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Liver cirrhosis nursing diagnosis

Liver cirrhosis, also known as hepatic cirrhosis, is a chronic disease often characterized by fibrotic regeneration and diffuse destruction of hepatic cells. Liver tissues are replaced by normal vasculate and liver structure as fibrosis is inemonished. Lymph and blood flow deteriorate, and the final result is hepatic insufficiencies. Cirrhosis nursing diagnosis and care plans basic information is important for effective management of the disease. Causes of cirrhosis can be viral or bacterial inflammation, malnutrition, and poisons such as alcohol, acetaminophen, and carbon tetracyloride. Liver cirrhosis is the fourth leading cause of death in the United States among individuals between the ages of thirty-five and fifty-five. It poses a threat to health in the long run. It progresses through the stages of the disease and at each stage it is properly managed and needs to be monitored to slow the progression of the disease. Nurses are often those who have a role to look after patients and need to be well informed about the patient's condition and how to help. This article provides such information for patients with cirrhosis of the liver. Types of Cirrhosis of the LiverThe liver contains a different type of cirrhosis; Laennec cirrhosis: It is the most common type in 30-50 percent of liver cirrhosis patients. 90% of them have a history of alcohol. Chronic intake and malnutrition of liver alcohol can be harmed, especially with dietary proteins. In a damaged liver, fibrous tissue will form around central vessels and portal areas. Bilige cirrhosis: This cirrhosis is diagnosed in 15-20 percent of patients. This causes prolonged congestion or injury. Postnecrotic cirrhosis: Different hepatitisPigment cirrhosis comes from: This type of cirrhosis is caused by some diseases, such as hemochromatosisIdiopatic cirrhosis: There is no known cause for this yetnoncirrhotic fibrosis: This congenital hepatic fibrosis or shistososis may develop. Even idiopathic Cirosis Nursing Diagnosis and Care Plan Nursing care plan for patients with cirrhosis of the liver includes skin care, providing nutrition. Promoting rest, reducing the risk of injury, managing and monitoring complications. Eight nursing diagnosis and care plans for these private patients are below;1. Unbalanced nutritionThis is less than necessary because of nutrient intake, the body's metabolic needs are not met. This may be related to inadequate diet, abnormal function of the intestine, digest inadequacy or nutrient processing, nausea, anorexia, indigestion, vomiting, and early intoxiivty. This possible evidence includes weight loss, muscle wasting or bad sound, altered bowel function and sound, and unbalanced nutrition studies. The desired outcome of nurse care is to show a progressive it profits by normalization of the patient's laboratory values. Symptoms of malnutrition should no longer occur.2. Overstep of liquid Explains an increase in iodine retention of this liquid. You can associate this with a degraded editing mechanism, such as reduced plasma proteins, antidiuretic hormone and malnutrition problem), excessive fluid/sodium intake. This diagnosis is evidenced by weight gain, edema, blood pressure changes, altered electrolyte and CVP levels, more input than oliguri output and specific weight of urine changes. There may also be changes in JVD, dyspnea, plelethral effusion, breath sounds and mental sculptures. The desired result of nurse care is to stabilize the fluid volume and stabilize the weight of the patient with the absence of normal vital findings reading and edema.3. Risk of deterioration of skin integrityThis deals with the risk of altered dermis or epidermis. The risk factors of this may include the accumulation of bile salts in the skin, altered metabolic or circulatory status, skeletal protrusion, acid, edema, and weak turgor of the skin. The desired result of nurse care is to show techniques and behaviors to maintain the integrity of the skin, determine the risk factors of each patient, prevent skin disintegration.4. Breathing ineffective pattern When this inspiration or end is insufficient, the patient lacks sufficient ventilation. Risk factors for this may include acid, fatigue, reduced energy, accumulated secretions, and reduced lung enlargement. The desired results are in an acceptable range to ensure an effective respiratory patho and to beyanosis and dyspnea-free with the patient's vital capacity and ABG.5. Risk of injury Cirrhtic patients can easily be injured due to environmental conditions that are affected by the patient's defense and adaptive resources. The risk factors for this have changed the coagulation factors, and irregular blood profile, esophageal varicose veins, and portal hypertension. The desired outcome of the nurse should be to show the behavior of patients that will reduce the risk of injury and maintain homeostase without bleeding.6. Risk of developing acute confusion Risk factors for this are alcohol use, the liver's inability to absorb specific drugs detox, and enzymes. The desired outcome of cirrhosis nursing plans should be to maintain theormal level of reality and mentitation orientation.and at the same time minimize or prevent repete lifestyles and behavioral changes to initiate7. Altered body image Can be a mixed mental image of the physical smbodies of the patients, which can lead to a negative perception of self-worth. This diagnosis is related to personal vulnerability, altered biophysical or physical appearance, role function And don't self-desmy. Possible evidence of this is lifestyle restriction, people's reaction or fear of rejection, feelings of despair, desperation or powerlessness, and verbal change. The desired results here cause the patient to change the verbalization with self-acceptance. Determination of methods and emotions to cope with negative self-perception.8. Insufficient informationThis is that the patient's cognitive knowledge is missing or disappearing. This may depend on the lack of recall or exposure, misinterpretation of information and foreignness with sources of information. Possible evidence of this diagnosis are statements consisting of misunderstanding, inability to follow the instruction correctly and the development of preventable complications. Here there is a verbal understanding of disease prognosis, progression and