

Primary Health Care of Children

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*To Jack
and
Ann M. Fox, our guardian angel*

Preface

This book was written to provide a comprehensive clinical reference text for nurse practitioners, students, and others who provide primary care to infants, children, adolescents, and their families. It is a joint effort by more than seventy expert clinicians and educators, most of whom are pediatric nurse practitioners (PNPs) from the United States and Canada. Although the book is written by PNPs for PNPs, other advanced practice nurses (APNs), students, educators, public health and community health nurses, family nurse practitioners (FNPs), school nurse practitioners (SNPs) and school nurses, camp nurses, as well as others who provide primary care to infants, children, and adolescents should find the book especially useful.

The book is divided into five major sections. **Section 1, Health Promotion and Well Child Care** gives a comprehensive overview of the foundation of clinical practice (history and physical examination, genetics, counseling/teaching, ethics, etc.) and the context in which it takes place (family, culture, etc.). All aspects of well child care, such as immunizations, injury prevention, screening, and nutrition, including common parenting concerns, are covered in this section. Tables are included throughout.

Section 2, Families with Special Parenting Needs discusses parenting situations commonly encountered in clinical practice, such as divorce, adoption, foster care, gay parenting, etc. It is often the practitioner who identifies and addresses the unique concerns and issues these families face. An overview, incidence, risk factors, suggestions on information to gather in the history, pertinent areas to assess in the physical examination, primary care issues and concerns, and management is included.

Section 3, Common Presenting Symptoms and Problems addresses the common presenting complaints seen in daily practice. A symptom approach is used because it is most relevant to clinical practice. Children do not present with a medical diagnosis but rather a symptom or problem that the practitioner must then diagnose. Books using a medical diagnosis approach assume the practitioner or student already knows the diagnosis, which is often not the case. This section is unique and stresses the diagnostic process and management. The section is organized by body systems with common presenting symptoms and problems listed alphabetically. Each body system section begins with an overview discussing general risk factors, health promotion including counseling and interventions, and subjective (history) and objective (physical examination) data specific for a problem within that body system. A description of diagnostic tests and procedures that may be ordered is also included.

Next the commonly presented symptoms and problems are listed in alphabetical order. Each symptom begins with an *Alert* box describing situations that may require a consult or referral to another professional or physician. *Etiology* discusses the possible causes for the symptoms or problem, with *Incidence* and *Risk Factors* following. *Differential Diagnosis* includes a narrative on each diagnosis to be considered, including a brief definition and pertinent subjective and objective findings. A table for quick reference and easy comparison is usually included comparing the possible diagnoses, using subjective and objective criteria (including laboratory tests). *Management* is presented for each diagnosis and includes treatments and medications, counseling and prevention, follow-up, and consultations and/or referrals.

Section 4, Families with Children Requiring Long-Term Management is divided into three chapters: *Diseases/Problems, Developmental Disabilities, and Social Disorders*. It is often the practitioner who identifies such problems and is responsible for meeting the primary care needs of these children and their families. However, these children are usually managed in consultation with a physician and/or other professionals. Each disease or problem is discussed in a similar format as Part Three, using *Alert* boxes and *Etiology, Incidence, Risk Factors, Subjective Data, Objective Data* including *Laboratory Tests, Primary Care Implications/Issues*, and *Management* sections. Resources for both the professional, family, and child are provided, including some Internet sites and listservs.

Section 5, Emergencies/Preparation for Hospitalization consists of two chapters. The first, *Managing Pediatric Emergencies in a Primary Care Setting*, presents in an outline format the assessment and management of common pediatric emergencies. The second, *Preparation for Painful Procedures, Hospitalization, and Surgery*, offers a developmental approach to preparation. Identification of children who may be at risk for problems during hospital stays and specific interventions aimed at these problems are discussed.

The **Appendices** include growth and measurement charts, developmental and other screening tests, and laboratory tests, including normal values and interpretation of results. An appendix on radiologic tests discusses commonly ordered tests and provides a developmental approach to preparation of the child. More appendices on telephone triage and protocols, telecommunications, and CPT/ICD-9 diagnostic codes for common diagnostic procedures will prove very useful to the health care professional.

Jane A. Fox