



FIGURE 10.1 SEQUELAE OF STREP INFECTIONS

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(Figure 10.1); however, unlike rheumatic fever, it does *not* tend to recur because specific immunity is conferred after the first episode of APSGN. Further information about APSGN is found in Table 10.1, p. 87.

✎ **II. Assessment:**

A. Typical concerns from family about urine: change in color/appearance of urine (thick, reddish brown; decreased amounts).

B. **Acute edematous phase**—usually lasts 4–10 d.

1. Lab examination of urine:

- a. Severe **hematuria**.
- b. Mild proteinuria.
- c. *Increased* specific gravity.

2. Blood tests reveal:

- a. *Increased* serum protein levels.
- b. *Increased* potassium levels.
- c. *Elevated* antistreptolysin O (ASO) titer: norm = 170-330 Todd U/mL.

3. **Hypertension**.

- a. Headache.
- b. Potential hypertensive encephalopathy → seizures, increased intracranial pressure.

4. Mild to moderate *edema*: chiefly periorbital; increased weight due to fluid retention.

5. **General**:

- a. Abdominal pain.
- b. Malaise.

c. Anorexia.

d. Vomiting.

e. Pallor.

f. Irritability.

g. Lethargy.

h. Fever.

C. **Diuresis phase**:

1. Copious diuresis.
2. Decreased body weight.
3. Marked clinical improvement.
4. Decrease in gross hematuria, but microscopic hematuria may persist for weeks or months.

✎ **III. Analysis/nursing diagnosis:**

- A. *Fluid volume excess* related to decreased urine output.
- B. *Altered nutrition, less than body requirements*, related to anorexia and vomiting.
- C. *Pain* related to fluid retention.
- D. *High risk for infection* related to diminished body defenses.
- E. *Knowledge deficit* related to disease process, treatment, and follow-up care.

✎ **IV. Nursing care plan/implementation:**

A. *Goal: monitor fluid balance, observing carefully for complications.*

1. Check and record blood pressure (BP) at least every 4 h to monitor hypertension.