

# Care of the Hospitalized Child & Pediatric Assessment

## 2024

- A. Pediatric Nursing Today
  - a. Pediatric Care
    - i. Holistic approach and considers physical, emotional, and developmental needs of the child
  - b. Atraumatic Care
    - i. Aims to minimize the physical and psychological distress experienced by kids in the hospital setting
    - ii. Goal is to prevent or reduce pain, fear, and isolation during hospitalization and treatments
    - iii. Ways to implement include distraction, allowing choices, and play therapy
  - c. Family-Centered Care
    - i. Focus is on the emotional and social health of the family being essential to a child's wellbeing
    - ii. Core concepts include respect for the family's expertise and experience, collaboration between healthcare providers and family members, and support for the family's cultural values and preferences
- B. Roles of the Pediatric Nurse
  - a. Optimizing Health in Children and Families
    - i. Promote health and provide care during illness
    - ii. Embrace client- and family-centered care
    - iii. Protect and improve holistic health from infancy through adolescence
  - b. Advocacy
    - i. Uphold core nursing standards
    - ii. Address social determinants of health for equity
    - iii. Communicate child's unique needs within the interdisciplinary team
    - iv. Mandatory reporting of neglect, abuse, and human trafficking
  - c. Therapeutic Relationships
    - i. Develop and maintain trust with clients and families
    - ii. Provide atraumatic care and foster family-centered care
    - iii. Enhance client satisfaction and health outcomes through connection and communication
  - d. Health Promotion
    - i. Screen, educate, and empower for resilience
    - ii. Discuss nutrition, dental care, vaccinations, sleep, and exercise at well visits
  - e. Injury Prevention
    - i. Educate on safety to prevent injuries, the leading cause of child death
    - ii. Offer anticipatory guidance for developmental stages

- iii. Advocate for safe products and environments
  - f. Support, Counseling, and Collaboration
    - i. Provide emotional support and trauma-informed care
    - ii. Offer empathy and education to parents/guardians
    - iii. Collaborative care for high-quality outcomes
    - iv. Include parents/guardians as collaborators in care
  - g. Ethics
    - i. Balance justice, beneficence, nonmaleficence, and autonomy
    - ii. Address ethical dilemmas and cultural considerations
    - iii. Recognize and manage moral distress
  - h. Interprofessional Team
    - i. Collaborate with healthcare professionals for holistic care
    - ii. Understand roles of child life specialists, therapists, social workers, dieticians, and more
    - iii. Interprofessional Team Members
    - iv. Child Life Specialist: Promote emotional and social well-being through play
    - v. Speech Therapist: Address communication and swallowing difficulties
    - vi. Occupational Therapist: Assist with daily living activities and special tasks
    - vii. Physical Therapist: Help regain physical abilities and improve overall health
    - viii. Respiratory Therapist: Treat a variety of respiratory issues
    - ix. Social Worker: Provide coping strategies and crisis intervention
    - x. Registered Dietician: Address nutritional needs and create optimal health plans
- C. Family and Social Factors
  - a. Family Structures: Recognition of diverse family constructs. Impact of family dynamics on child health. Importance of understanding family organization for holistic care planning
    - i. Single Parenting: Increased risks for social, emotional, financial, and physical impacts. Support and resources for single-parent families
    - ii. Divorce and Coparenting: Effects of parental divorce on children's wellbeing. Importance of trauma-informed care and consistent routines. Benefits of coparenting for child adjustment.
    - iii. Blended Parenting: Challenges and dynamics of blended families. Encouraging child-centered relationships and mutual respect.
    - iv. Adoption and Foster Care: Integration challenges in new family structures. Comprehensive assessments for trauma-informed care. Multidisciplinary approach for holistic care.
  - b. Childrearing Styles: Impact of parenting styles on child development. There is an importance in identifying concerns and providing parent education.

- i. Authoritarian: high expectations for children, lack of feedback, harsh punishment for mistakes
    - ii. Authoritative: approach that combines warmth, sensitivity, and setting of limits, parents are supportive and nurturing and in tune with child's needs
    - iii. Permissive: low demands with high responsiveness. Tend to be very loving but with few guidelines and rules
    - iv. Neglectful/Uninvolved styles
  - c. Discipline: Counseling on effective discipline strategies. Emphasis on teaching and relationship building over punishment.
  - d. Social Influences: Role of various social factors in health. Impact of technology, screentime, and social media. Prevalence and effects of adverse childhood experiences (ACEs)
  - e. Religion and Spirituality: Potential impact on healthcare decisions and family dynamics. Importance of holistic assessment including religious beliefs. Support of individual customs and practices without judgement.
  - f. Culture: Influence on actions, behaviors, and health. Cultural competence as a framework for respectful and effective care. Attributes of cultural competence: awareness, knowledge, skills, humility
  - g. Economic: Socioeconomic status as a determinant of health. Impact of economic resources on access to food, housing, and healthcare. Higher risk for negative health outcomes in low SES households. Role of nurse in assessing SES and providing resources
  - h. School: Benefits of education on cognitive, literacy, social skills, and health outcomes. Role of school nurses in nurturing physical and emotional wellbeing.
  - i. Peers/Social Activities/Groups: Influence of peers on behavior and mental health. Importance of monitoring social influences and facilitating open discussions. Benefits of physical activity and group play for development.
  - j. LGBTQIA+ Adolescents: Increased risk for adversity and stress in LGBTQIA+ youth. Building trust and rapport with all clients. Creating a safe space for discussion and providing emotional support resources.
- D. Emotional and Social Responses to Hospitalization
  - a. May delay development of milestones
  - b. May negatively impact mental health
  - c. Stress
    - i. Anxiety
    - ii. Physical manifestations without illness
    - iii. Aggression
    - iv. Negatively influence recovery and health outcomes
- E. Behaviors During Hospitalization

