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<th>Page number</th>
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<tr>
<td>20</td>
<td>Bibliography</td>
<td>34</td>
</tr>
</tbody>
</table>
INTRODUCTION

I have selected baby of ........with exstrophy of bladder for my nursing care study.

Exstrophy of bladder is a congenital malformation occurring in a rare condition.

Exstrophy of bladder is also a rare condition and it is also termed as ‘ectopia vesicle’ in which there is malposition or displacement of urinary bladder from its normal position in the pelvis. It usually associated with numbers of congenital anomalies, related to urogenital tract, musculoskeletal system and sometimes of gastrointestinal system. Male children are more commonly affected than female children.

Reconstructive surgery should be done by school age to provide long term healthcare, social and leisure needs.
LEARNING OBJECTIVES

The student will be able to

1. Define exstrophy of bladder

2. Describe etiologic factors associated with exstrophy of bladder

3. Identify the clinical manifestations of exstrophy of bladder.

4. Identify the diagnostic evaluations of exstrophy of bladder.

5. Explain the management of the baby with exstrophy of bladder.

6. Identify the problems occurs associated with exstrophy of bladder.

7. Explain the home care of child with exstrophy of bladder.

8. Use the nursing process as a frame work for care of the baby with exstrophy of bladder.
## TIME PLAN

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Activities performed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.30 am to</td>
<td>- Greeted the staff and family members</td>
</tr>
<tr>
<td></td>
<td>10.30am</td>
<td>- Self introduction to the staff and family members</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Established the rapport</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- History collected about the child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Comprehensive assessment performed</td>
</tr>
<tr>
<td></td>
<td>7.30 am to</td>
<td>- Greeted the staff and mother</td>
</tr>
<tr>
<td></td>
<td>10.30am</td>
<td>- Provided comfortable bed and position</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Assessed the child’s diagnostic evaluations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Provided tepid sponging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Administered the medications</td>
</tr>
<tr>
<td></td>
<td>7.30 am to</td>
<td>- Greeted the staff and family members</td>
</tr>
<tr>
<td></td>
<td>10.30am</td>
<td>- Provided comfortable bed and position to child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Administered the medications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Health education was given regarding fluid intake to mother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Provided psychological support</td>
</tr>
<tr>
<td></td>
<td>7.30 am to</td>
<td>- Greeted the staff and mother</td>
</tr>
<tr>
<td></td>
<td>10.30am</td>
<td>- Provided comfortable bed and position to child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Administered the medications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Health education was given regarding prevention of complications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Psychological support was given to the family members and child</td>
</tr>
<tr>
<td></td>
<td>7.30 am to</td>
<td>- Greeted the staff and family members</td>
</tr>
<tr>
<td></td>
<td>10.30am</td>
<td>- Provided comfortable bed and position</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Administered the medications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Health education was given regarding prevention of disease and proper follow up care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Thanked the child and mother as well as the staff</td>
</tr>
</tbody>
</table>
PATIENT PROFILE

Name of the child : B/O
Chronological age : 3/365 days
Sex : male
Developmental age : new born
Religion : Muslim
Ward : NICU
Unit : II\textsuperscript{nd}
IP number :
Permanent address :

Date of admission :
Diagnosis : exstrophy of bladder
Informant : mother, father, case sheet, doctors

Reason for hospitalisation

Child was received from labour ward with the complaints of non closure of abdominal muscles and passing urine from that opening.
**Present medical history**

Baby has been admitted in the NICU with the complaints of difficulty in passing urine, fever and refusal of feeds.

**Past medical history**

Not applicable

**Family history**

No history of consanguineous marriage, no family history of communicable diseases.

---

**Key notes**

- Male
- Female
- Sick child
Socioeconomic history

Type of the family: joint family
Bread winner: father
Occupation: working in a company
Family income: Rs.3000/ month
Care giver of the child: mother
Housing condition: own home
Method of sewage disposal: closed system
Water sources: well water and corporation
Animal in the house: no pet animals

No Intake of alcohol, smoking and drug abuse by parents and tolerance in the family.

