

Child health maintenance

CONCEPTS IN FAMILY-CENTERED CARE

Peggy L. Chinn



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with 219 illustrations

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to
KELLETH
and
JONATHAN

Preface

Child nursing today is faced with the greatest challenge in the history of health care delivery. Because of the nurse's historical and professed availability to the patient, and a basic knowledge of health care, he or she has the challenge and opportunity to be more meaningfully involved in direct patient care than ever before. The practitioner of this new era is faced with the responsibility and opportunity of being an individual's first contact with the total health care system, of offering quality primary health care efficiently and skillfully, and of making knowledgeable decisions with the family regarding total care and services received. If nurses can meet the challenge of providing the technology, knowledge, and skill of modern health care services and improve their traditional role in caring, they will indeed provide a notable service to mankind.

Certainly the welfare of children is a primary concern in health care delivery. Rapid mobility, change, and the tenuous nature of

modern society seriously threaten the welfare of children as we have conceptualized it in the past. Nurses who become responsible agents in forming decisions and implementing actions that affect child welfare must rely on sound knowledge and expert judgment relating to many aspects of child development and health. These tools are basically derived from the past and the present. The future is now a third and very necessary dimension affecting today's decisions and action. We cannot ignore the responsibility of knowing what children are like, what causes them to thrive, or what is likely to seriously threaten their chances of becoming adults with strong and healthy minds, bodies, and spirits. Thus, health during childhood incorporates what we can predict about the future adult world in which the child will live.

The aim of this book is two-fold. First, the reader will consider basic knowledge about children, including physical, learning and thought, social, and inner development. Re-

ardless of the child's diagnostic category or state of health or illness, a child is a child with potential for growth and development. Rather than seeking to provide comprehensive coverage of every specific detail in rapidly growing fields of knowledge, the aim is to augment perceptions and total skills in relating to and caring for children. The second aim is to increase the problem-solving capacity of the student. Whether a child's problem is maintaining health, restoring health, or learning to grow and develop with a serious health problem, the nurse should be equipped with tools for helping the child and his family cope effectively and reach their own realistic goals.

Rational organization of facts and problems relevant to child nursing leads to some degree of artificiality. No child will be "found" within any chapter of this book. Rather, information and ideas relevant to him will be located throughout. Because the first consideration in dealing with any child must be his age, the major portion of the book is organized according to broadly defined developmental stages. Each part contains information and problems defining "health" for a specific child and his family and episodic illnesses that are most common to children during the particular stage.

A child who encounters lasting or serious health problems is always a major concern for health care workers. He still exhibits most or many of the characteristics of his age-peers and is likely to encounter episodic illness. His long-term, health-threatening problem becomes a specific challenge for well-prepared nurses. Here again, a problem-solving rather than a fact-giving approach is used, and the reader is referred to authoritative medical and nursing literature for more specific details relating to an area of concern.

In spite of the relative impossibility of the task, the child will be viewed in this text as an integrated whole. He is, in reality, a human being of a certain age, with his own significant environment, family, and society, all contributing to the development of his whole individuality. A conceptual framework of compe-

tency development is offered to assist the nurse in achieving the ability to assess the child as a unique, total individual and to account for the effects of health management and intervention on the whole child. The challenge for the nurse is to promote the wholeness of health.

Special gratitude is expressed to the many people who have contributed to making this book possible. To each of those who have read portions of the manuscript and given constructive critique, I wish to express particular appreciation. Jean Lucius, R.N., M.S.; Cynthia Jo Leitch, R.N., Ph.D.; Patti Brandt, R.N., M.S.; Mary Ellen Smith, R.N., M.S.; Steve Atherton, M.D.; Sholom Pearlman, D.D.S.; and Ronald Drake, R.N., M.S., have offered helpful and challenging suggestions in preparing sections of the manuscript, in developing the conceptual framework, and in encouraging my continuing efforts.

A very special acknowledgement is given to Mrs. Sally Grames for her expert preparation of the final manuscript. Without her continuing efficiency and meticulous attention to every detail, this project could not have been completed.

The cooperation of an author's family is always needed if a project such as this is to be completed. To my husband, Philip, I wish to express my appreciation for his collaboration in preparing the final two chapters of this book and for taking the photographs. His background and talent in special education was a valuable asset in preparing this section of the book. To him also I express my deepest love and gratitude for his continuing help and encouragement through each of the trials we encountered together during the months of preparation. He has been a special kind of father to our two boys, Kelleth, whose cooperation far exceeded what might be expected of a preschooler, and Jonathan, who arrived in time to celebrate completion of the manuscript. In addition, we all received special help from Philip's mother, Beatrice Chinn, and we express to her our gratitude.

