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Essentials of PEDIA

6th Edition

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Essentials of
PEDIATRICS

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Preface to the Sixth Edition

The introductory chapter of this revision describes the widening scope of pediatric nursing. Like other branches of medicine, pediatrics is advancing along several fronts. One of these is the scientific study of disease which is continually producing new insights into the normal and the abnormal physiology of the body and is responsible for the exciting and dramatic improvements in methods of diagnosis, treatment and prevention. It is natural for the nurse to turn toward these new technics with curiosity and a desire to understand. But their highly technical nature often prevents an elementary text from offering more than general explanations. Further pursuit of details through the suggested reading must be left to the initiative of the individual reader.

More germane to the nurse's function are the efforts which are being made to understand children and parents as persons. To an increasing degree, doctors generally and pediatricians in particular are concerning themselves with the emotional aspects of disease, with psychological rehabilitation and with the task of improving intrapersonal and interpersonal adjustments in our complex modern society. By the nature of her occupation the nurse is on the firing line. She is continually dealing with children and parents and necessarily becomes a participant in the cultivation of personalities. Through her understanding and behavior she has countless opportunities to influence individual growth and to further satisfying family living. To do this well she must be versed in the expected changes of personality growth and the effects which parental attitudes toward health and disease may bear upon it. Throughout the text an effort has been made to analyze this role which the nurse inevitably plays in the lives of her patients.

The material of the book has been reorganized with the hope of improving the logic of its presentation and facilitating organization of curricula. Unit I confines itself to the expected growth and development of children, including the requirements for optimal nutrition. Unit II considers the kinds, the incidence and the severity of diseases among children and the measures which can be used to forestall them. Unit III treats the rudiments of nursing care, with attention to the interpersonal relationships of the nurse, as well as the physical care which she must render. The last two units offer more detailed consideration of disease and special problems related to the nursing care of the sick infant and child. Unit IV attempts to group together all of the aspects of infant nursing, while Unit V contains diseases which are more characteristic of the older child. The separation is patently artificial, since many of the disorders do not observe strict age limitations. A chapter on malformations has been placed in the section on infant nursing because many of the abnormalities are recognized early in life; and even though treatment may be delayed, the nurse needs some idea of what is in prospect for the malformed infant and his parents.

Again we wish to express our appreciation to the many persons at the University of Iowa and the University of Chicago who have helped in this and in previous revisions of the text. Thanks are also due to the interested readers who have been good enough to suggest improvements. We regret that it is impossible to incorporate all of the desired changes and still maintain a book of manageable size.

F. Howell Wright
Florence G. Blake

Preface to the First Edition

In preparing this textbook care has been taken to include all of the subject matter suggested in the curriculum for schools of nursing prepared by the National League of Nursing Education. Though the book contains the essentials of the technics which are peculiarly concerned with pediatric nursing and emphasizes the care of the child in health and in illness, more emphasis than perhaps is customary has been given to discussion of phases other than the technics of nursing. Many of the subjects are discussed in considerable detail, considering the space limitations of a small textbook. This is done with a realization that nurses usually are eager to extend their knowledge beyond that which is expected of them. A nurse should not be called upon to diagnose the nature of an illness and prescribe for a patient, yet a knowledge of these fields is an aid in understanding the reasons for those things which she is required to do. Better and more intelligent work results when the reasons for the task are understood.

The basic content of this book has been used as mimeographed text material in several training schools for some years and has thus been submitted to the searching criticism of classroom requirements. This plan provided a thorough checking up and has afforded a means of incorporating into the finished text all the valuable suggestions which have come through such a tryout. The text is illustrated by many cuts, each one of which has been carefully selected for its teaching value.

Chapters III and IV were contributed by Winifred Rand, R.N., Specialist in Parental Education, Merrill-Palmer School. The point of view presented by these chapters on child guidance and nursing care supplements in a useful manner that of the physician as represented by the remainder of the book. Knowledge of proper methods of managing children is fully as important to the nurse as knowledge of the physical aspects of the child in health and disease. When these fields of knowledge are combined, a more complete understanding of the child is attained.