Birth history

a. Antenatal history
Booked: Vellore GH hospital
Immunized: TT given
Obstetrical history: G₁, p₁, L₁, A₀ obstetrical history Normal.
Medications: no history of medication other than FST, calcium.
Consanguinity: no
H/O Infections: no h/o infections like TORCH, STD, and AIDS
Rh incompatibility: not present.

b. Intranatal history
Period of gestation: 40 weeks
Mode and place of delivery: Normal delivery Vellore GH
Birth weight of the child: 2.2kg
First cry after birth time: cried soon after birth
c. *Post natal history*

- History of critical care: child is in NICU now
- Prelacteal fluids: no
- Time of initiation of breast feed: after one hour of birth
- Feeding difficulties: no

**Immunization schedule**

<table>
<thead>
<tr>
<th>S.no</th>
<th>Age</th>
<th>Name of the vaccine</th>
<th>Dose</th>
<th>Route</th>
<th>Preventable disease</th>
<th>Adverse reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>At birth</td>
<td>BCG</td>
<td>0.05ml</td>
<td>Intra dermal</td>
<td>Primary complex</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oral polio (zero)</td>
<td>2 drops</td>
<td>oral</td>
<td>Poliomyelitis</td>
<td></td>
</tr>
</tbody>
</table>
PHYSICAL EXAMINATION

General appearance: dull

SKIN

Vernix caseosa: present mildly
Lanugo: present
Oedema: NIL
Temperature: 100°F
Colour: pink colour
Texture: dry skin
Lesions: no

HEAD

Shape: normal
Size: normal
Fontanelles: not closed
Anterior: normal
Posterior: normal
Cephal hematoma: nil
Caput succedaneum: nil
Hair: black in colour, distributed evenly.

FACE

Symmetry: symmetrical
Eyes: normal
Conjunctiva: normal
Sclera: normal
Discharges: absent
Eye lashes: present
Eye lids: present
Pupiliary reflexes: normal
Corneal reflexes: normal
Blink reflexes: present

EARS
Symmetry: symmetrical
Recoiled of ear: present
Pinna positions: normal
Hearing acuity: normal
Right ear: normal
Left ear: normal

NOSE
Symmetry: symmetry
Patency: normal
Choanal atresia: normal

MOUTH AND THROAT
Lips: normal
Bilateral: normal
Palate: normal
Tongue: dry
Gums: normal
REFLEXES SWALLOWING

Rooting : present
Gag : present
Salivation : normal
Neck : normal length

CHEST

Symmetry : symmetry
Nipples : developed
Movement, air entry : symmetry
Sound : bilateral
Breath : present, respiration rate is 38/minute
Heart rate : 136/minute

ABDOMEN

Inspection
Shape : normal
Size : normal

Palpation : no organomegally
Percussion : dull sounds heard
Auscultation : bowel sounds present

GENETALIA

Male

Genital organs : surgical procedure is done over the genital region and POP cast is applied from the pelvic region to the ankle of the legs for immobilisation
BACK AND SPINE

Back: absence of scoliosis, spina bifida, POP cast is applied from the back to the ankle.

RECTUM

Patency: normal
Passed meconium: passed meconium 2 to 3 times per day
Nappy area: wet, soaked with meconium
Groin: POP cast
Passed urine: through urinary catheter

EXTREMITIES

Upper: normal
Proportions of arms: normal
Proportions of fingers: normal
Erb’s palsy: absent
Palmar creases: normal
Oedema: absent
Lower extremities
Proportions: normal
Club foot: absent
Femoral pulses: POP cast is present, not able to feel pulse
REFLEXES OF NEW BORN

Rooting reflex : present
Sucking reflex : present
Swallowing reflex : present
Gagging reflex : present
Extrusion reflex : present
Blinking : present
Doll’s eye : present
Palmar grasp : present
Plantar reflex : present
Dancing or stepping : present
Babinski reflex : present
Tonic neck reflex : present
Moro/ startle reflex : present

