Weight gain, Unexpected

DEFINITION

An increase in body weight involving an increase in muscle mass, fat deposits, excess fluids such as water or other factors. Weight gain can be a symptom of a serious medical condition.

SIGNS & SYMPTOMS

- Abnormal breath sounds: crackles; orthopnea/dyspnea
- Altered electrolytes
- Anxiety
- Azotemia
- BP changes
- Change in mental status
- Change in respiratory pattern
- Decreased Hgb or Hct
- Edema
- Increased central venous pressure (CVP)
- Increased pulmonary artery diastolic pressure
- Intake exceeds output
- Jugular vein distention
- Oliguria
- Restlessness
- Urine Specific gravity changes
- Tachycardia
- Third heart sound (S_3)
- Depression

ASSESSMENT:

- Review patient's history to determine the probable cause of the fluid imbalance.
- Note weight, waist circumference, and calculate body mass index (BMI).
- Obtain a thorough history.
- Evaluate patient's physiological status in relation to weight control.
- Assess dietary intake through 24-hour recall or questions regarding usual intake of food groups.

Nursing Interventions

- Monitor weight regularly using the same scale and preferably at the same time of day wearing the same amount of clothing.
- Monitor input and output closely.
- Review chest x-ray reports for signs of fluid in lung or pleural cavity.
- Monitor and note BP and HR.
- Assess urine output in response to diuretic therapy.
- With head of bed elevated 30 to 45 degrees, monitor jugular veins for distention in the upright position; assess for positive hepatojugular reflex.
- Monitor client's behavior for restlessness, anxiety, or confusion; use safety precautions if symptoms are present.
- Note for presence of edema by palpating over the tibia, ankles, feet, hands, and sacrum.
- Assess for crackles in the lungs, changes in respiratory pattern, shortness of breath, and orthopnea.
- Assess for bounding peripheral pulses and S3.
- Monitor abdominal girth to follow any ascites accurately.
- Limit sodium intake as prescribed.
- Consider interventions related to specific etiological factors (e.g., inotropic medications for heart failure, paracentesis for liver disease).

Patient Teaching

- Instruct patient, caregiver, and family members regarding fluid restrictions, as appropriate.
- Educate patient and family members regarding fluid volume excess and its causes.
- Explain the need to use antiembolic stockings or elastic bandages, as ordered.
- Provide the patient and family with information regarding the treatment plan options.
- Inform the patient about the health risks associated with obesity.
- Guide the patient toward changes that will make a major impact on health.
- Inform the patient/family of the disadvantages of trying to lose weight by dieting alone.
- Teach the importance of exercise in a weight control program.
- Teach stress reduction techniques as alternatives to eating.

Cultural Considerations

- Assess for the influence of cultural beliefs, norms, and values on the patient's nutritional knowledge.
- Assess for the influence of cultural beliefs, norms, and values on the patient's ideal of acceptable body weight and body size.
- Discuss with the patient those aspects of his or her diet that will remain unchanged, and work with patient to adapt cultural core foods.
- Validate the patient's feelings regarding the impact of current lifestyle, finances, and transportation on ability to obtain and prepare nutritious food.

Coordinating Care with Nursing Assistant

- Monitor weight regularly using the same scale and preferably at the same time of day wearing the same amount of clothing.
- Monitor input and output closely.

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