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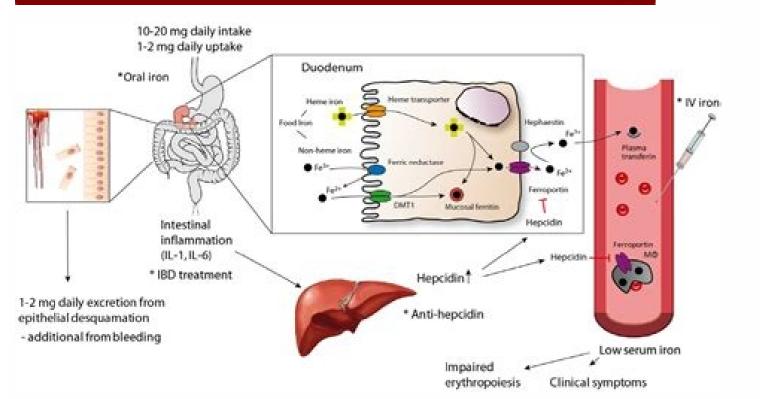
NURSING CARE PLAN

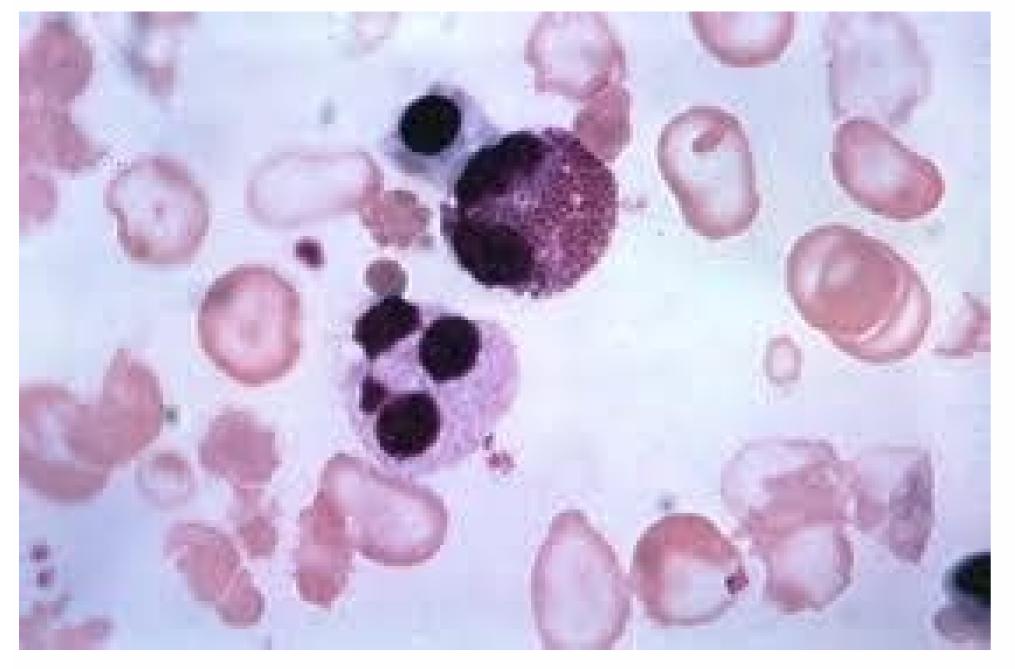
ASSESSMENT	NURSING DIAGNOSIS	BACKGROUND KNOWLEDGE	GOALS/ORJECTIVES	INTERVENTION	RATIONALE	EVALUATION
Subjective: "Anomic na ko talaga kahit nang hindi po aku-bantis, biniggun nga ako ng gamot sa center". An verbalized by the dient.	nutrition: less than body requirements related to iron	bron-deficiency anemia (or iron- deficiency anemia) in a common anemia that occurs when iron loss (often from intestinal bleeding or menses) occurs, and/or the dietary intake or absorption of iron is insufficient. In iron deficiency, hemseglobin, which contains iron, cannot be formed, from deficiency is the most common single cause of anemia worldwide, accounting for about half of all anemia cases. It is more common in women than mon. Estimates-	After one hour of surving intervention the client will be able to: 1. Verbalizes understanding about the causes and effects of iron deficiency anomia before and after pregnancy.	A. Explain to the client: a. Anemia is a normal event happening to a pregnant women. b. Iron deficiency anemia is caused by inadequate iron in the blood c. Iron deficiency anemia may cause different complications the client may experience.	A. This will give the client knowledge about the condition the in experiencian g	After one hour of marring intervention the client was able to: Goal men Verbalized understanding about the cases and effects of iron deficiency anemia before and after pregnancy. Goal men verbalized understanding about the ways client may follow to prevention deficiency anemia. Goal men Verbalized

NURSING DIAGNOSIS	GOALS	AND RATIONALE	EVALUATION
Imbalanced nutrition less than body requirements related to inadequate food intake to utilize nutrients so as meet metabolic needs as evidence by : Loose of appetite Muscles weakness	After 2 to 3 weeks patient nutritional status will be balanced	Encourage patient to eats balance diet especial high iron diet and CHO2 to maintain body nutrition and energy. Encourage patient to eat more and more and drinking including fruits, water, juice to increase appetite.	Within 5 days patient appetite was increased and muscle weakness also decreased.