Anthropometric measurement

Weight : 2.2 kg
Height : 46 cm
Head circumferences : 35 cm
Chest circumference : 33 cm

Vital signs

Temperature : 100°F
Heart rate : 136/minutes
Respiration : 38/minutes
Blood pressure :
**Behavioural assessment**

**Feeding**
Breast feeding: expressed breast milk
Artificial feeding: I.V fluid, isolyte-P 80ml/kg /day
No of feeds: every 2nd hourly

**Elimination**
Urine: passes urine through the eversion of posterior bladder
Stools: passed meconium 2-3times/day
Type: semisolid and sticky

**Sleep pattern**: disturbed sleep

**Thermal protection**
Head and body covered: yes
Extremities covered: yes

**Infection control**
No of care giver: baby’s mother and ward staff nurse

**Hand washing**
After bottom care: yes
Every feeding: yes
Each touch: yes
Kissing: no
Handling: minimal handling

**Immunization**
B.C.G: given
O.P.V: given
Optional: nil
ANATOMY AND PHYSIOLOGY OF URINARY BLADDER

Urinary bladder

The urinary bladder is a distensible organ positioned behind the symphysis pubis and anterior to the vagina and rectum. Its primary functions are to serve as a reservoir for urine and to help eliminate the waste product. Normal adult urine output is approximately 1500ml/day. This varies with food and fluid intake. The volume of urine produced at night is less than that formed during days because of hormonal influences e.g. (ADH). This diurnal pattern of urination is normal. Most people urinate 5 to 6 times the day and occasionally at night.

The triangular area formed by the two ureteral openings and the bladder neck at the base of the bladder is termed as trigone of the bladder. It is affixed to the pelvis by many ligaments and it does not change its shape during bladder filling or emptying. The bladder muscle is composed of layers of interwined smooth muscle fibres capable of considerable distension during bladder filling and contraction during emptying. It is affixed to the abdominal wall by an umbilical ligament, termed the uraculus. Consequently as the bladder fills, it rises toward the umbilicus. The dome anterior and lateral aspects of the bladder expand and contract when the bladder is empty, it appears as multiple folds within the pelvis.
On the average 200-250ml of urine in the bladder causes moderate distension and the urge to urine. When the quantity of urine reaches about 400-600 ml. the person feels discomfort. Bladder capacity varies with the individual, usually ranging from 600-1000ml. evacuation of urine is termed as urination or micturition.

The bladder has the same mucosal lining as that of the renal pelvis ureter and bladder neck. This lining is called transitional cell epithelium or urothelium and is unique to the urinary tract. Transitional epithelium is resistant to absorption of urine. Therefore urinary system after they leave the kidneys. Microscopically transitional cell epithelium is several cells. These deep stretch out in the bladder to only a few cells deeps as it accommodates filling. As the bladder empties the epithelium resumes its multicellular layer formation.
REVIEW OF DISEASE CONDITION

EXSTROPHY OF THE BLADDER

Definition

Exstrophy of bladder is a congenital malformation in which the lower portion of the abdominal wall and the anterior wall of the bladder are missing. So that the bladder is everted through the opening and may be found on the lower abdomen with continuous passage of urine to the outside. It is also termed as “ectopia vesicle”.

Incidence:

Exstrophy of the bladder is the moist common major anomaly of the lower urinary and genital tracts occurring in 1 in 30,000 live births.

It is found more frequently in males than in females and is not familial.

Pathophysiology

Exstrophy of the bladder results when an abnormally large local membrane prevents mesodermal in growth and lower membrane ruptures, the anterior abdominal wall, pubis, bladder and urethra fail to develop normally. The paired original tissues of the pelvis or clitoris fail to fuse in the midline. The extent of the exstrophy depends on the size of the local membrane and its development stage at the time of rupture.