P. C. J.

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CHAPTER ONE

Introduction to Pediatric Nursing

THE DEVELOPMENT OF PEDIATRICS AND PEDIATRIC NURSING

A chapter introducing the subject of pediatric nursing might well begin with "once upon a time," for once upon a time there was no specialty of pediatrics and no pediatric nursing as we understand the term today.

Up until 1860, medical attention was centered on disease and the saving of life. Disease was taught as disease without reference to child or to man. The patient as a person was of comparatively little significance to the physician. This fact is reflected today in our tendency to speak of the patient as a "case." This did not mean that the physicians of that era had no understanding of their patients as persons. Many of the physicians of earlier days were intuitively psychologists; they had deep insight into personality and its relationship to disease. But this type of learning came through living; it was not taught in medical schools or learned from textbooks.

Preventing death was the physician's primary concern. It was also one of the major concerns of society. A comparative study of the medical problems of that era with those that exist today sheds light on the reason why medical and public interest was focused on the curative aspect of medicine. Childbirth in hospitals was feared and dreaded because so many of the mothers who were delivered there died of childbed fever. The incidence of death and sickness among babies and young children was far greater than it is today. Because the causes of disease were obscure, preventive measures were relatively ineffective. Lay people looked upon disease as a visitation from evil spirits or as a punishment. Superstitions in relation to disease were rife. Even today superstitions and fears concerning disease, hospitalization, pregnancy and delivery have not been wholly eradicated from the minds of many lay people.

The word *pediatrics* is derived from the Greek word *pais, paidos,* meaning child; according to dictionary definition the word means "the medical treatment of children." Pediatrics as a specialty came into being in 1860. Dr. Abraham Jacobi established the first children's clinic in New York and gave special lectures on the diseases of children. The first department of pediatrics was established at the Harvard Medical School in 1888 with Dr. Thomas Morgan Rotch as its first professor. Dr. Jacobi and Dr. Rotch were among the first men to

teach that the diseases of children differed somewhat from the diseases of adults and so were deserving of special consideration.

At the time Dr. Rotch was appointed as head of the Pediatric Department of the Harvard Medical School, there were few schools of nursing in the United States and none in hospitals for children. The first school of nursing in the United States was established in 1880 in the first hospital which was built for the care of women and children—The New England Hospital. In 1889 The Children's Hospital in Boston opened the first school of nursing in a hospital for children only. Several hospitals for women and children continue to have schools of nursing, but Boston Children's Hospital is the only children's hospital which continues to maintain a basic school.

It is difficult to say when pediatric nursing came to be considered a specialty, for it arose gradually as the profession recognized children's need for care adapted to their individual requirements. Today pediatric nursing is recognized as an essential requirement for graduation from all schools of nursing, and graduate education is necessary for those nurses who wish to specialize in the field.

Thirty years ago the goals of pediatric nursing were very different from what they are today. In 1927 pediatric nursing instruction had for its goal the teaching of disease, its symptoms, etiology, treatment and the procedures and the hospital routines which were necessary to save lives and to restore children to physical health. The care of sick children in hospitals revolved about food, fluids, treatments, medicine and physical protection. Hospitalized children were rigidly isolated from each other and from their parents. If parents visited in wards, they were garbed in gowns that restricted the use of their hands and arms. Infectious diseases were rampant. There were no antibiotics and few specific medicines or preventive measures. The majority of the children were kept in their beds. "Absolute bed rest" was a frequently written order for both medical and surgical patients and when necessary it was enforced with restraint jackets. The child's need for play and social experiences was rarely considered because the nurse's energy was being consumed in saving the lives of desperately ill children. Few play materials were available, and parents were rarely permitted to bring toys from home. The emotional impact of illness and hospitalization on the child and his parents was not a major subject of concern. The reason for this is conjectural. Perhaps the sight of the newly admitted young child was so painful to see that hospital personnel were forced to adopt a casual veneer of unconcern in order to protect themselves against emotional strain. For many the lack of such a professional armor would have made it impossible to pursue their life-saving ministrations. Perhaps part of the attitude arose from frustration at lack of time and preparation for dealing with the psychological needs which arose in response to maternal deprivation. The acquisition of this detached professional attitude toward sick children gradually desensitized the novice until she became emotionally blind to the feelings of the children in the ward. Perhaps in a similar fashion hospital personnel were frustrated by their inability to deal with the anxiety of parents who at that time had a real fear of hospitals as places in which sick people usually died. The considerations of limited time and energy thus made it necessary for the hospital staff to isolate itself as much as possible from parents with whom it was ill-prepared to deal.