TREATMENT OF IRON DEFICIENCY ANEMIA.

- Iron deficiency anemia is treated with oral or parenteral iron preparation. Oral iron corrects the anemia just as rapidly and completely as parenteral iron in most cases if iron absorption from the GIT is normal.
- Different iron salt provide different amount of elemental iron.
- In iron deficient individual, about 50-80mg of iron can be incorporated in hemoglobin daily and about 25% of oral ferrous salt can be absorbed.





Treatment of iron deficiency anemia in celiac disease. Treatment of iron deficiency anemia in toddlers. Treatment of iron deficiency anemia in pregnancy. Treatment of iron deficiency anemia in pregnancy.

occurs during periods of growth, such as children and pregnant women[26] For example, during fast growth phases, infants © Adolescents and adolescents adolescents and adolescents adolescents and adolescents adolescents adolescents and adolescents adolescents

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chronic gastrointestinal blood, which may be linked to a possible cancer [24] in female-age women, heavy menstrual permits can be a blood source blood causing anaemia due to iron deficiency. [24] People who don't consume much iron in their diet, like vegans or vegetarians, too © They are at greater risk of developing anaemia due to iron
deficiency. [14] Paranoid illness The main cause of anaemia due to iron deficiency worldwide © a parasitic disease known as helmitosis caused by infestation with parasitic worms (helmets); Specifically, worms. The hookworms most responsible for causing anaemia from iron deficiency include Ancylostoma duodenale, Ancylostoma ceylanicum and
Necator americanus. [24][27] The World Health Organization estimates that about two thousand million people are infected with floor helmets worldwide. Parasitic worms cause inflammation and chronic loss of blood binding to a human's intestinal mucosa, and through © Their means of food and degradation can cause anemia by iron deficiency. [15]
[27] Blood loss Red glands contain iron, so blood loss also © m leads to a loss of iron. There are several causes of blood loss, including menstrual bleeding, gastrointestinal bleedin
bowel disease, a canon bun or gastrointestinal cancer (e.g. cancer of the lon) Menstrual bleeding @ a common cause of anaemia due to iron deficiency, because they are
at higher risk than normal of losing a greater amount of blood during menstruation than they are © substituted in your diet. Most women lose about a 40-meter of blood per cycle. Iron is lost in blood. Some mom © all of control Birth, such as bun and IUD, may decrease the amount of blood thus lost iron during a menstrual cycle. [29] The intermittent
iron supplement can be as effective as in these cases a s diyd supplements and reduce some of the adverse effects of long-term river supplements [30] Gastrointestinal haemorrhage [29] There are many sources of bleeding of the
gastrointestinal tract, including the stomach, oesophagus, small intestine and large intestine (canon). Gastrointestinal haemorrhage may result from the regular use of some groups of medicines, such as anti-inflammatory steroids (e.g. aspirin), as well as antiplatelets, such as clopidogrel and anticoagulants such as warfarin; However, these are
 necessary in some patients, especially those with states that tend to form blood clots. The cancer of the dog © another potential cause of gastrointestinal bleeding, thus anaemia due to iron deficiency. Typically, canon cancer occurs in older individuals[31] Hello © In addition, some bleeding disorders can cause gastrointestinal bleeding[29] Two
examples of bleeding disorders are the disease of von Willebrand and the polycythemia vera[29] Diet In many countries, wheat flour © fortified with iron (32] The body normally receives the iron it needs from the food. If a person consumes too little iron, or badly absorbed iron (not heme iron), they may become deficient in iron over time. Examples of
iron-rich foods include meat, eggs, green leafy vegetables, and iron-fortified foods. For proper growth and development, babies © Children and children need iron deficiency[34] Other factors at risk of iron deficiency anaemia
