for Infection related to protein-calorie malnutrition
- Impaired Social Interaction related to widowhood and reduced social support group

EXPECTED OUTCOMES
- Gain at least 1 pound per week.
- Verbalize understanding of nutritional requirements and identify strategies to incorporate requirements into daily diet after discharge.
- Remain infection free, evidenced by normal vital signs.

PLANNING AND IMPLEMENTATION
- Identify strategies to increase social interaction, such as participating in senior citizens’ lunches at local senior center.
- Encourage to keep a food intake diary.
- Teach strategies to reduce risks for infection.
- Teach infection prevention techniques, and factors that increase the risk for infection. Education empowers the client to make healthy choices.

Risk for Infection
Malnourished clients have a much higher risk for infection than well-nourished people. Malnutrition affects many components of the immune system, including the skin, mucous membranes, and lymph tissue and cells.

- Monitor temperature and assess for manifestations of infection every 4 hours. **Although the baseline temperature may be subnormal in malnourished clients, any elevation from baseline may indicate infection. Manifestations of infection may include chills, malaise, erythema, and leukocytosis. Early detection of infection may prevent complications.**
- Maintain medical asepsis when providing care and surgical asepsis when carrying out procedures. Hand washing is the best strategy to prevent the spread of pathogens. **Sterile technique is required for procedures such as inserting central lines and changing dressings.**
- Teach the signs and symptoms of infection, good hand washing technique, and factors that increase the risk for infection. Knowledge empowers the client to participate in self-care, thus reducing exposure to infectious pathogens.

Risk for Deficient Fluid Volume
The client with malnutrition may also have a fluid volume deficit. Difficulty swallowing food and fluids or administration of hypotonic nutritional solutions may lead to dehydration or electrolyte disturbances.

- Monitor oral mucous membranes, urine specific gravity, level of consciousness, and laboratory findings every 4 to 8 hours. **Dry mucous membranes, increased urine specific gravity, decreased level of consciousness, and electrolyte imbalances may indicate dehydration.**
- Weigh daily and monitor intake and output. **Daily weights and intake and output measurements help monitor fluid balance.**
- If allowed, offer fluids frequently in small amounts, considering the client’s preferences. **Frequent, small amounts of fluids are better tolerated and promote adequate intake.**