Complete exstrophy is an extensive anomaly. The lower urinary tract i.e. the entire bladder to the external urethral meatus is exposed and may be without ventral covering. The defect in the male infant may be accompanied by a short undescended testis or an inguinal hernia the perineum is flatter and the anus is in a more anterior position than normal. In the female infant the clitoris may be cleft the labia widely separated and vagina is located anteriorly. In either sex the rectus muscle below the umbilicus are separated and the pubi rami are not joined. The femoral heads are externally rotated when the child begins to walk, there is a waddling gait.
## CLINICAL MANIFESTATIONS

<table>
<thead>
<tr>
<th>S.NO</th>
<th>BOOK PICTURE</th>
<th>PATIENT PICTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Absence of anterior wall bladder</td>
<td>Present</td>
</tr>
<tr>
<td>2</td>
<td>Bright red posterior bladder wall exposure</td>
<td>Present</td>
</tr>
<tr>
<td>3</td>
<td>Constant urinary trebling through the defect</td>
<td>Present</td>
</tr>
<tr>
<td>4</td>
<td>Skin excoriation</td>
<td>Present</td>
</tr>
<tr>
<td>5</td>
<td>Infection and ulceration of bladder mucosa</td>
<td>Present</td>
</tr>
<tr>
<td>6</td>
<td>Ambiguous genitalia</td>
<td>Present</td>
</tr>
<tr>
<td>7</td>
<td>Waddling unsteady gait</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Urinary tract infection</td>
<td>Present</td>
</tr>
<tr>
<td>9</td>
<td>Growth failure</td>
<td>Present</td>
</tr>
<tr>
<td>10</td>
<td>Fever</td>
<td>Present</td>
</tr>
<tr>
<td>11</td>
<td>Refusal of feeds</td>
<td>Present</td>
</tr>
</tbody>
</table>
ASSESSMENT AND DIAGNOSTIC INVESTIGATIONS

1. This condition is diagnosed on inspection at birth
2. Cystoscopic examination.
3. X-ray abdomen and pelvis.
4. USG abdomen and pelvis.
5. IVP
6. Urodynamic testing.
7. Urogram.

<table>
<thead>
<tr>
<th>Name of the investigation</th>
<th>Normal value</th>
<th>Patient’s value</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin</td>
<td>9-12gm</td>
<td>11.6gms</td>
<td>Normal</td>
</tr>
<tr>
<td>Bleeding time</td>
<td>2-7 minutes</td>
<td>2 minutes</td>
<td>Normal</td>
</tr>
<tr>
<td>Clotting time</td>
<td>5-8 minutes</td>
<td>4 minutes</td>
<td>Normal</td>
</tr>
<tr>
<td>Total count</td>
<td>6000-11,000 cells/mm³</td>
<td>10,400 cells/mm³</td>
<td>Normal</td>
</tr>
<tr>
<td>Differential count</td>
<td>P-58%</td>
<td>P-62%</td>
<td>Normal</td>
</tr>
<tr>
<td></td>
<td>L-40%</td>
<td>L-22%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E-2%</td>
<td>E-4%</td>
<td></td>
</tr>
<tr>
<td>Blood urea</td>
<td>20-40mg/dl</td>
<td>22mgs/dl</td>
<td>Normal</td>
</tr>
<tr>
<td>Blood sugar</td>
<td>60-90mgl/dl</td>
<td>64mg/dl</td>
<td>Normal</td>
</tr>
<tr>
<td>Serum creatinine</td>
<td>0.8-1.2mg/dl</td>
<td>0.3mg/dl</td>
<td>Normal</td>
</tr>
<tr>
<td>Urine analysis</td>
<td>Albumin-nil</td>
<td>Nil</td>
<td>Normal</td>
</tr>
<tr>
<td></td>
<td>Sugar-nil</td>
<td>Nil</td>
<td>Normal</td>
</tr>
<tr>
<td></td>
<td>Deposits-nil</td>
<td>3-4 pus cell</td>
<td>Elevated</td>
</tr>
<tr>
<td>Blood group</td>
<td>‘B’ positive</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MANAGEMENT

MEDCIAL MANAGEMENT

Medical management includes the following.