potential complications to associate symptoms with causal factors of desired results. You can also start or define basic lifestyle changes. SummaryA appropriate cirrhosis nursing diagnosis and care plan is very useful for the management of patients and some symptoms. It can even prevent some preventable complications that arise and help the medical team in proper care for the patient. Liver cirrhosis, also known as hepatic cirrhosis, is a chronic hepatic disease characterized by diffuse destruction and fibrotic regeneration of liver cells. Necrotic tissues, such as fibrosis yields, diseases change liver structure and normal vasculate, disrupt blood and lymph flow, and ultimately cause hepatic insufficiency. Causes include malnutrition, inflammation (bacterial or viral) and poisons (e.g. alcohol, carbon tetracloride, acetaminophen). Cirrhosis is the fourth leading cause of death in the U.S. among people aged 35-55 and poses a serious threat to long-term health. These are clinical types of cirrhosis: Laennec cirrhosis is the most common type and between 30% and 50% of cirrhosis patients occur. Up to 90% have a history of alcoholism. Liver damage is caused especially by poor dietary protein and chronic alcohol intake. Fibrous tissue forms in portal areas and central veneer. Biliar cirrhosis occurs in 15-20% of patients and occurs as a result of injury or long-term obstruction. Postnecrotic cirrhosis is caused by various types of hepatitis. Pigment cirrhosis is the result of disorders such as hemochromatosis. There's no known cause of idiopathic cirrhosis. Nonsirotic fibrosis can be the result of systosomase or congenital hepatic fibrosis or it can be idiopathic. Nursing Care Care planning for patients with cirrhosis of the liver includes promoting rest, ensuring adequate nutrition, skin care, reducing the risk of injury, and monitoring and managing complications. Here are eight (8) nursing care plans (NCP) and nursing for patients with cirrhosis of the liver: Nursing Diagnosis May Be Related to Unbalanced Nutrition: Body Requirements Less Inadequate Diet; Inadequacy processing / digesting nutrients Anorexia, nausea / vomiting, indigestion, early fullness (acid) Abnormal bowel function Possibly proven by changes in weight loss of bowel sounds and function Weak muscle tone / waste Imbalances Desired results in nutritional studies Desired Results Desired results with patient-appropriate normalization of laboratory values show progressive weight gain towards the target. No sign of malnutrition. Nursing Interventions Logic Measure dietary intake based on calorie count. It provides important information about reception, needs and shortcomings. Weigh as indicated. Compare changes in fluid status, recent weight history, skin bond measurements. It can be difficult to use weight as a direct indicator of nutritional status in the appearance of edema and/or acid. Skinfold measurements are useful for evaluating changes in muscle mass and subs leather fat reserves. Encourage the patient to eat; explains the causes of dietary species. Feed the patient by exhausting easily or help the SO patient. Include the patient in meal planning to take into account food preferences in food preferences. It is vital for improved nutrition and diet recovery. If the family is involved and the preferred foods are included as much as possible, the patient can eat better. Encourage the patient to eat all meals, including additional nutrition. The patient can take food or eat only a few bites due to loss of interest in food or nausea, generalized weakness, weakness. Give small, frequent meals. Poor tolerance to larger meals may depend on intra-abdominal pressure and acidity (if any). If allowed, instead of salt: avoid those containing ammonium. Increased appetite instead of salt improves food and help flavor; the risk of ammonia encephalopathy is strong. Restrict the intake of caffeine, gas-producing or spicy and extremely hot or cold foods. It helps to impair oral intake by reducing stomach irritation and/or diarrhea and abdominal discomfort. Suggest soft foods by roughing them up in an endike. In advanced cirrhosis, bleeding may occur from the esophageal varicose veins. Promote frequent oral care, especially before meals. The patient is prone to bad taste in the gums and mouth, which contributes to anorexia, throat and/or bleeding. Promote rest periods without being disturbed, especially before meals. Energy saving reduces metabolic demands on the liver and promotes cellular regeneration. We recommend quitting smoking. To give training on the possible negative effects of smoking. It reduces the risk of excessive stomach stimulation and irritation and can lead to bleeding. Watch laboratory studies: serum glucose, prealbumin and albumin, total ammonia. Impaired glucosonogenesis, depleted glycogen stores or insufficient Protein may be low due to impaired metabolism, decreased liver synthesis or damage to the peritoneal cavity (acid). Elevation of ammonia levels may require restriction of protein intake to prevent serious complications. Maintain NPO status when specified. Initially, GI rest may be necessary to reduce the demands of ammonia and urea production in the liver and GI system in acute patients. See dietitian to provide moderate diet of calories and simple carbohydrates, low in fat and high in protein; limit sodium and liquid as needed. Provide liquid supplements as indicated. High calorie foods are desirable to inasmuch as patient intake is usually limited. Carbohydrates provide ready-made energy. Fats are absorbed due to poor liver dysfunction and can contribute to abdominal discomfort. Proteins are necessary to increase serum protein levels to reduce edema and promote liver cell regeneration. Note: Foods high in protein and ammonia (gelatin) are restricted if ammonia levels are high or if the patient has clinical signs of hepatic encephalopathy. In addition, these individuals can better tone vegetable proteins of meat protein. Provide tube feeds, TPN, and lipids if indicated. It may be necessary to provide dietary supplements or nutrients when the patient is too nauseable to eat or interferes with oral intake of anoxic or esophageal varicose veins. See also the following messages and care plans can also be: Gastrointestinal Care Plans Care plans covering gastrointestinal and digestive system disorders: system:

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