

(CLEFT LIP/CLEFT PALATE) NURSING CARE PLAN

Medical Diagnosis: Cleft Lip/Cleft Palate

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Difficulty Feeding • Hearing loss 	Assess infants skin color/capillary refill	Decreased oxygenation is typically an issue with the defect due to possible aspiration. Assess for cyanosis/decreased tissue perfusion
	Assess abdominal distention	Difficulty feeding in infants can result in large amounts of air causing abdominal distention
	Assess respiratory status	Clefts can often lead to aspiration of milk or secretions due to the incomplete closure of the lip or palate. Infants can develop pneumonia/respiratory distress
Objective Data: <ul style="list-style-type: none"> • Cleft/Opening in the lip or palate • Aspiration on food/secretions • Frequent ear infections • Speech Difficulty 	Assess infants sucking ability	Provide infant with special nipples/feeding tools that have a way valve. This helps reduce risk of aspiration and air intake
	Suction nasal/oral passages as needed	Helps to remove any excess fluid or secretions from the infants airway
	Monitor infants weight/caloric intake	Helps determine if infant is feeding properly or if other interventions are needed.
	Prepare infant/family for surgery	Infant will likely need surgery to repair the defect. Educate and support family for this process
	Give referral info for dental, speech, and auditory consults	Infant may have frequent ear infections as a result of Eustachian tube blockages that result in hearing loss. Consult audiology. Difficulty hearing can lead to speech delays. Consult speech. Dental issues may arise from the defect lip/palate. Consult dentist
	Provide education and resources for families/caregivers	Proper way of feeding infant with assistive devices Post-surgical care of the incision site When to call the doctor for any complications that may arise