

MOSBY'S REVIEW SERIES

**Review of
PEDIATRIC NURSING**

SECOND EDITION

FLORENCE BRIGHT ROBERTS

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SECOND EDITION

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Review of
PEDIATRIC NURSING

To the students and graduates
who find this book useful
and
to the patients in their care

PREFACE to second edition

Pediatric nursing continues to progress and expand at a very rapid pace. This revision of this book was done with an eye to the increasingly independent nature of nursing practice. New material on assessment of health status has been added. Content on the high risk infant has been expanded and updated in concert with current findings in neonatology. Of particular interest is a new section on nutrition and information on ticks and Rocky Mountain spotted fever. Material on the battered child has been updated and expanded, and consideration has been given to the problem of failure to thrive. Throughout the book, content has been carefully reviewed and changes made as indicated. Readers' comments have been most helpful in facilitating this revision.

Readers should be reminded, however, that this book is not intended for use as a primary text. It is written as a review—an overview of the field to be used as a guide for preparation of students for state board examinations. As such, it will of necessity be less detailed and more concise than a book intended for use as a text.

Every attempt has been made to ensure accuracy in the information presented, though it is impossible to reflect regional trends. Current practices in specific localities may differ from those suggested in this book. Such differences should of course be observed by practitioners in that area.

As always, special thanks should be expressed to my husband, Paul, and to my daughters, Kathleen and Nancy, who have been patient in allowing me the time to do this work. I am grateful for their understanding.

It is my hope that this book may be useful to students and to those graduates who need a quick review of conditions encountered infrequently in their practice.

Florence Bright Roberts

PREFACE to first edition

Pediatric nursing is an interesting and exciting profession, but one that requires a broad educational background and exacting attention to details. This book has been written primarily to provide a comprehensive, but efficient, guide for review of the essential elements of pediatric nursing. It should also be helpful to students studying pediatrics for the first time however, as emphasis has been placed on understanding basic pathophysiology and identifying critical details of nursing care. Surveys of broad aspects of pediatrics, such as health supervision of the well child and preventive medicine, have been included to give the student comprehension of the whole field of practice. Highlights of subjects pertinent to the care of children, such as growth and development, nutrition, microbiology, and pharmacology, have been included wherever possible to ensure a solid foundation in supporting fields.

As is always true in the authorship of a book, there are several people to whom the author is indebted. Especially, I should like to thank Mrs. Shirley Sterling for her many hours of typing and Mrs. Martha Walker, R.N., for her review of the manuscript. I am also grateful to my husband, Paul, and to my daughter, Kathleen, who were patient during my hours away from family activities.

Florence Bright Roberts

Review of
PEDIATRIC NURSING

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Basic concepts of pediatric care

FAMILY-CENTERED CARE

■ What is family-centered care?

Family-centered care is care not limited to the sick person but extending its concern to all members of the family. Such care deals with treatment of the sick person, protection of the well persons from disease, and general promotion of health for the whole family.

■ Why is family-centered care important to pediatrics?

Family-centered care is important to pediatrics because it contributes to the general health of the family and because most children live in families. Medical care is only a small part of a child's total life experience. His family is, by far, the more significant force in shaping his life.

■ How should the nurse relate to the child's parents?

Parents are the most important people in the child's life. The pediatric nurse must work cooperatively with them in order to provide good care for the sick child. To do this, the nurse should view the parents and child as an inseparable unit. The parents should be regarded as clients of the nurse just as their child is.

■ How do the parents assist the nurse in caring for their sick child?

Parents provide security and emotional support for their child. It is they to whom the child turns in times of stress. The parents also provide valuable information about their child—his habits, his usual patterns of behavior, and his normal characteristics. This information aids both in providing for consistency of care and in identifying important signs of illness. Parents also frequently provide most of the child's routine physical care even when he is hospitalized. This is the most effective way to ensure the child's sense of security, but it also tends to remove the nurse from physical contact with the child.

It is important for the nurse not to abdicate responsibility for seeing that the child receives adequate physical care and for observing him closely for changes in his condition. Neither should the parents feel that they are required to provide all of the child's physical care. Finally, the parents are the people who ultimately provide for continuity of care for the child and for the transition from one care setting to the next.

■ **How does the nurse assist the parents in caring for the sick child?**

The nurse should be alert to the parents' emotional needs, particularly to their need for relief from anxiety. Since parental anxiety is highly contagious to children, anything the nurse can do to relieve parental anxiety will directly benefit the sick child. An upset parent will raise the anxiety level of the child. Also, an anxious or angry parent cannot listen well to verbal communication from the doctor or nurse, and may misunderstand what is said. This can be very harmful if what is misunderstood is the instructions for the care of the child. Misunderstandings can also cause a great deal of unnecessary anguish and worry about the condition of the child.

The nurse also has a very important role as a health teacher. Responsibility in this role includes not only specific instruction about the child's current illness but also informal instruction in general health care and information about normal growth and development.

