(PHENYLKETONURIA - PKU) NURSING CARE PLAN

Medical Diagnosis: Phenylketonuria (PKU)		
Subjective Data: • Hyperactivity • Behavioral or emotional problems	**Nursing Intervention (ADPIE)**	**Rationale**
	Assess skin for rash	Patients with PKU often have eczema that is difficult to control;
	Perform heel stick diagnostic test after birth as ordered	Heel sticks are done on newborns to diagnose PKU. This should be done in a timely fashion, as certain infant formulas contain phenylalanine.
	Monitor serum lab results	PKU is usually diagnosed within a few weeks of life. Make sure parents are aware if their newborn has received a positive test result.
Objective Data: • Fair skin and hair, blue eyes • Slow growth • Musty odor of the urine, skin or breath • Seizures • Skin rash (eczema) • Microcephaly	Inform parents/caregivers of appropriate foods and formulas to give	Special formulas will be required that are phenylalanine free. Refer to dietitian for guidance. Foods to avoid: High protein foods, such as milk, dairy products, meat, fish, chicken, eggs, beans, and nuts.
	Administer medications as necessary	Sapropterin is an approved medication that has been found to lower phenylalanine levels in combination with special diet. It is important, however, that families recognize that dietary changes should be adhered to, regardless of medication use.
	Provide patient and family education regarding diet, safety and disease process	Maintaining low phenylalanine diet will be a lifelong requirement. Make sure patients' families understand how to read labels, make healthy diet choices and provide support as necessary.
	Provide safety for patient with seizures (seizure precautions)	Patients with high levels of phenylalanine may have convulsions or seizures. Safety is important to prevent injury. Provide cribs and make sure rails are up.
	Monitor growth and development.	Children with PKU often have slow growth and development. Monitor for changes in growth or signs that developmental milestones are not being met.