(HYDROCEPHALUS) NURSING CARE PLAN

Medical Diagnosis: Hydrocephalus		
Subjective Data: • The rapid increase in head circumference • Poor appetite or feeding • Headaches • Personality changes • Difficulty concentrating	**Nursing Intervention (ADPIE)**	**Rationale**
	Assess neurological status, examine pupils.	To monitor for changes in mental status, reflexes, and motor function. Changes in pupil reaction may indicate altered brain stem functioning.
	Assess head circumference and fontanelles	Increasing head circumference and bulging of fontanelles indicates accumulating fluid.
	Initiate safety and seizure precautions and administer O2 as needed	Increased cranial pressure can lead to seizures which may require oxygen supplementation or suction of secretions to clear airway.
Objective Data: • Large or oddly shaped head • Bulging fontanelles • Fussy (infants) • Excessive drowsiness • Vomiting • Seizures • Eyes fixed downward (sunsetting) or strabismus	Administer medications appropriately Diuretics Corticosteroids	Diuretics can help control the production of CSF in the case of non-obstructive hydrocephalus. Corticosteroids help to reduce inflammation.
	Prepare patient for surgery/shunt placement Maintain NPO status 2-4 hours before surgery per facility protocol Administer IV fluids	Patients may undergo surgery to place a VentriculoPeritoneal (VP) shunt that will drain fluid from the brain to the stomach.