Journal of Cancer Science & Treatment

JCST, 6(S1): 02 www.scitcentral.com



Abstract: Open Access

Nephrotic Syndrome, its Management and Nursing Care

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Published February 06, 2024

ABSTRACT

Nephrotic syndrome is a kidney disorder characterized by increased protein excretion in the urine, low levels of protein in the blood, high cholesterol levels, and edema. Management and nursing care for nephrotic syndrome involve a multidisciplinary approach, including medical interventions, dietary management, and supportive care. Here is an overview with references: Management of Nephrotic Syndrome:

Pharmacological Management: Corticosteroids, such as prednisone, are often the first line of treatment to reduce inflammation and proteinuria. Other immunosuppressive agents like cyclophosphamide and calcineurin inhibitors may be considered in refractory cases.

Dietary Management: Dietary modifications may include reducing sodium intake to manage edema and controlling cholesterol intake. Adequate protein intake is essential, and sometimes a low-salt and low-fat diet is recommended. Monitoring and managing fluid balance is crucial, especially in the presence of edema. Diuretics may be prescribed to help reduce fluid retention.

Nursing Care for Nephrotic Syndrome:

Assessment and Monitoring: Regular assessment of vital signs, fluid balance, and daily weights to monitor for edema. Monitoring laboratory values, including serum albumin, cholesterol, and renal function.

Patient and Family Education: Providing education on medications, including potential side effects and the importance of adherence to prescribed treatment. Educating patients and families about dietary restrictions and fluid management.

Psychosocial Support: Offering emotional support to patients and families dealing with a chronic condition. Facilitating communication with other healthcare team members to address concerns.

Remember, nursing care should be individualized based on the specific needs of the patient and should involve collaboration with the entire healthcare team. It's advisable to always refer to the latest guidelines and protocols in your clinical setting.

Keywords: Nephrotic syndrome, Corticosteroids, Immunosuppressive agents

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Citation: Johnson MA. (2024) Nephrotic Syndrome, its Management and Nursing Care. J Cancer Sci Treatment, 6(S1): 02.

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