



Cleft palate

Name: _____

Date: _____

Date of Birth: _____

Diagnosis: _____

| NURSING INSTRUCTION | NURSING ACTION |
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| 1. PREVENT CHOKING AND ASPIRATION PNEUMONIA | <ul style="list-style-type: none"> ▪ Nurse in semi-Fowlers position ▪ Suction airways as needed ▪ Give nasogastric feeds until oral feeding has been established ▪ If respiratory distress occurs: <ul style="list-style-type: none"> – maintain adequate oxygenation (see Neonate Care Plan) – chest x-ray on MO's orders to diagnose pneumonia – administer antibiotics as ordered |
| 2. ESTABLISH ORAL FEEDS | <ul style="list-style-type: none"> ▪ Use cleft palate teat or cup feeding if breast feeding cannot be established ▪ Refer to physiotherapist for exercises to assist with feeding. Ensure mother is educated and involved as well ▪ Ensure thorough and frequent winding to prevent vomiting and aspiration due to increased gulping of air ▪ On MO's orders refer to dentist/orthodontist for fitting of mouth plate to aid with feeding prior to reconstructive surgery |
| 3. OBSERVE FOR OTHER CONGENITAL ABNORMALITIES | <ul style="list-style-type: none"> ▪ Perform a thorough initial examination to detect any other obvious abnormalities ▪ Assist MO with any investigations to detect other abnormalities |
| 4. SUPPORT AND REASSURE PARENTS See Guideline- Parental Support | <ul style="list-style-type: none"> ▪ Prepare parents sensitively for first view of baby. If possible show photographs of pre- and post-reconstruction ▪ Explain the genetic implications and the importance of genetic counselling and follow up prior to having further children ▪ Refer to genetic counsellor and cleft palate support if possible ▪ Allow parents to grieve the loss of an anticipated normal baby ▪ Prepare parents to care for the baby at home ▪ Inform parents of follow up appointments and of when reconstructive surgery will be performed |