include low meat consumption and low consumption of iron fortified products[34] The National Academy of Medicine in 2001 the Mother Needs © Estimated days and Diet Subsidies © Recommended recommendations. The current EAR for iron for 1418-year-old women © of 7,9am/day, 8,1 for the ages of 1950 and 5,0 later (p-menopause). For men,
AER © 6,0mg/day for ages between 19 and 8.0 after. For men, 8.0 mg/day for ages 19 and above. (Recommended diet permissive © is © 15.0 mg/day for ages 19 and 18 years, 18.0 to 19-50 and 8.0 after. For men, 8.0 mg/day for ages between 15 and 18 years, 18.0 to 19-50 and 8.0 after.
higher© requirements than the averages.) The recommended diet © for pregnancy is © 27 mg/day, and for lactation, 9 mg/day, 10 years for ages 9 to 13.[35] The European Food Safety Authority refers to the collective set of information as D©ietary Reference Values, with
Population Reporting Intake instead of Recommended Diet Permissives, and Minimum © Requirements instead of Estimated Minimum © Requirements. For women, the Population Reference Intake is © 13 mg/day between 15 and 17 years, 16 mg/day between 15 and 17 years, 17 mg/day between 15 and 17 years, 18 mg/day between 15 and 18 years, 18
pregnancy and lactation, 16 mg/day. For men the Population Reference intake increases from 7 to 11 mg/day ages 15 and over. For children aged between 1 and 14 years, population reference intake increases from 7 to 11 mg/day. Population reference intake increases from 7 to 11 mg/day.
absorbed from the food is © absorbed by the bloodstream in the small intestine, mainly in the duodenum. [37] The absorption of iron is © a less common cause of iron deficiency anemia, but many gastrointestinal disorders can reduce the body's ability to absorb iron. [38] There are different mechanisms that may be present. In cellÃaca disease,
abnormal changes in the structure of the duodenum can decrease the absorption of iron. [39] Abnormalities or surgical removal of the environment needed to iron converts into its absorption by altering the environment needed to iron converts into its absorption by altering the environment needed to iron converts into its absorption of the stumer of the stumer of the environment needed to iron converts into its absorption of iron.
may occur (often due to chronic H. or therapy with long-term proton pump inhibitors), inhibiting the conversion of fertile iron into absorbable cast iron[39] Bariatric surgery is associated with an increased risk of iron deficiency anemia due to poor absorbable cast iron[39] Bariatric surgery is associated with an increased risk of iron deficiency anemia due to poor absorbable cast iron[39] Bariatric surgery is associated with an increased risk of iron deficiency anemia due to poor absorbable cast iron[39] Bariatric surgery is associated with an increased risk of iron deficiency anemia due to poor absorbable cast iron[39] Bariatric surgery is associated with an increased risk of iron deficiency anemia due to poor absorbable cast iron[30] Bariatric surgery is associated with an increased risk of iron deficiency anemia due to poor absorbable cast iron[30] Bariatric surgery is associated with an increased risk of iron deficiency anemia due to poor absorbable cast iron[30] Bariatric surgery is associated with an increased risk of iron deficiency anemia due to poor absorbable cast iron[30] Bariatric surgery is associated with an increased risk of iron deficiency anemia due to poor absorbable cast iron[30] Bariatric surgery is associated with an increased risk of iron deficiency anemia due to poor absorbable cast iron and a surgery and a surger
the weight and control of diabetes, the stomach is transformed into a small digestion bag and this is usually performed About 17-45% of people develop iron deficiency anemia occurs in many pregnant women because their iron reserves need to serve
their own increased blood volume as well as be a source of hemoglobinuria and hemoglobinu
maternal well-being, increasing the risks of infections and complications during pregnancy [43] Some of these complications include pre-eclampsia, hemorrhage problems and perinatal infections during pregnancy [43] Pregnancies in which iron deficiency is present may lead to improper development of hayal tissues[44] problems, including delays in the tongue and
motor development of the infant[43] Some studies show that pregnant women during the disease may be at higher risk of iron deficiency anemia due to their rapid growth[26].