1. Monitoring the vital signs

2. Prevention of urinary tract infections and maintaining proper urinary eliminations and also the bowel eliminations.

3. Care of urinary catheter is very essential to prevent the urinary tract infections.

4. Proper administration of antibiotics and other drugs.

5. Maintaining intake and output chart.

6. Maintaining thermal regulation of new born is very much essential.

7. Following proper aseptic precautions while doing procedures.
<table>
<thead>
<tr>
<th>Name of the drug</th>
<th>Dose</th>
<th>Route &amp; frequency</th>
<th>Action</th>
<th>Side effects</th>
<th>Nurse’s responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inj. Cefatoxime sodium</td>
<td>200mg</td>
<td>IV &amp; bd</td>
<td>It is a Cephalosporin acts by Inhibiting cell wall synthesis and assembly of cell components leading to bacterial death</td>
<td>Nausea, Vomiting, Liver and renal toxicity</td>
<td>Check for anaphylaxis</td>
</tr>
<tr>
<td>Inj. Gentamycin</td>
<td>20mg</td>
<td>IV &amp; bd</td>
<td>Short term treatment of gram negative bacterial infections including, e.coli</td>
<td>Vestibular dysfunction, chronic use leads to renal toxicity</td>
<td>Obtain audio metric assessment with higher dosage, note for any vestibular dysfunction</td>
</tr>
<tr>
<td>Syp.paracetamol</td>
<td>20mg</td>
<td>Oral &amp; tds</td>
<td>Reduces fever by an effect on hypothalamus leads to sweating and vasodilatation</td>
<td>Chronic use may lead to toxicity</td>
<td>Document presence of fever, pain and location, LFT to be done in case of long term use.</td>
</tr>
</tbody>
</table>
SURGICAL MANAGEMENT

1. Exstrophy of bladder can be managed by surgical closure of the bladder within 48 hours.

2. Urinary diversion may be needed in some cases before reconstructive surgery.

3. Complete correction of the malformation can be done in stages by recommendation of the defect.

4. Orthopaedic surgery may be needed in some cases with associated musculoskeletal problems. These interventions should be done by school age.
NURSING MANAGEMENT

Supportive nursing care is important before and after reconstructive surgery to prevent complications.

Preoperative nursing care

1. Special attention should be given for protection of bladder area from infections and trauma.
2. Avoiding irritating cloth and linen over the exposed bladder.
3. Positioning the baby on back or side.
4. Humidifying the exposed bladder by covering with sterile petrolatum gauze.
5. Maintaining aseptic precautions and general hygiene measures along with other routine care.

Post operative nursing care.

1. Close monitoring of the child’s condition.
2. Monitoring vital signs.
3. Monitoring features of infections.
4. Monitoring intake and output.
5. Care of the urinary catheter, its position, drainage and leakage.
6. The abdominal dressing must be kept clean and dry.
7. Should teach the parents about general care of their baby and care of urinary catheter.
8. Should make the parents involved in the care of the baby during hospitalisation, before getting discharge.

9. Necessary information and demonstration should be given to the parents regarding home based care, follow up and neat probable data of operative interventions.
1. Acute pain related to surgical procedure

