Care of the Hospitalized Child & Pediatric Assessment

2025

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. Nuclear Family: Two parents and their children
    ii. Single Parent Family: Increased risks for social, emotional, financial, and physical impacts. Support and resources for single-parent families
    iii. Blended Family: Remarried parents and children of former marriages joining together. May also have children of their own together. Challenges and dynamics of blended families. Encouraging child-centered relationships and mutual respect.
    iv. Extended Family: Household includes at least one parent, one or more child, and one or more members (related or not related)
    v. LGBTQ Family: Could be legally married or common-law tie between two people and their children (could be through biology or adoption)
    vi. Adoption and Foster Care: Integration challenges in new family structures. Comprehensive assessments for trauma-informed care. Multidisciplinary approach for holistic care.

vii. 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.

b. 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.
c. 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
d. 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
e. School: Benefits of education on cognitive, literacy, social skills, and health outcomes. Role of school nurses in nurturing physical and emotional wellbeing.
f. 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.
g. 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. Socioeconomic Issues:
    a. Primary influence on health is socioeconomic status
        i. Preventative maintenance
        ii. Healthcare accessibility
    b. Socioeconomic status can impact healthcare of a child
E. 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
F. Behaviors During Hospitalization

Early Childhood	Later Childhood	Adolescence
• Cry more frequently • Irritable • Cling to parents/caregivers	• Upset • Sad • Afraid • Regress	• Anxiety • Act out • Become introverted

• Regress • Fear they are being punished		

G. Child Development Considerations
    a. Infants: Consistent caregivers
    b. Toddlers: Promote play, offer choices
    c. Preschoolers: Allow to ask questions, promote pretend play
    d. School Age: Routine activities and tasks
    e. Adolescents: Involved in plan of care, offer choices, respect privacy

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

I. Loss of Control
    a. Early childhood: fear of pain and discomfort, unfamiliar caregivers, too much or not enough stimulation
    b. Later childhood: fear of unknown, pain, and loss of safe environment; loss of routine
    c. Adolescence: confusing communication, inadequate sleep, lack of privacy

J. Minimizing stress and loss of control
    a. Family centered care
    b. Clear explanation of information and changes in plan of care
    c. Provide choices to the child when possible
    d. Allow child to touch and hold equipment

K. Family Response to Hospitalization
    a. Family stress due to child hospitalization
        i.
        ii.
        iii.
        iv.
        v.
    b. Support system response will impact the child's coping
    c. Sibling Responses to Hospitalization
        i. Feelings of resentment and anxiety
        ii. Jealousy, sadness, loneliness, and guilt
        iii. Nursing actions
            1. Explain
            2. Encourage communication
            3. Encourage visits as allowed
            4. Call home frequently
            5. Maintain steady routine at home

L. 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

M. 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

N. 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

O. 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

P. 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

Q. 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
• Make eye contact • Engage the client • Use toys and comfort items • Allow infants to be held by their parent • Include the client as much as possible	• Focus on the client • Allow adequate time • Provide praise and encouragement • Provide simple explanations • Reduce anxiety • Familiarize with the equipment • Encourage questions	• Focus on communication • More awareness, more involvement • Provide detailed explanations • Reduce anxiety	• Encourage participation • Focus on privacy and self-concept • Provide detailed explanations

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 o 9 9

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 fontanels 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

R. General Hygiene and Comfort
    a. Prevent Pressure Injuries
        i. Turn q2 hours
        ii. Drawsheets
        iii. Pressure reduction surfaces
        iv. Skin moisturizers
        v. Nutrition consult
    b. Bathing

i. Bedside or in a shower/tub room
ii. Pay close attention behind ears, between skinfolds, neck, back, and genital areas

c. Oral Hygiene
    i. Prevents infection
    ii. Promotes comfort, nutrition, and verbal communication
    iii. Even infants should have mouth care
d. Hair Care
    i. Hair should be brushed or combed daily
    ii. Styled for comfort
    iii. Never cut hair without parental permission
    iv. Hair can be shampooed during bathing process
e. Elevated Temperatures
    i. Fever is anything over 100.4F (38C)
    ii. Controlling fever is helpful for comfort
    iii. Febrile seizures
        1. 2-5% of all children
        2. 6 months to 5 years of age
        3. 30-50% will have subsequent febrile seizures
        4. No need for anticonvulsants
        5. Nursing interventions focus on care and comfort during febrile illness and use of antipyretics
        6. Simple febrile seizures less than 10 minutes in length do not cause brain damage or other debilitating effects