Their need for iron is © greater than that which they are receiving in their diet [26] © born with iron stores; however, these iron stores usually end up at 4Å¢6 months of age. In © addition, children at risk of iron deficiency anemia include: [46]
 Premature babies © babies fed cow©'s milk less than 12© months old, who did not receive iron supplement after 6 months of age, or those who receive mone than 24 onso (700 mL) of cow's milk per day Children with low socioecon status Children with special needs of health care of sective mone than 24 onso (700 mL) of cow's milk per day Children with low socioecon status Children with special needs of health care of sective mone than 24 onso (700 mL) of cow's milk per day Children with special needs of health care of sective mone than 24 onso (700 mL) of cow's milk per day Children with special needs of health care of sective mone than 24 onso (700 mL) of cow's milk per day Children with special needs of health care of sective mone than 24 onso (700 mL) of cow's milk per day Children with special needs of health care of sective mone than 24 onso (700 mL) of cow's milk per day Children with special needs of health care of sective mone than 24 onso (700 mL) of cow's milk per day Children with special needs of health care of sective mone than 24 onso (700 mL) of cow's milk per day Children with special needs of health care of sective mone than 24 onso (700 mL) of cow's milk per day Children with special needs of health care of sective mone than 24 onso (700 mL) of cow's milk per day Children with special needs of health care of section with s
Children of Hispanic ethnicity[47] Children with excess weight[47] Blood donationS Frequent blood donors they are also at risk of developing iron anemia before extracting blood for donation. If the patient has
anaemia, blood is not ©[29] Less iron is lost if the person is donating white platelets or glorobules[29] Hepcidine concentrations are also linked © to the complex relationship between the disease and the deficiency of iron[50] Mechanism Anemia can result in
significant iron deficiency[38] When the body has enough iron to satisfy the needs (functional iron), the rest © stored for later use in the cells, mainly in the bone of (other animals) iron metabolism systems. Men store about 3,5 g iron in
their bodies, and women store about 2,5 g. Hepcidin © an hourly produced peptide in the livestock © Responsible for regulating iron levels in the body. Hepcidin binds and induces the degradation of ferroportin, which is © Responsible for the
export of dog iron © squid and mobiliz e it for blood flow. [40] Conditions such as high levels of erythropoia, iron deficiency and tissue hypoxia inhibit hepatic expression. [40] The iron © a mineral that
is © important in forming red blood cells in the body, particularly as a chronic component of haemoglobin. [24] About 70% of iron found in the body is linked to hemoglobin. [14] The iron © absorbed primarily in the duodenum and jejune. Some factors increase or decrease iron absorption. For example, take vitamin C
with an iron source © known for increasing absorption. Some medicines such as tetracyclines and antacids may decrease iron absorption. [14] After being absorption where it is involved in forming red glands. [24] When the dogs
© Red blood cells are degraded, iron © recycled by the body and stored. [24] When the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available, the body exceeds the amount of iron that is readily available.