Many medical and health service advances have been made during the past 30 years. Some of them have resulted from the stimulus of The White House Conferences which began in 1909 and have been held at 10-year intervals ever

since. These conferences are called by the President of the United States. Representatives from Federal Agencies, from national and voluntary organizations and from state and local areas come together to study children and their needs and to make recommendations designed to improve services to children and their families. The 1950 White House Conference on children and youth had for its theme, "A Healthy Personality for Every Child." Other important contributory factors in the advancement of medicine have come about through the leadership of individuals in the Children's Bureau, in the Federal Department of Labor (now the Department of Health, Education and Welfare), in the official and the nonofficial public health agencies and in the medical centers of this country. As a result of their leadership, the causes of many diseases have been discovered. Some of them are preventable; others are treated more easily and rapidly than before. Education of the public has reduced the incidence of gastro-intestinal, nutritional and some of the infectious diseases. Antibiotics and public health measures have brought infections under better control, so that prolonged isolation and hospitalization are required less often. More children are being treated in outpatient departments and cared for in homes. This change has increased the public health nurse's responsibilities. It has also freed many hospital beds for the study, the treatment and the rehabilitation of children with chronic disease, physical handicaps and congenital malformations.

Research into the cause and the correction of cardiac and other malformations, in the study and the treatment of children with emotional and psychosomatic disturbances and in the use of hormone therapy for such chronic illnesses as leukemia and rheumatic heart disease have changed the child clientele in pediatric wards and created new problems for the nurse of today. More diagnostic tests and studies and major corrective and plastic surgery are being done. The nursing care of such children not only requires a high degree of technical skill but also demands supportive nursing measures which help them adjust in a healthy fashion to hospitalization and to the changes produced by corrective surgery. In pediatric wards there are many ambulatory patients and children with long-term illnesses. The care of these children requires the concerted effort of many professional people, both in pediatric wards and in community agencies which provide continuity of medical, nursing and social services to children and to their families. During the past 30 years the health team has expanded to include the social worker, the physiotherapist, the nutritionist, the occupational therapist, the speech therapist, the public health educator, the mental hygienist, the psychologist, the schoolteacher and auxiliary personnel. The health team has been expanded because the family's needs and goals are complex and cannot be met without the help of specialists in these allied professions.

Parents are more enlightened and sophisticated than they were 30 years ago. Public health education and the widespread circulation of progress reports concerning advances in medicine and the research findings pertaining to human development have made society "health conscious" and avidly interested in obtaining the best for their children and for themselves. The rapidity with which our society is changing is making parents acutely aware of their children's need for learning experiences which will prepare them to adjust to the social changes which are inevitable in a democracy.

As physical health problems have been reduced, more energy of persons in the fields of pediatrics, obstetrics and the allied professions has been directed toward the study of growth and development during the cycle from concep-

tion to the end of the child-rearing age. Research which has increased knowledge of growth and development particularly emphasizes the child's need for an intimate, warm and continuous relationship with his mother or with a permanent mother substitute. It has pointed out that the child needs nurture which helps him to master the steps of the socialization process leading toward maturity. It has also demonstrated his urgent need for protection from experiences which are beyond his capacity to master. *Experiences which cannot be handled without residual feelings of fear, anger or revenge are commonly defined as psychic traumas or traumatic experiences.* Research has pointed out how illness, deviations from normality and hospitalization affect children's and parents' feelings and their capacity for adjustment. Today professional people both here and abroad are studying sick and handicapped children and their parents to discover methods of helping them deal with the realities that they must face.

In a similar way the psychology and the needs of women during the reproductive cycle have come under scrutiny, and an understanding of the personality changes and of the emotional needs of women during the child-bearing age has evolved. In many medical centers health teams are focusing interest upon the unmet needs of expectant parents and parents of young children who are trying to adjust to this mightily important job of child-rearing.