**Early Childhood**

**Later Childhood**

**Adolescence**

- Cry more frequently
- Irritable
- Cling to parents/caregivers
- Regress
- Fear they are being punished

- Upset
- Sad
- Afraid
- Regress

- Anxiety
- Act out
- Become introverted

#### F. Child Development Considerations

- Infants: Consistent caregivers
- Toddlers: Promote play, offer choices
- Preschoolers: Allow to ask questions, promote pretend play
- School Age: Routine activities and tasks
- Adolescents: Involved in plan of care, offer choices, respect privacy

#### G. Separation Anxiety

- Early childhood: Separation from parent/caregivers. Does typically occur in late infancy or early toddlerhood
- Later childhood and Adolescence: Separation from home, friends, school, and activities

#### H. Loss of Control

- Early childhood: fear of pain and discomfort, unfamiliar caregivers, too much or not enough stimulation
- Later childhood: fear of unknown, pain, and loss of safe environment; loss of routine
- Adolescence: confusing communication, inadequate sleep, lack of privacy

#### I. Minimizing stress and loss of control

- Family centered care
- Clear explanation of information and changes in plan of care
- Provide choices to the child when possible
- Allow child to touch and hold equipment

#### J. Family Response to Hospitalization

- Family stress due to child hospitalization
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- Support system response will impact the child's coping
- Sibling Responses to Hospitalization
  - Feelings of resentment and anxiety
  - Jealousy, sadness, loneliness, and guilt
  - Nursing actions
    - Explain
    - Encourage communication
    - Call home frequently
    - Maintain steady routine at home

- K. Parent Absence
  - a. Parents/caregivers should let the child and healthcare workers know where they will be, when they will return, and how to reach them if needed
  - b. Keep parents up to date through phone calls
  - c. Encourage parents to call
- L. Supporting the Hospitalized Child
  - a. Child Life Specialists
  - b. Art Therapy
  - c. Music Therapy
  - d. Animal-Assisted Therapy
  - e. Family members, caregivers, and friends to visit
- M. Differences in Pediatric Population
  - a. More serious and complex problems
  - b. Fragility of newborns
  - c. Severe injuries in children
  - d. Children with disabilities who have survived because of technological advances
  - e. More invasive and traumatic procedures
  - f. Increased length of hospitalized stays
- N. Benefits of Hospitalizations
  - a. Recovery from illness
  - b. Competence in abilities to cope
  - c. Mastery of stress
  - d. New socialization experiences
  - e. Appropriate nursing strategies
- O. Role of the Nurse and the Pediatric Assessment
  - a. Health Perception/Health Management
    - i. Admission complete physical assessment, health history, and current medications
    - ii. Assess ability of management of client at home
    - iii. Maintain confidentiality
    - iv. Assess potential barriers to recovery
    - v. Discharge teaching starts on admission
  - b. Nutrition/Metabolism
    - i. Accurate intake
    - ii. Diet restrictions
    - iii. Age-specific nutritional considerations
  - c. Elimination
    - i. Accurate output measures
      - 1.
      - 2.
      - 3.
  - d. Sleep/Rest
    - i. Dim lighting
    - ii. Consistent schedule when possible
    - iii. Recommended hours of sleep per age group

- e. Activity and Exercise
  - i. Children 3 to 5 years old: Activity throughout the day
  - ii. Children 6 to 17 years old: 60 minutes or more of moderate to vigorous physical activity
  - iii. Can be split up into activity sessions throughout the day
  - iv. Most activities should cause an increase in heartrate
  - v. Other activities, like muscle-strengthening and bone-strengthening should be done at least three days a week
- f. Cognitive/Perceptual
  - i. Language needs/preferences
  - ii. In-hospital school programs
- g. Self-perception/Self-concept
  - i. Self-esteem
  - ii. Include client in care when appropriate
- h. Role/Relationship
  - i. Build trust
  - ii. Maintain fidelity, honesty, and competence
  - iii. Follow through
  - iv. Open communication
  - v. Reassurance
- i. Sexual/Reproductive
  - i. Adolescence may be undergoing puberty in the hospital
- j. Coping and Stress Tolerance and Values or Beliefs
  - i. Consider culture and background
  - ii. Consider faith
  - iii. Build Trust
- k. Role of the Nurse on Admission
  - i. Orient to room
  - ii. Use procedure room for invasive procedures
  - iii. Initiating IV access
  - iv. Safety
  - v. Play
- P. Assessment
  - a. Admission Assessment
    - i. General survey
    - ii. Health history
      - 1. Birth history
      - 2. Immunizations
      - 3. Home medications
      - 4. PMHx
      - 5. Family Hx
      - 6. Recent ill exposure
    - iii. Behavioral and emotional problems
    - iv. Assess usual health habits
    - v. Physical Assessment
  - b. Communication During the Assessment

