NURSING CARE PLAN (FETAL ALCOHOL SYNDROME - FAS)

| Medical Diagnosis: Fetal Alcohol Syndrome (FAS) | | |
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| Subjective Data: | Nursing Intervention (ADPIE) | Rationale |
| Patient's mother/caregiver may report: Poor coordination Jitteriness or hyperactivity Frequent mood changes Difficulty in social settings (daycare, school) Difficulty switching tasks Learning disorders Patient may report: Trouble paying attention or focusing Poor memory Vision problems | Perform complete assessment of systems including heart and lung auscultation | FAS often results in deformities of the heart and lungs and may result in murmurs, heart valve disorders or respiratory diseases such as asthma |
| | Assess infant for signs of withdrawal that include: | High-pitched cry; Postural arching (of the back); Slow or delayed breathing (apnea / bradypnea); Slow or irregular heartbeat |
| | Measure head and abdominal circumference of infant | Infants with FAS generally have smaller head size that indicates microcephaly. Abdomen may be distended following birth. This may require nasogastric intubation. |
| Objective Data: • Distinct facial features that include: small eyes, thin upper lip, short nose • Slow physical growth (before and after birth) • Small head circumference • Heart defects • Joint / bone deformities | Obtain history of pregnancy from patient's mother | Determine how much alcohol was consumed throughout pregnancy and frequency. |
| | Minimize external stimuli | Infants and children with FAS are often easily excitable and become agitated and fussy with excessive noise and physical stimuli. |