exhausted to the point that the shape of red leaflets is abnormal. [38] In last analysis, anemia follows, which by definition is © hemoglobin labor value below normal normal Diagnogtic Blood rub of a person with iron deficiency anemia to 40X of increase Conventionally, a definitive diagon requires a demonstration of depleted reserves of body iron
obtained by bone marrow aspiration, with the bone marrow smeared to iron[51][52] However, with the availability of finite blood anolyses that can be more easily collected for the diagnal of anemia by deficiatingiron, an aspiration of bone marrow is not © obtained[53] Beyond © this, a study published in April 2009 questions the value of iron bone
marrow is © the cause at © least evidencein contratorism, since it can be caused by an asymone cancer. Initial evaluation should include esophagogastroduodenoscopy and colonoscopy to assess the performance of cancer or bleeding from the gastrointestinal tract. A complete medical © history is © for the diagon of anemia by iron deficiency. History
can help differentiate common causes from the conditions, such © as a menstruation in women or the death of blood in the faeces [55] A history of trips to areas in which hooks and whips are endemic too © can be useful in guiding certain faeces tests for parasites or their eggs[56] Although symptoms may play a role in identifying anemia by iron
deficiency, are often vague, which can limit its contribution to the determination of the diagonic. Blood tests Alteration of laboratory values in anemia by iron deficiency ParA¢meter of alteration of the diagonic. Blood tests Alteration of the diagonic. Blood tests Alteration of the diagonic. Blood tests Alteration of the diagonic and the diag
 glA³bules Anemia © often discovered by routine blood tests. One Low enough by definition makes the diagnosis of anemia. If anemia is due to iron deficiency, one of the first abnormal abnormal values be noticed at a full
blood count, as the body iron stores start to be depleted, will be a distribution width of high red gloro, reflecting an increased variability in the size of red glorobules.[15][24] A low © corpuscular volume of © the disease, a low
corpuscular hemoglobin© or concentration of corpuscular hemoglobin mA©dia, and the corresponding appearance of red glOrobules on visual examination of a bleeding smell of a person with iron© deficiency anemia shows many
pomic hypochromosis and color relatively With more severe iron deficiency anemia, the scrubbing of peripheral ocells. [57] Platelet counts may be slightly above the high normal limit in iron deficiency anemia (a mild thrombocytosis ended), but
severe cases may present with thrombocytopenia (low platelet count). [58] Iron deficiency anemia is confirmed by tests that include san critin can be elevated by any type of chronic inflammation
and therefore is not © consistently decreased in anemia by iron deficiency. [24] Saniron levels of healthy© iron protection and sane © iron. [20] The percentage of iron saturation (or transferrin saturation or one hundred) can be
measured by dividing the rich iron level by the total iron connection capacity and is a value that can help confirm the diagnosis of anemia; However, other conditions should also be considered, including other types of anemia; However, other conditions should also be considered, including other types of anemia; However, other conditions should also be considered, including other types of anemia. [20] Another discovery that can be used is the level of distribution width of red glacubes. [59] During the hemoglobin
synthesis, the vestigial amounts of zinc will be incorporated into protoporphyrin in place of iron missing. Protoporphyrin can be separated from your zinc moiety and measure as free erythrocytes is expressed in full blood
ceremony / dl or ivenchag / dl of red glanbells. An iron insufficiency in the cord ossea can be detected very early by an increase of protoporphyrin of free erythrocytes. More tests may be required to differentiate anemia by iron deficit from other diseases, such as smaller thalassemia. It is very important not to treat people with thalassemia with an iron
supplement, as this can lead to hemochromatosis. A hemoglobin electrophoresis provides useful evidence to distinguish these two conditions along with iron studies. [20] [61] Screening is not clear whether gravy women's screening for iron deficiency anemia during pregnancy improves results in the United States. The same applies to six to 24
months tracing children. [63] Even so, screening is a recommendation of Level B suggested by the US preventive service task in graved women and children considered at high risk. Tracing is done with a hemoglobin test or hematotrit. [47] Treatment See Also: Deficiency Iron Deficiency and Lucky Iron Fish Ascorbic Acid Ferric DermalTosis
(Monoferic) WAS Approved in the USA in January 2020, for the Treatment of Iron Deficiency anemia is a result of loss of or other underlying cause, treatment is directed to address the underlying cause. [5] Most casesIron deficiency anemia is a result of loss of or other underlying cause, treatment is directed to address the underlying cause. [5] Most casesIron deficiency anemia is a result of loss of or other underlying cause, treatment is directed to address the underlying cause.