Peggy L. Chinn

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Child health maintenance

The basic goal of health care is to promote the child's and family's motivation to seek health and to use their own resources to attain, maintain, or regain optimal health and function. Whether the child is healthy or unhealthy, certain efforts must be taken to reach this goal, and the health care system provides major resources for the family. The individual who assumes the responsibilities associated with being a professional member of the health care system in today's world must understand the child and family and the many factors that contribute to the promotion of health. When the child and family are burdened with stresses that interfere with the maintenance of health, these stresses become important factors in assisting the family to attain or return to a more satisfying state of health. In the chapters that follow, we will consider the child, the family and society, and the health care services that are offered in today's society to children and families.

The purposes of Chapter one, "The Challenge of the Child," are (1) to present an overview of the processes of growth and development, (2) to present a conceptual frame of reference that can be used by the nurse in understanding the child and in meeting the challenge of rendering meaningful, sound nursing care, which enhances the achievement of maximal life and health for each child,

and (3) to consider basic facilitating factors that enhance the attainment of mature life competencies.

The purposes of Chapter two, "Child Nursing Today . . . and Tomorrow," are: (1) to portray briefly the history of child nursing, (2) to discuss implementation of health care for children specifically relating this to professional nursing, (3) to describe in general terms nursing assessment of the child, and (4) to describe generally nursing management of child health needs. The nursing process, comprised of nursing assessment and implementation of nursing care, is more specifically developed in the units that follow for each developmental period of childhood.

Chapter three, "Understanding Family and Society," is aimed toward the purposes of: (1) reviewing the essential features and problems of culture and environment, (2) discussion of the predominant features of the family unit as it has existed in the past and is beginning to emerge today, (3) discussion of the manner in which families as a unit influence competency development in children, and (4) consideration of the experience of crisis within the family unit and its implications for nursing care.

The challenge of the child

In today's world the concept of growth and development during childhood has expanded in proportion with advances in all fields of science. Man's increased ability to observe physical and biochemical events scientifically during intrauterine life has led to increased awareness and knowledge of the effects of fetal events on the individual's later life. The behavioral sciences have contributed to significant changes in ways children of technologic societies are reared and taught. Discoveries in the physiologic and medical sciences have yielded the ability to alter greatly the course of human life when deformity or debilitating disease occurs.

Nursing has long shared with many professions dealing with children and families the goal of improving the life and health of the child and enhancing the process of physical and emotional development of children. Thus nursing practice and research have been intimately concerned with improving and investi-

gating effects of nursing intervention upon the child and his family. Many related disciplines have contributed to this process, but a great gap persists between knowledge that can reliably serve to define the goal of health for children and applied practices that are sound and relevant to achieving it.

LIFE AS AN OPEN SYSTEM

The concept of growth

"Growth" refers to changes in structure or size. During childhood the physical changes in weight, height, and body proportion are readily noticeable. In addition, the child completes a uniform sequence of changes in body cell content. The child's fat and muscle tissues change in kind, distribution, and mass. Metabolic and biochemical processes change as life progresses toward maturity. The cells of the central nervous system change as maturity progresses. This process directly influences the process of development.^{1,2}

The concept of development

"Development" refers to changes in kind or quality. Development evolves from maturation of physical and mental capacities and learning. It is the progression of events that leads to maturity and integration. The child cannot achieve maturity until physical growth is complete, and yet developmental maturity cannot be pinpointed at a particular point in life. Emotional maturity has many interpretations; it is difficult to describe completely the close interrelationships of all aspects of life. Physical, emotional, and social factors have made the exact study of human nature elusive and difficult. Philosophy and theology have long influenced the study of development and the thinking of those most earnestly seeking knowledge of the child. This is understandable, because the child and man are beings with the unique ability to think, feel, ponder, deliberate, and reason. The endless quest for understanding of development and life processes is enhanced through understanding of certain principles and characteristics that can describe, but do not necessarily explain, the developmental process.

Principles of growth and development*Openness and change*

The person, incorporating body, mind, and spirit, may be thought of as a system that constantly receives influences from the environment and gives influences to the environment. This concept of man as an open system is useful in understanding many problems of development during childhood, because at no other period during life is the process of physical and emotional change so apparent. In addition, the child is seen as an individual with maximal potential for further change and development within the limitations of heritable factors.³

Heredity and environment

Parents and those in science and service professions have long deliberated over the influences of heredity and environment in shaping personality and behavior. It is now

generally conceded that both factors influence all behavior. The issue seems to recur in regard to the proportion of behavior that can be attributed to inherited traits and that portion that has been shaped by parents or other significant people, either knowingly or unknowingly. The issue becomes a very practical one, for example, when a child has begun to exhibit some undesirable behavioral trait, and society must decide the destiny, not only of the child, but also of the family and community. Will the child be left within the family unit, and can the behavior be therapeutically changed? Is the child destined to behave in such a manner because of a predetermined personality trait? Mothers have been identified as extremely significant "shapers" of their child's behavior, but a particular child's future can never be projected to determine precisely the influence a particular mother may have exerted. The great complexity of the issues has baffled behavioral and physical scientists for years.

