

Introduction

Nephrotic syndrome in children is not a disease but it can be the first sign of a disease that damage the kidney's tiny blood filtering unit. It is a characterized by heavy proteinuria, hypoalbuminemia, edema, hypercholesterolemia, and normal renal function (*Calvin et al., 2003*).

Nephrotic syndrome. A child with this syndrome will urinate less often, so the water left in the body causes swelling around the eyes, legs, and belly. Health kidneys keep protein in the blood, but damaged kidneys let it leaks from the blood into the urine. Nephrotic syndrome can usually be treated with prodnisone to stop protein leakage, and sometimes adiuretic issued to help the child urinate and reduce the swelling. Usually, the child can take smaller and smaller doses of prednisone and eventually return to normal with no lasting kidney damage. This temporary condition is called minimal change disease. Relapses are common but usually respond to predniosne treatment (*United States Renal Data System, 2005*).

Nephrotic syndrome may be primary or secondary, primary nephrotic syndrome (the kidney is the principal organ involved) such as idiopathtic (90%), glomerulonephritis (10%), and congenital, while secondary (nephrotic syndrome occurs during the course of systemic diseases). Such as collagenosis: systemic lupus erythematosis, neoplasm drugs and infections. (*Beth, 2004*).

Nephrotic syndrome can influence on all system of the body such as cardiovascular system (hypertension, hypovolaemia), respiratory system (pleural effusion and pulmonary oedema that cause respiratory distress), gastrointestinal (gut wall oedema that cause anorexia, vomiting, diarrhea, abdominal pain and ascitis) that cause abdominal distention, renal oliguria and haematuria. In general nephrotic syndrome child may develop lowest growth rates due to malnutrition, electrolyte imbalance, proteinuria and can occur by swelling around the eyes, legs and abdominal wall (*Eschbach, 2002 and Jackson, 2004*).

Health kidneys keep protein in the blood, but damaged kidneys let it leak from the blood into the urine, kidney disease child may develop lowest growth rates, greatest loss of growth, anorexia, caloric malnutrition, electrolyte imbalance, swelling around the eyes, legs and belly because of the water left in the body, urine (small amount and contain of protein) by manifestation may be occur uremia such as (anemia, bleeding and platelet dysfunction) (*Eschbach, 2002*).

The kidneys play an important role in a child's growth. In addition to removing wastes and extra fluid from the blood, the kidneys produce hormones that promote red blood cell production. The kidneys also help regulate the amounts and interactions of nutrients from food, that are necessary for growth. Finally, the kidneys may also play a role in the metabolism of growth hormones, also called somatotropin and may be cause many problems (hormonal, metabolism, anemia and

growth nephrotic syndrome) may be complicated to infection, thrombosis, iatrogenic and finally complicated to acute renal failure (*Jackson, 2004*).

Nurses have a major role in learn child and family to report immediately any changes in sensation, warmth, comfort or appearance of sitting and monitor blood values for white blood count, initiate strategies to prevent infection by use aseptic technique, assess child appearance (color, activity and oedema), urinary output fluid intake and make balance between it to prevent hypovolaemia, haematuria, proteinuria to prevent thrombosis, assess the program of treatment or diuretic therapy, steroid therapy and immunization to prevent hypovolaemic shock, hypertension, growth failure and iatrogenic (*Majewsk, 2006 and Daugirdas, 2004*).

Significance of the problem was observed from the clinical experience of the nursing that nurses' lack of knowledge and skills regarding nephrotic syndrome and its care which result in dangerous complication such as (infection, thrombosis, iatrogenic). Infection due to loss of immunoglobulins and immunosuppressive therapy, thrombosis due to hypovolaemia and increase platelet aggregation and iatrogenic due to immunization and diuretic therapy and the late acute renal failure so it was important to conduct this study to assess nurses' knowledge and skills about care of child with nephrotic syndrome in children.