

# Chapter 6

## Communication and Physical Assessment of the Child

# The Power of Words

- Avoidance language
- Distancing language

# Nonverbal Communication

- Paralanguage
  - Pitch
  - Pause
  - Intonation
  - Rate, volume
  - Stress

# GUIDELINES FOR COMMUNICATION AND INTERVIEWING

- Appropriate introduction
- Explanation of the interview
- Preliminary acquaintance
- Ensure privacy and confidentiality

# Computer Privacy and Applications in Nursing

- Privacy and security of health information
  - Safeguards for disclosure
- Informatics

# Telephone Triage and Counseling

## BOX 16-1 CLINICAL MANIFESTATIONS OF CONJUNCTIVITIS

### **Bacterial Conjunctivitis ("Pink Eye")**

Purulent drainage  
Crusting of eyelids, especially on awakening  
Inflamed conjunctiva  
Swollen lids

### **Viral Conjunctivitis**

Usually occurs with upper respiratory tract infection  
Serous (watery) drainage  
Inflamed conjunctiva  
Swollen lids

### **Allergic Conjunctivitis**

Itching  
Watery to thick, stringy discharge  
Inflamed conjunctiva  
Swollen lids

### **Conjunctivitis Caused by Foreign Body**

Tearing  
Pain  
Inflamed conjunctiva  
Usually only one eye affected

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# Communicating with Parents



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# Communicating with Parents—cont'd

- Encourage the parents to talk
- Direct the focus
- LISTEN!
- Use silence as a response
- Be empathetic
- Define the problem

# Communicating with Parents—cont'd

- Solve the problem
- Provide anticipatory guidance
- Avoid blocks to communication

# Communicating with Families Through a Translator

- “Interpreter” vs. “translator”
- Sensitivity to cultural differences
- Legal issues
  - Informed consent

# Principles of Communication

- Make communication developmentally appropriate.
- Get on the child's eye level.
- Approach child gently and quietly.
- Always be truthful.
- Give child choices as appropriate.

# Principles of Communication—cont'd

- On child's eye level



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# Principles of Communication—cont'd

- Avoid analogies and metaphors.
- Give instructions clearly.
- Give instructions in a positive manner.
- Avoid long sentences, medical jargon; think about “scary” words.
- Give older child the opportunity to talk without parents present.

# Developmentally Appropriate Communication

- Infants
  - Nonverbal
  - Crying as communication
    - Types of cries

# Developmentally Appropriate Communication—cont'd

- Early childhood
  - Focus on *child* in communication
  - Explain what, how, and why
  - Use words child will recognize
  - Be consistent: don't smile when doing painful things

# Developmentally Appropriate Communication—cont'd

- School-age children
  - Want explanations and “reasons why”
  - Concern about body integrity
  - Reassurance needed

# Developmentally Appropriate Communication—cont'd

- “Stick in the arm”



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# Developmentally Appropriate Communication—cont'd

- Adolescents
  - Be honest with them
  - Be aware of privacy needs
  - Think about developmental regression
  - Realize importance of peers

# Play

- Children's "work"
- Child's "developmental workshop"
- As therapeutic intervention
- As stress reliever for child/family
- As pain reliever/distracter
- As barometer of illness

# Play Therapy

- Games
  - Peek-a-boo
  - Which hand do you take
  - Guess what I have in my hand
- Reduces trauma
- Prepares children for procedures
- Assessment tool
- Method of intervention and evaluation

# HISTORY TAKING

# Performing a Health History

- Identifying information
- Chief complaint
- Present illness
- History

# Performing a Health History—cont'd

- Current medications
- Immunizations
- Pain history
- Psychosocial history
- Family medical history
- Sexual history
- Review of systems

# NUTRITIONAL ASSESSMENT

- Dietary intake
- Diet history
- Food diary
  - 24-hour recall
  - Food record

# Nutritional Status

- Evidence of adequate nutrition
- Evidence of nutritional deficiencies

# Clinical Exam

- Anthropometry
- Biochemical tests (lab work)

# GENERAL APPROACHES TOWARD EXAMINING THE CHILD

- Head-to-toe sequence for assessing adult clients
- Sequence for pediatric assessments generally altered to accommodate child's developmental needs

# Goals of Pediatric Assessment

- Minimize stress and anxiety associated with assessment of various body parts
- Foster trusting nurse-child-parent relationships
- Allow for maximum preparation of the child
- Preserve the security of parent-child relationship
- Maximize accuracy of assessment findings

# Preparation of the Child

- Child's perception of painful procedures
- Cooperation usually enhanced with parent's presence
- Age-appropriate techniques

# Paper-Doll Technique



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# Developmental Milestones

- Holding up head steadily
- Sitting alone without support
- Walking without assistance
- Meaningful speech
- Present grade in school
- Scholastic performance
- Friends/interactions with others