The child is a product of his heredity and his past environment. The predetermined hereditary factors cannot, at this point in time, be significantly altered. But the present complex environment, including the people in the child's life, the climate and condition of the external and internal environment, the child's nutrition, and society and culture, provides the immediate stimulus for current behavior. The interaction of heredity and environment may be described as a proportional contribution depending upon the extent of influence of the other factor. For example, a child who possesses average analytical reasoning ability may be stimulated to achieve advanced academic standing through encouraging and enhancing family and school settings, or he may experience academic failure in the presence of a discouraging, stifling family and school environment.⁴

Predictable patterns and stages

Development proceeds according to a predictable, continuous pattern for all children. Individual variations, discussed in the next



Fig. 1-1. Development of the body proceeds in a cephalocaudal and proximodistal fashion.

section, occur in the rate and quality of attainment of these predictable patterns. Damage to the body structure or central nervous system can alter the pattern of development, and development that does not follow the usual sequence is indicative of damage or malfunction. Child nursing practice depends upon thorough familiarity with the expected patterns of development. Emotional development and social adjustment are predictably characterized by phases of equilibrium and disequilibrium. The child swings from periods when he is in focus and harmony with his family and peers to other points, when he is difficult to live with and seems unusually tense, indecisive, or insecure.

Development of the body proceeds in a cephalocaudal and proximodistal fashion (Fig. 1-1). Increases in size and maturation of the neuromuscular functions of the body begin first in the head and proceed toward the hands and feet. Development also proceeds from the general to the specific; gross, large muscle functions are present before the finer abilities

of the hands and fingers. The fetus reaches term with a relatively large head and small limbs, and the abilities for functioning are more advanced for the head than for the limbs.

Developmental patterns have been clearly identified through scientific observations in many areas of functioning. Motor development was one of the earliest developmental patterns described, and it is sometimes equated with the total concept of physical development.⁵ Closely associated with motor development is the development of speech, and patterns in the acquisition of speech have been fully described.^{6,7} Patterns and sequences in emotional and social behavior likewise have been described for various cultures and have been conceptualized from several different theoretic frameworks. There appear to be cross-cultural similarities, but the process of identifying universal traits is far from complete.^{8,9}

The widely influential theories of Freud and others who followed him depend heavily upon the concept of sequential, predictable patterns of emotional and social development. The child has also been observed to follow well-described patterns in intellectual, analytical thinking, and concept formation abilities.¹⁰ These abilities may be further described for specific abstractions such as time, self, death, moral and religious beliefs, humor, beauty, and interests, and they are heavily influenced by the child's culture.^{9,11,12}

The classical works of the Yale Clinic of Child Development^{5,13-15} have described in detail many of the predictable features of development. Although many of these findings have been challenged, they have remained as a major foundation in developmental evaluation, and they continue to be a valuable resource for understanding salient features of a particular stage of childhood.

Throughout child development literature stages of development are identified either by age groupings or in terms implying age groupings. Since all children do not develop at the same rate in all areas of functioning and be-

UNIT I

Child health maintenance

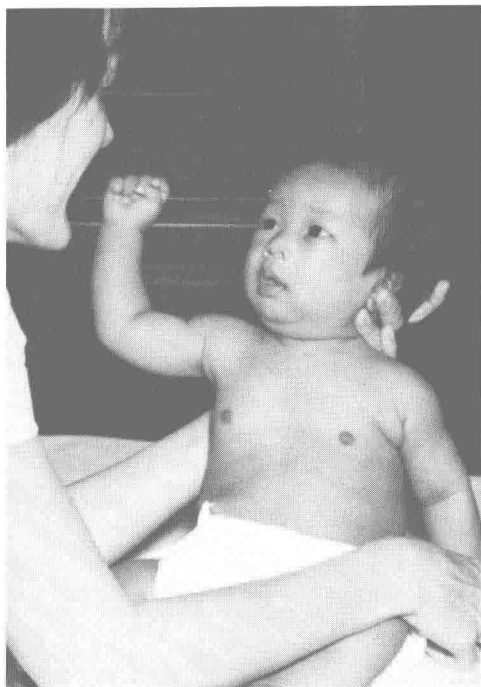


Fig. 1-2. The 6-week-old child has passed the newborn period and is now a more mature, stable infant who is beginning to become a more active participant in family life.