2. Risk for infections related to invasive procedures.

3. Impaired urinary elimination related to dysfunctional urinary system.


5. Imbalanced nutrition less than body requirement related to refusal of feeds.

6. Fear and anxiety of parents related to baby’s body image disturbances.

7. Knowledge deficit of the parents regarding the baby’s defect and body image.

8. Interrupted family process related to long time hospitalisation.

9. Ineffective family coping regarding care of the baby.

10. Impaired skin integrity related to bladder mucosal excoriation.
### NURSING DIAGNOSIS

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Diagnosis</th>
<th>Goal</th>
<th>Plan Of Action</th>
<th>Implementation</th>
<th>Rationale</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subjective data:</strong> the mother verbalizes that the child was crying. <strong>Objective data:</strong> the child’s facial expressions altered facial &amp; also crying</td>
<td>Acute Pain related to surgical procedure</td>
<td>to relieve the pain</td>
<td>Assess the child’s pain level</td>
<td>Pain level is assessed by the face scale</td>
<td>To know the base line data about of the patients</td>
<td>The child’s pain level is reduced. It is evidenced by the face scale.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Assess the vital signs</td>
<td>Temperature-98.4°F Pulse-108beats/minute Respiration-36/min</td>
<td>To know the vital signs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provide Security of the mother</td>
<td>Mother was allowed to stay inside and to attend the baby frequently</td>
<td>To improve the feelings of baby</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Administer medication as per doctor’s order</td>
<td>Diclofenac administered as suppositories as per order</td>
<td>To reduce the pain</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reassess the pain level</td>
<td>The pain level of the child was reassessed</td>
<td>To know the child’s condition</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>Nursing diagnosis</td>
<td>Plan of action</td>
<td>Implementation</td>
<td>Rationale</td>
<td>Evaluation</td>
<td></td>
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<tr>
<td><em>Subjective data:</em> Mother says that the newborn is warm to touch</td>
<td><strong>Diagnosis:</strong> Risk for infection related to invasive procedure. <strong>Goal:</strong> to prevent infection</td>
<td>Assess the vital signs</td>
<td>Vital signs are monitored and recorded. Temperature: 100.4°F Pulse: 136/minute Respiration: 38/minute</td>
<td>To know the baseline data</td>
<td>Maintained body temperature in Normal way</td>
<td></td>
</tr>
<tr>
<td><em>Objective data:</em> The child looks febrile</td>
<td></td>
<td></td>
<td>Educated the mother about hand washing and hygiene of the body</td>
<td>To avoid infection</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Teach hand washing and hygiene</td>
<td>Provided clean and comfortable environment</td>
<td>To minimize the chance of infection</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Provide clean and comfortable environment</td>
<td>Provided clean and comfortable environment as well as comfortable bed</td>
<td>To minimize the chance of infection</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Change the surgical wound dressing</td>
<td>Soaked dressing was changed and cleaned with antimicrobial solutions</td>
<td>To minimize the infection level</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Provide urinary catheter care</td>
<td>Catheter care was provided by cleaning the surrounding area of the catheter with antimicrobial solutions</td>
<td>To minimize the chance of infection</td>
<td></td>
<td></td>
</tr>
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<tr>
<td><strong>Subjective data:</strong> Mother says that the newborn is warm to touch</td>
<td><strong>Diagnosis:</strong> hyperthermia related to urinary tract infection</td>
<td>Assess the vital signs</td>
<td>Vital signs are monitored and recorded. Temperature: 100.4°F Pulse: 136/minute Respiration: 38/minute</td>
<td>To know the baseline data</td>
<td>Maintained body temperature at 98.4°F</td>
<td></td>
</tr>
<tr>
<td><strong>Objective data:</strong> The child looks febrile</td>
<td><strong>Goal:</strong> to reduce the fever</td>
<td>Remove excess clothing</td>
<td>Excess clothing and bedding removed and left the baby with minimal clothing</td>
<td>To reduce the temperature</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Provide tepid sponging</td>
<td>Tepid sponging given with cold water Switched on the fans and provided spacious environment</td>
<td>To reduce the temperature</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Provide well ventilation</td>
<td></td>
<td>To reduce the temperature</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Assess the vital signs</td>
<td>Vital signs are monitored and recorded. Temperature: 98.4°F Pulse: 136/minute Respiration: 38/minute</td>
<td>To know the effect of my interventions</td>
<td></td>
<td></td>
</tr>
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</tbody>
</table>
| **Subjective data:**            | **Diagnosis:** impaired urinary elimination related to dysfunctional urinary system.  
**Goal:** to improve the urinary elimination | Assess the vital signs | Vital signs are monitored and recorded.  
Temperature: 98.4°F  
Pulse: 136/minute  
Respiration: 38/minute | To know the baseline data | Baby’s urine output is increased as evidenced by output 30ml |
| **Objective data:**             |                                                             | Assess urine output | Urine output is assessed from the urine bag.  
Output is 20ml. | To know the baseline data |                                                             |
|                                 |                                                             | Check for dislodgement of urinary catheter,  
Maintain intake and output chart | Urinary catheter checked for position, kicking and dislodgement  
Intake and output chart maintained. | Dislodgement may obstruct the flow of the urine  
To know the renal function of the baby |                                                             |
|                                 |                                                             | Reassess the vital signs | Vital signs are monitored and recorded.  
Temperature: 98.4°F  
Pulse: 136/minute  
Respiration: 38/minute | To ensure that the baby is normal our interventions. |                                                             |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Subjective data:</td>
<td>Mother says that baby looks thinner than birth, refusal of feeds</td>
<td>Diagnose: imbalanced nutrition less than body requirement related to refusal of feeds</td>
<td>Assess the nutritional status by patterns of weight loss or gain</td>
<td>To know the base line data</td>
<td>Baby’s urine output is increased as evidenced by output 30ml</td>
</tr>
<tr>
<td>Objective data:</td>
<td>Recorded weight 2.2kg, refusal of feeds</td>
<td>Goal: to improve the nutritional status of the baby</td>
<td>Assess the feeding tolerance of the baby</td>
<td>To know the base line data</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assess the feeding tolerance of the baby</td>
<td>Assessed the feeding tolerance by giving breast milk and watched for vomiting and indigestion</td>
<td>To know the base line data</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Record the type and frequency and amount of stools</td>
<td>3 episodes of meconium was passed</td>
<td>To know the output of baby</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Provide 120kcal/kg/day</td>
<td>Child is on I.V fluids, inj.isolyte-P</td>
<td>To improve the nutritional status of the baby</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Establish Sucking and swallowing reflexes</td>
<td>Sucking and swallowing reflex is present</td>
<td>To improve the hunger</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monitor intake and output</td>
<td>Intake and output of the baby was monitored</td>
<td>To know the progress of baby</td>
<td></td>
</tr>
</tbody>
</table>
PARENT EDUCATION