Birth to 2 years old	2 to 7 years old	7 to 11 years old	11 years and older
<ul style="list-style-type: none"> <li>• Make eye contact</li> <li>• Engage the client</li> <li>• Use toys and comfort items</li> <li>• Allow infants to be held by their parent</li> <li>• Include the client as much as possible</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on the client</li> <li>• Allow adequate time</li> <li>• Provide praise and encouragement</li> <li>• Provide simple explanations</li> <li>• Reduce anxiety</li> <li>• Familiarize with the equipment</li> <li>• Encourage questions</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on communication</li> <li>• More awareness, more involvement</li> <li>• Provide detailed explanations</li> <li>• Reduce anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage participation</li> <li>• Focus on privacy and self-concept</li> <li>• Provide detailed explanations</li> </ul>

- c. Growth Measurements
  - i. Head Circumference
  - ii. Length/Height
  - iii. Weight
- d. Vital Signs

Vital Sign	Infant	Child	Pre-Adolescent to Adolescent
	0 to 12 months	1 to 10 years	10 and up
Heart Rate *May be lower if sleeping	100-160 bpm	70-150 bpm	60-100 bpm
Respirations	30-60	20-40	12-20
Systolic Blood Pressure *more concerned with SBP than DBP. **Infants/Children 3 and under- pay more attention to presence of a strong central pulse.	>60	>70-80	>90
Temperature	Rectal or Axillary 97.7-99.5	Axillary, Tympanic, Oral, Rectal 97 to 99	Oral, Axillary, Tympanic, Temporal Artery 97.0 99.0 99.0

- e. Integumentary
  - i. Inspect and palpate skin, hair, and nails
  - ii. Assess for itching, rashes, lesions, or eczema
  - iii. Note skin color, temperature, moisture, turgor

- iv. Note unusual or unexplained bruises or injuries
- v. For preschool and school-aged children, inspect scalp for lice or nits
- vi. Head and Neck
- vii. Inquire about any conditions or concerns regarding headache, teeth, or chewing
- viii. Inspect head shape, size, symmetry, facial movements, and oral cavity
- ix. Assess speech
- x. Palpate neck for masses and tenderness
- xi. Infants
  1. Assess head control and palpate skull and fontanel for smoothness
  2. By 4 months should have good neck control to hold head steady
- f. Eyes
  - i. Question client or parent regarding difficulty seeing
  - ii. Inspect eyes
  - iii. Assess pupillary response
  - iv. Note behavioral cues
- g. Ears
  - i. Visual assessment
    1. Ear structure for drainage and cerumen impaction
  - ii. Hearing assessment (whisper test)
  - iii. Observe how child follows sounds or conversation
  - iv. Ear exam:
    1. Have child seated in parent's lap with head pressed firmly against parent's chest.
    2. Canal is curved in kids- straighten it for Infants to age 3 because the canal curves upward - pull pinna down and back
    3. Older child (>3 years) canal curves down and forward - pull pinna up and back
- h. Mouth
  - i. Mucous membranes
  - ii. Teeth
  - iii. Gum health
  - iv. Dentition
  - v. Oral lesions
  - vi. Throat and tonsils
- i. Nose
  - i. Allergic Rhinitis
  - ii. Nosebleeds
  - iii. Injury
  - iv. Septum
  - v. Nasal flaring
- j. Chest

- i. Inspect for deformities
  - ii. Observe symmetry
  - iii. Note movement for rhythm while evaluating the anterior-posterior diameter of the chest
  - iv. Note respiratory rate
  - v. Auscultate heart and lungs for normal and abnormal sounds
- k. Abdomen/GI
  - i. Inspection, auscultation, and then palpation
  - ii. Bowel sounds
  - iii. Bowel movement description
    - 1. Encopresis
  - iv. Bowel habits/Complaints
- l. Genitalia
  - i. CHAPERONE!!!
    - 1. ALWAYS offer, documentation of WHO chaperone is absolutely necessary
  - ii. Development- normal for age?
  - iii. Lesions? Bruising?
  - iv. Visual inspection only
  - v. Check anus and buttocks for abnormalities
  - vi. Urinary function
    - 1. Enuresis
    - 2. Nocturnal enuresis
  - vii. Urinary Habits/Complaints
- m. Musculoskeletal
  - i. Question about conditions or concerns regarding mobility, strength, ability and posture
  - ii. Back
    - 1. Posture
    - 2. Curvature
    - 3. Stance
    - 4. Gait
  - iii. Extremities
    - 1. Size, symmetry, contour of muscles
    - 2. Range of motion
    - 3. strength