

Nephrotic syndrome

can be attained by public education of prompt treatment of sore throats and URIs

❖ **Nephrotic syndrome** is not a single disease entity but a constellation of symptoms including albuminuria, hypoalbuminemia, hyperlipidemia, and lipuria.

❖ **Etiology:** Nephrotic syndrome is associated with

1. Allergic reactions (insect bites, pollen, and AGN)
2. Infections (herpes infection)
3. Systemic disease (SLE, DM)
4. Circulatory problems (severe CHF and chronic constrictive pericarditis)
5. Cancer (Hodgkin's, lung, colon, and breast)
6. Renal transplantation
7. Pregnancy
8. Idiopathic

❖ **Pathophysiology:**

Immune complex deposition, nephrotoxic antibodies, or other non-immune mechanisms damage to cells in the glomerular basement membrane that result in increased membrane porosity and permeability with significant proteinuria. Serum albumin is then depleted, results in decreased serum osmotic pressure-generalized edema. As fluid is lost into the tissue the plasma volume decreases, stimulating secretion of aldosterone leading to even greater edema

❖ **Signs and symptoms:**

1. Severe generalized edema
2. Pronounced proteinuria
3. Hypoalbuminemia
4. Hyperlipidemia

❖ **Collaborative management:**

1. *Diagnostic tests*—urine analysis (for protein casts and erythrocytes), serum test for protein and lipid analysis
2. *Medication:* Corticosteroids—prednisolone
3. Others:
 - 3.1 Diet—high-protein, low-salt diet
 - 3.2 Bed rest, if severe edema
 - 3.3 Prevention of infection

❖ **Nursing management:**

Nursing assessment: Health history, physical examination, and lab investigations to assess signs and symptoms described above

Nursing diagnoses: may include but are not limited to:

1. Imbalanced nutrition: less than body requirement due to anorexia, edema
2. Risk for infection related to decreased nutrition, immobility, and edema
3. Deficient knowledge related to lack of knowledge/ information

Nursing interventions:

1. Promoting nutrition—

1.1 Sodium restriction—0.5-1 g/day