Personal Hygiene

1. Advised to keep the bladder area very clean and to cover it with sterile petrolatum gauze to prevent infection and ulceration.

2. Advised to change the diaper frequently for the baby’s comfort and to prevent the constant odor of urine.

3. Advised to immerse the baby in water at bath time to prevent contamination of the ureters and bladder wall.

4. Advised to remove stool immediately to prevent contamination of the bladder.

Nutrition

1. Advised the mother to provide comfortable position while breast feeding.

2. Advised the mother to observe the baby for any abdominal distension.

3. Encouraged the mother for exclusive breast feeding for 6 months of age and to start complementary feeds at the 6th month.

4. Advised the mother to feed both the hind milk and fore milk till the breast gets emptied and then go for other breast.

5. Advised the mother to watch for urine and stool elimination.

Play

1. Instructed the mother about the selection of toys which should be large in size and not sharp, lead coated to avoid aspirating small objects and ingesting substances.
2. Encouraged the mother to provide sound making toys and rattle for the baby to create distraction.

**Immunization**

1. Explained the mother about the immunization schedule.

2. Instructed about the importance of immunization and complication of not giving immunization.

3. Discussed about the optional immunization and insisted to utilize if they are affordable.

**Follow up care**

1. Instructed about the necessary of continuous follow up care.

2. Instructed about the next probable data of operative interventions as per doctor’s advice.

3. Taught about the signs of complications and the necessary for medical aid.

4. Advised to continue the hygienic measures while caring the baby to prevent.

5. Instructed to attend the review O.P. the date and place of review follow up.
CONCLUSION

This care study helped me to learn more about the exstrophy of bladder. This enabled me to provide a comprehensive nursing care to the neonate with exstrophy of bladder.

I gained more knowledge regarding the exstrophy of bladder, its assessment, management and complications.

In addition baby’s mother and family members had shared their feelings, anxiety and fear freely to me. It was very good experience for me to deal with neonate of congenital anomaly of genitor urinary tract in detail and I hope that this experience will be helpful for me in future to treat carefully all babies with congenital anomalies.
BIBLIOGRAPHY