Fig. 1-3. Early childhood is a period of significant personality, mental, and physical development.

cause of variations in quality of development, there is some dissatisfaction with the use of defined "stages" in describing the developmental patterns. However, the conceptual formation of defined stages of development according to roughly approximate age groups aids in describing behavior and development. The five major developmental periods, which will be described in subsequent chapters, are:

1. *Prenatal period.* This period begins at the moment of conception. It is considered to be one of the most important developmental periods because of the extremely rapid rate at which development proceeds. The nurse who is involved with the care of the child will inevitably need to understand the influences of the prenatal period in order to obtain a meaningful history and to associate relevant factors with the child's state of health at any current stage of development.

2. *Newborn and infancy periods.* A distinction is made between the overlapping periods termed "infancy" and "newborn." The *newborn* period extends through the critical first month of life and is considered in detail because of the importance of this period for the mother and child. Not only is the child's physical health in a fine balance during this period of adaptation to a new environment, but also the foundations are laid for an entire lifetime of associations with the significant people in his environment. The period of *infancy* extends from the time of birth through the first 12 to 18 months of life, or until the child begins walking alone and possesses the beginning speech sounds of his language.

3. *Early childhood.* In Western society the period when the child begins to walk and talk until he enters the larger world of school marks a time of significant personality, men-

tal, and physical development. Although the meaning of this period has been disputed in the fields of psychology, sociology, anthropology, and education, there remain well-described features that characterize the ages from about 2 to 5 or 6 years in relation to the development of self-confidence, autonomy, perception, and cognition. Motor development progresses significantly. Particularly significant to nursing is the fact that there are characteristic health problems during these years. These are related to physical characteristics of anatomy and cellular structure in the young child and to motor and cognitive features, which render the child relatively dependent, defenseless, and prone to accidents.

4. *Later childhood.* The childhood years begin at the point when the child begins to enter the world of his peers, which, in Western culture, is usually marked by entrance into school. For the purposes of this book the ages of 5 or 6 will be considered as the beginning of the later childhood years. At this point the child gains a more advanced level of resistance to a number of health problems of the earlier years, and he advances in cognitive abilities to a point that his interests turn away from the immediate family to the wider world of peers his own age. He possesses enough maturity to begin to relate to others as an individual in his own right and to practice advanced skills of socialization on his own. The end of this period is marked by the onset of puberty, at which time many developmental tasks continue but are cast against the background of adolescence.

5. *Adolescence.* The point of puberty, or sexual maturity, marks the beginning of adolescence. In all societies there is some significance associated with this point in life, but the nature of its interpretation varies greatly. In the United States adolescence is a period of transition, great stress and adjustment, of personal exploration and trial. In societies that are not technologically oriented, adolescence is more a period of entrance and acceptance into the adult world, and greater adult responsibilities are given to the adoles-

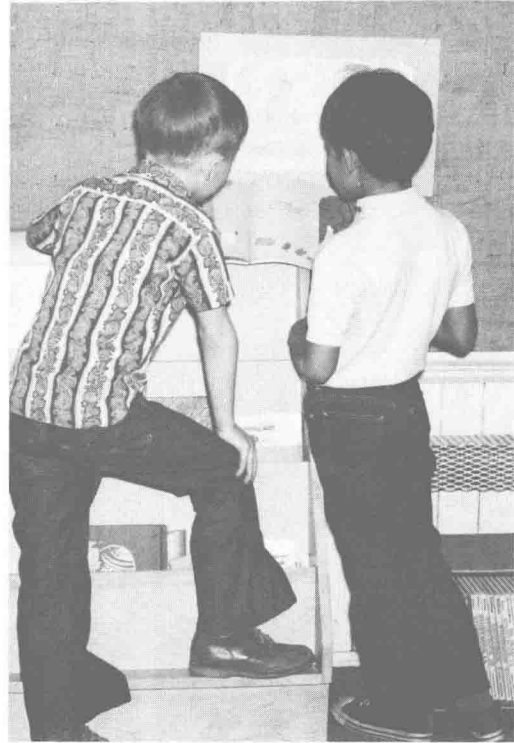


Fig. 1-4. Later childhood is a period when interests begin to center on the wider world of peers.

cent at an earlier point. The end-point of adolescence is reached when the individual demonstrates readiness to assume full adult responsibilities of financial, emotional, and social independence. Under usual circumstances in Western societies, this point is reached between the ages of 18 and 21, but wide variations exist.¹⁶

Individual differences in development

Knowledge of the predictable characteristics of development at various points during the childhood years is a practical necessity in knowing and predicting realistic expectations for a child's behavior. Within this framework, however, any given child may exhibit a wide range of behavior, which represents his own unique set of physical and personality characteristics. The real challenge in working with a child is to determine, in a nonjudgment-