■ **When do problems arise between parents and nurses?**

Most often, problems between parents and nurses arise when the nurse fails to take parents' needs into consideration. Often nurses who have difficulty with many parents are those who either consciously or unconsciously become possessive of their patients, desiring perhaps to become mother or father to the child, supplanting the natural parents. Occasionally, parents may actually interfere with the child's care. This might occur if parents bring the child forbidden foods or allow too much activity, for instance. Usually these parents are acting from a lack of information or from misinformation. Parent teaching should be the course of action taken, and, the nurse should understand that the parents are doing what they feel is best for their child. The nurse must never forget that parents have a legal right to accept or refuse treatment for their child unless this right has been suspended by court action.

PREVENTIVE HEALTH CARE

■ What is preventive health care?

Preventive health care is the early detection of illness so that it can be treated most effectively; prevention of specific diseases by use of immunizations, vaccines, and public health measures, such as food handling rules and sanitation precautions; and the promotion of health, which is not merely avoidance of illness but also the attainment of the highest levels of well-being possible.

■ How is preventive health care applied in pediatrics?

Children are seen for regular checkups from the time of their births, for health supervision focused on prevention and early identification of problems, both physical and psychological. Health teaching and growth and developmental counseling are included as a part of their regular care.

■ What is the meaning of the concept of high risk?

High risk is a concept used in preventive health care to identify individuals who are especially prone to develop medical problems so that these individuals may be provided with special health supervision that would be too inconvenient or expensive to provide for the entire population. Among the events that place a child in a high risk category are any difficulty during the mother's pregnancy, such as toxemia, sudden drop in blood pressure, infection, and chronic illnesses. In addition, any event of labor or delivery which jeopardizes the safety of the infant, such as excessive bleeding, shock, or heavy sedation near delivery time, also places the child in a high risk group. Similarly, postnatal infections or major accidents place a child in a high risk category. A family history of certain diseases, for example hemophilia, PKU, diabetes, or epilepsy, also indicates that the child needs close medical supervision.

■ What are screening tests?

Screening tests are relatively simple and inexpensive tests given to large numbers of people to identify individuals who have early disease or who show a tendency toward a specific disease. The people who are thus identified are then given more extensive tests to determine the exact nature of their conditions. This is an example of applied preventive health care.

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■ **What is anticipatory guidance?**

Anticipatory guidance is health teaching done for the purpose of preventing problems from developing. It is usually centered around growth and development counseling or the teaching of normal nutrition or hygiene. The nurse or doctor introduces topics that are thought to be needed by the client in the near future, or topics are suggested by the comments or problems of the client.

THE SCOPE OF PEDIATRICS

■ **What is included in good pediatric care?**

Good pediatric care includes the best of preventive health care, early diagnosis and treatment of illness, and a family-centered philosophy of care.

■ **In what way are mental health concepts applied to pediatrics?**

The most important aspect of mental health to be applied to pediatrics is the prevention of illness. This is done primarily through educating parents to the best ways of helping their children psychologically as well as physically. Parents are taught both healthful ways of handling normal developmental events and common harmful child-rearing practices to be avoided. In addition, screening to identify children who have learning disorders that prevent their experiencing success in school contributes greatly to the mental health of the children. Early diagnosis and treatment of parent-child relationship disorders is also an important aspect of mental health care in pediatrics.

■ **What is the purpose of school health?**

School health describes both a setting for care and a particular kind of care. It takes advantage of the fact that all children of certain ages can be found in a small geographic area, and thus are easily available for care. Most school health is centered around preventive health care; health teaching and screening are particularly important aspects. Because the school is in many senses the "proving ground" for children, those particularly vulnerable to stress can be easily identified there. This early identification enables them to be helped before their resources become depleted. One very important reason for having school health is that many children of school age are under no other regular medical supervision; they may go for several years without seeing a doctor unless they are identified in mass screening tests as having a potential problem.

■ **What is genetic counseling?**

Genetic counseling is a highly specialized type of counseling offered to prospective parents or to parents of children with birth defects. Usually, people seek this kind of counseling when they have reason to think that they may be carrying a hereditary disease or after they have given birth to a baby with a birth defect. The genetic counselor takes an extensive history and then collects cell smears from both parents. He examines the chromosomal patterns of the cells by means of microphotography. He can then advise the couple of their mathematical chances of producing offspring with the defect under consideration.

■ **What are protective services?**

Protective services are legal services rendered children to prevent their being harmed by their parents or other caretakers. Usually, protective services are called upon only when there is clear evidence of child abuse or neglect. The children may be temporarily removed from the home and placed in either a foster home or an institution until their parents can receive sufficient aid and counseling to provide adequately for them. All citizens are obligated by law to report any injuries to a child which are thought to be willfully inflicted by another person.

THE BASIC DIFFERENCES BETWEEN CHILDREN AND ADULTS

■ **Of what importance is the difference in size between children and adults?**

The most important reason why the child's size is important is that there is less margin for error than there is in working with the adult; the dosage of medications or the volume of intravenous fluids are the most obvious examples. In addition, many kinds of treatments or surgery are much more difficult because of the diminutive size of pediatric patients. Equipment must be adapted and redesigned to fit the needs of the smaller patient. On the other hand, the smaller patients are easier to move and to observe than are adults.

■ **Of what importance is the child's relative physiological immaturity, as compared to adults?**

Because children are more immature physiologically than adults, they respond differently to disease processes and to therapeutic agents. Of course, the younger the child, the more differently he will react from the adult. Newborns are especially vulnerable to drug reactions. Children must never be viewed simply as adults in miniature.