anemia is treated with oral iron supplements. [66] In severe acute cases, treatment of iron deficiency anemia includes changes in the diet to incorporate iron-rich foods in regular oral intake and
oral iron supplementation. [5] Foods rich in ascorbic acid (vitamin C) can also be beneficial since ascorbic acid increases iron absorption. [5] Most forms of oral iron replacement therapy are well absorbed by the small intestine;
However, there are certain preparations of iron supplements that are designed for longer release in the small intestine than other preparations. [66] The dosage of oral iron replacement
therapy is as much as 100 - 200 mg per day in adults and 3 - 60 mg per kilogram in children. [40] This is usually spread as 3-4 pills taken throughout the day. [66] The various forms of treatment are not without possible adverse side effects. Oral iron supplementation causes negative gastrointestinal effects, including constipation, nausea, vomiting,
metallic taste for oral iron and dark-colored stool. [67] [40] Constipation is reported by 15-20% of patients taking oral iron therapy preparations that take longer to be absorbed by the small intestine (prolonged release iron therapy) are less likely to cause constipation. [66] It can take six months to a year to obtain iron blood levels
up to a normal range andto the body with the iron stores. [66] Oral iron substitution may not be effective in cases of iron deficiency due to iron absorption, such as celiac disease, inflammatory bowel disease or H. H. Infection; These cases would require the treatment of the underlying illness to increase oral absorption or substitution by intravenous
iron. [40] As the anaemia of iron deficiency becomes more severe, if the anaemia does not respond to oral treatments, or if the treated person does not tolerate the oral iron supplement, then other measures may become necessary. [5][67] Two options are intravenous iron injections and blood transfusion. [66] Intravenous can be for people who do not
tolerate oral iron, which is © It is unlikely they will respond to oral iron, or require long-term iron. For example, people who receive parenting iron © rich, which helps the body respond to erythropoietin agents to produce red glands. [67][68][40]
Intravenous iron may induce an allergic response. © It may be as serious as anaphylaxis, although different formulations have reduced the likelihood of this adverse effect. [67] In certain cases, intravenous iron © both safer and more effective than the oral route. For patients with severe anaemia, such as blood loss, or who have severe symptoms
such as cardiovascular instability, blood transfusion may be considered. [66] MURDER © epidemiological procedures due to iron deficiency anaemia by millions of people in 2012 is no 1604; You're not getting it. It's 16016160; is 16161616A; Is it
GIRL, 1604; More than a hundred A dwarf © mild morning in morning © iron deficiency affects approximately 610s of people around the world or 8% of the population. [71] is slightly more common in the phosphors (9.9% than in males (7.8%. [71] See ya. © 15% of children ages 1a. A.3 years have anaemia due to iron deficiency. Shortness of light
iron anaemia affects 375 million[71] The deficiency of iron affects iron up to © 52% of female graduates around the world [43] The prevalence of iron deficiency of i
a fraction of the cases of anaemia in these groups (25% and 37% respectively)[72] Iron deficiency © common in pregnant women[73] In the United States, iron deficiency anaemia affects about 2% of adult men, 10.5% of Caucasian women[73] In the United States, iron deficiency anaemia affects about 2% of adult men, 10.5% of Caucasian women[74] A map provides country-by-country listing of
nutrients fortified in specified foods. Some of the sub-Saharan countries presented on the map of deaths from iron deficiency anaemia from 2012 are from 2018 to fortify foods with iron[32] References to b and Janz TG, Johnson RL, Rubenstein SD (November 2013). "Anemia in the emergency department: evaluation and treatment". Emergency
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Refreshments for Vitamin A, Vitamin K, Arson © nium, boron, chromium, copper, iodine, iron, Manganese, molybdenum © No, nickel, silicon, vandio, and iron. National Academy Press. pp. ISBN 978-0-309-07279-3. PMID 25057538. "Overview on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values for the EU population as derived by the EFSA Panel on Dietary Reference Values For the EU population as derived by the EFSA Pan
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