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S.NO	TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHERS/LEARNERS ACTIVITY	AV AIDS	EVALUATION
1.	3min	introduce the hirschsprung disease	**INTRODUCTION** • Hirschsprung disease (congenital aganglionicmegacolon) is a mechanical obstruction caused by inadequate motility of part of the intestine. • It accounts for about one fourth of all cases of neonatal obstruction, although it may not be diagnosed until later in infancy or childhood.	Introducing the hirschsprung disease Listening	Ppt	What is meant by hirschsprung disease?
2.	2 min	Discuss the incidence of hirschsprung disease	**INCIDENCE** • The incidence is 1 in 5000 live births. It is four times more common in males than in females and may follow a familial pattern in about 10% of cases. • HD is usually an isolated birth defect, but it has been associated with other syndromes, including down syndrome.	Discussing the incidence of hirschsprung disease Listening	Ppt	What are all the incidence of hirschsprung disease?
3.	5 min	Elaborate the pathophysiology of	**PATHOPHYSIOLOGY** • HD is a developmental disorder of the enteric	Elaborating the pathophysiology of hirschsprung disease	Ppt	What are all the pathophysiology of hirschsprungdesea

		hirschsprung disease	nervous system that is characterized by the absence of ganglion cells, originating in from the neural crest, in both the auerbachmyenteric and meissnersubmucosal plexuses of the distal intestine. • The length of the aganglionic distal bowel depends on the timing of the arrest in craniocaudal migration of ganglion cells. • The aganglionic bowel is chronically contracted. The results in absent peristalsis in the affected bowel and the development of a functional intestinal obstruction. • Intestinal distention and ischemia may also occur as a result of distension of the bowel wall, which contributes to the development of **enterocolitis**. • Enterocolitis is characterized by fever, abdominal distension, and diarrhoea that may be severe and lead to life-threatening dehydration or sepsis.	Listening		se?
4.	3min	Listout the clinical manifest of hirschsprung disease	**CLINICAL MANIFESTATIONS** **NEWBORN PERIOD** • Failure to pass meconium within 24 to 48 hours after	Listouting the clinical manifest of hirschsprung disease	ppt	What are all the clinical manifest of hirschsprung disease?

			birth. • Refusal to feed • Bilious vomiting • Abdominal distension **INFANCY** • Failure to thrive • Constipation • Abdominal distension • Episodes of diarrhoea and vomiting • Signs of enterocolitis ➢ Explosive, watery diarrhoea ➢ Fever ➢ Appears significantly ill. **CHILDHOOD** • Constipation • Ribbonlike, foul-smelling stools • Abdominal distension • Visible peristalsis • Easily palpable fecal mass • Undernourished, anemic appearance.	Listening		

5.	5min	Enumerate the diagnosis of hirschsprung disease	**DIAGNOSTIC EVALUATION** • Most children with HD are diagnosed in the first few months of life. • A neonate usually is seen with distended abdomen, feeding intolerance with bilious vomiting, and delay in the passage of meconium. • Typically, 95% of normal term infants pass meconium in the first 24 hours of life, whereas less than 10% of infants with HD do so. • In older children, a careful history is helpful. Radiographs, an unprepped barium enema, and anorectalmanometric examinations assist in the differential diagnosis, which is confirmed by a full-thickness rectal biopsy demonstrating the absence of ganglion cells in the myenteric and submucosal plexuses.	Enumerating the diagnosis of hirschsprung disease Listening	ppt	What are all the diagnosis of hirschsprung disease?
6.	5 min	Explain the therapeutic management of	**THERAPEUTIC MANAGEMENT**	Explaining the therapeutic management of hirschsprung disease	Ppt	What are all the therapeutic management of hirschsprungdisea

		hirschsprung disease	• Treatment is primarily surgery to remove the aganglionic portion of the bowel to relieve obstruction and restore normal bowel motility and function of the internal anal sphincter. • If the bowel is not significantly distended, this is accomplished in one surgery. • However, in most cases two stages are required. First, a temporary ostomy is created proximal to the aganglionic segment to relieve obstruction and allow the normally enervated and dilated bowel to return to its normal size. • Complete corrective surgery is performed later. The various surgical procedures that can be performed are the Swenson, Duhamel, boley, and soave procedures. • The soave endorectal pull-through procedure, one of the most frequently used procedures, consists of pulling the end of the normal bowel through the muscular sleeve of the rectum, from which the aganglionic mucosa has been removed. • The ostomy is usually closed at the time of the pull-through procedure.	Listening		se?

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7.	5 min	Discuss the management of hirschsprung disease	**NURSING CARE MANAGEMENT** • The nursing concerns depend on the child's age and the type of treatment. If the disorder is diagnosed during the neonatal period, the main objectives are 1) To help the parents adjust to a congenital defect in their child. 2) To foster infant-parent bonding. 3) To prepare them for the medical-surgical intervention. 4) To assist then in colostomy care after discharge. **PREOPERATIVE CARE** • The child's preoperative care depends on the age and clinical condition. A child who is malnourished may not be able to withstand surgery until his or her physical status improves. • Often this involves symptomatic treatment with	Discussing the management of hirschsprung disease listening	ppt	What are all the nursing management of hirschsprung disease?

			enemas. • A low-fiber, high-calorie and high-protein diet, and in severe situations the use of total parenteral nutrition (TPN). **POSTOPERATIVE CARE** • Postoperative care is the same as that for any child or infant with abdominal surgery. • When a colostomy is part of the corrective procedure, stomal care is a major nursing task. • To prevent contamination of an infant's abdominal wound with urine, the diaper should be pinned below the dressing. • Sometimes a foley's catheter is used in the immediate postoperative period to divert the flow of urine away from the abdomen. **DISCHARGE CARE** • After surgery, parents need instruction concerning colostomy care. • Even a pre-schooler can be included in the care by			

			handing articles to the parent, rolling up the colostomy pouch after it is emptied, or applying barrier preparations to the surrounding skin. • Although the diagnosis of HD is less frequent in school-age children or adolescents, children this age can often be involved in colostomy care to the point of total responsibility.			

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LESSON PLAN

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HIRSCHSPRUNG DISEASE

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