Studies such as the above reflect a growing concern for the patient as a person rather than a case. Pediatric nurses are discovering that a child is a person with a mind and feelings which are closely knit together and are reacting on each other constantly. They are also perceiving the child as a part of a family which is of vital importance to him as a person. They are seeing the importance of keeping intact the bond that exists between child and parents. Illness is now being viewed as an episode in the child's life during which his past experiences must be considered and his future needs safeguarded.

In their field, maternity nurses are not only viewing the expectant and postparturient mother as a person with a unique personality and needs but also as a key person in the family—a person who has profound influence upon the mental health of each member of her family. The interest of maternity nurses is being directed toward finding supportive measures which will help young couples make healthy adjustments to the developmental tasks which are a natural part of the maternity cycle. Parenthood, like any other career, requires preparation.

Through recognition of the young child's needs for continuity of warm maternal care during illness as well as in periods of health, nurses began to face their responsibilities toward parents. A few years ago parents were kept from pediatric wards because hospital personnel were fearful of cross-infections and were unprepared to deal with the behavior of anxiety-ridden parents. Gradually, however, nurses are becoming more ready to learn to be helpful to parents. They are approaching the problem slowly and thoughtfully, as all new problems should be faced. Pediatric nurses are finding that liberal visiting hours are of therapeutic value for the child. They are also discovering that a mother's anxiety lessens as her own needs are considered and she is given opportunity to be of help to her hospitalized child. In addition, nurses are finding that liberal visiting hours provide unique occasions to promote the health of the whole family. Opportunities for family-centered guidance are available that were rarely existent during a short, infrequent visiting hour. In maternity hospitals nurses are discovering that mothers profit immeasurably from experiences that keep them in close touch with their new baby and

give them opportunities to become competent in understanding and caring for him. Helping the new family to become comfortably established with each other has become the challenge of family-centered maternity care.

The challenge of work with mothers motivated pediatric nurses to seek increased understanding of parents. Many pediatric nurses have obtained such help from maternity nurses, social workers and specialists in the field of dynamic psychiatry and mental hygiene. They studied the psychology of the reproductive cycle which evolved from study of women during pregnancy and the earliest periods of motherhood. They sought clinical experience in maternity hospitals and homes. As a result of these experiences they became aware of the biologically determined crises that often arise during pregnancy and their effect on the woman and her entire family. They also became aware of the problems that new parents encounter as they adapt to the responsibilities inherent in the parental role. They observed the expectant mother's need for a continuous relationship which would help her to understand herself, to become prepared for labor, to support her during it and to assist her in acquiring pleasure and confidence in her capacity to fulfill the mother role. In addition, these pediatric nurses felt anew the emotional investment that parents have in their children. From these experiences they developed a deeper understanding of the emotional impact on parents of the child's illness or deviation from normality.

Such experiences prepare pediatric nurses to work with parents more successfully than before. They acquire increased capacity to feel with parents (empathize) and thus to identify their needs. They have become more facile in dealing with parents who need help when illness, prematurity or a congenital anomaly necessitates an extended period of hospitalization of the child. Pediatric nurses have also extended their skills to mothers of normal children seen in well-baby clinics and in homes.

In the same way that the pediatric nurse has learned from experiences with families during the maternity cycle, so the maternity nurse has studied in the pediatric field in order to deepen her appreciation of the developmental process and the problems of the reproductive cycle and to gain increased mastery of the mothering skills. The experiences which brought pediatric and maternity nurses together have motivated those in the two fields to view their responsibilities anew. They have come to see that *families need the help of specialists from all areas of nursing and from others of the helping professions.* These two fields are merging to encompass a field currently called Maternal and Child Health Nursing. Family-centered care has become the concern of nurses in both fields. They are working to protect the family's physical health and to promote the development of warm family relationships which safeguard the mental health of each member of the family. Mental hygienists view the maternity cycle and the periods immediately following it as periods of great importance in the prevention of juvenile delinquency and other emotional disturbances. They believe that important preventive work can be done then—preventive work that can foster the development of the parents and prepare them to nurture their child in ways which are satisfying to and productive for all members of the family.

Progress in pediatrics and obstetrics and in the allied professions has broadened the scope of medicine and nursing and changed their goals. Today professional workers are focusing their interest on the preventive aspects of their specialty and on the restoration of sick and handicapped individuals to a state of optimal physical and mental health. They are not losing interest in reducing the maternal and child death and sick-