# Other History

- Sleep history
- Sexual activity
- Substance use/abuse
- Family structure
- Other psychosocial factors

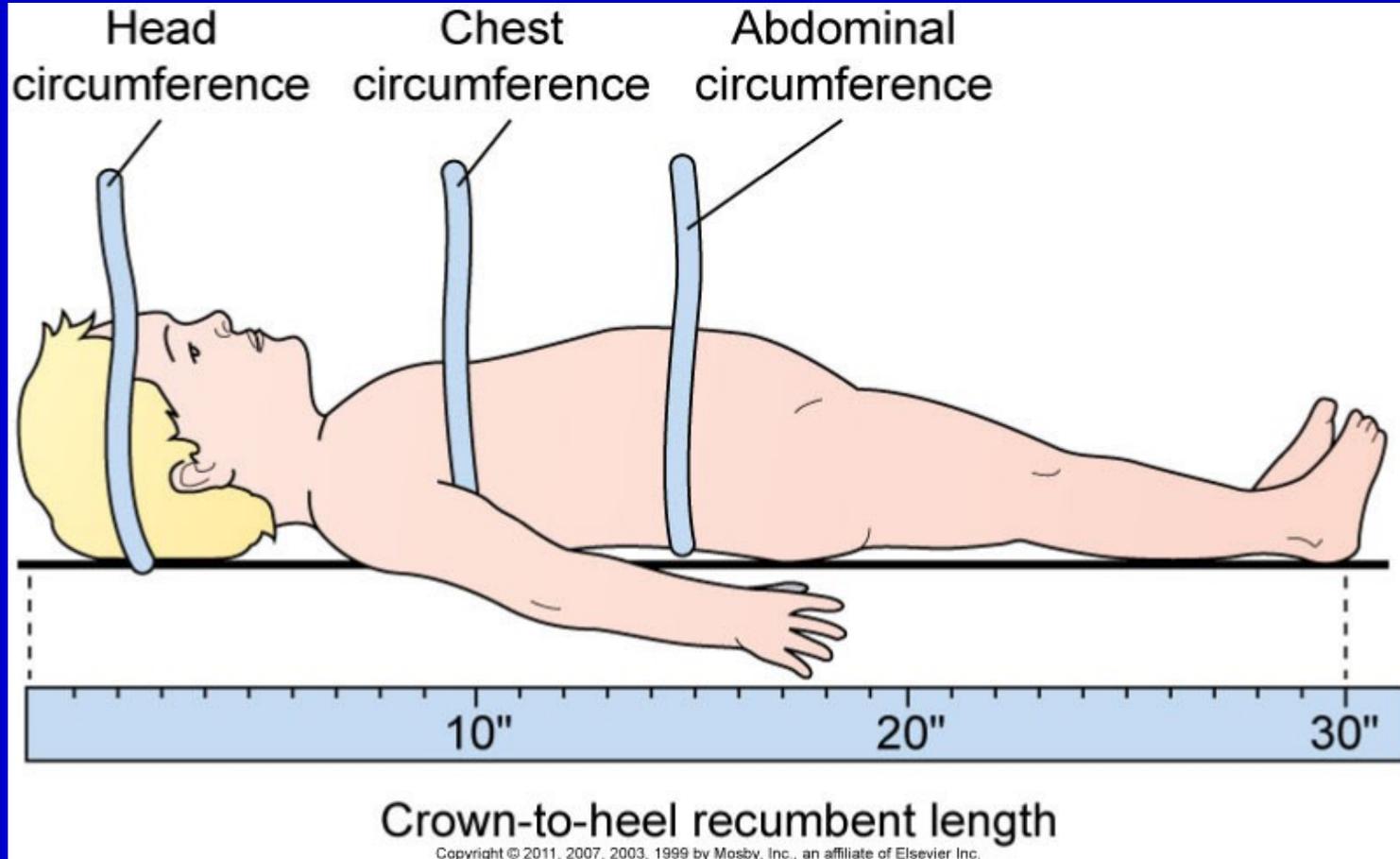
# Nutritional Assessment

- Nutritional intake
- Clinical exam of nutritional status
  - Anthropometry
    - Skinfold thickness
    - Weight and height
  - Biochemical analysis

# PHYSICAL EXAMINATION

- Growth measurements
  - Recumbent length for infants up to age 36 months + weight and head circumference
  - Standing height + weight after age 37 months
  - Plot on growth chart
    - By gender and prematurity if appropriate
    - Less than 5th or greater than 95th percentile considered outside expected parameters for height, weight, head circumference

# Measuring



# Growth

- Ethnic differences
- Expected growth rates at various ages
- Use of skinfold thickness and arm circumference for evaluation of body composition of muscle and adipose tissue
- Significance of head circumference measurements

# Size Variations



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# Physiologic Measurements

- Importance of physiologic measurements in overall pediatric assessment
- Comparison with normal values for each age group

# Weighing

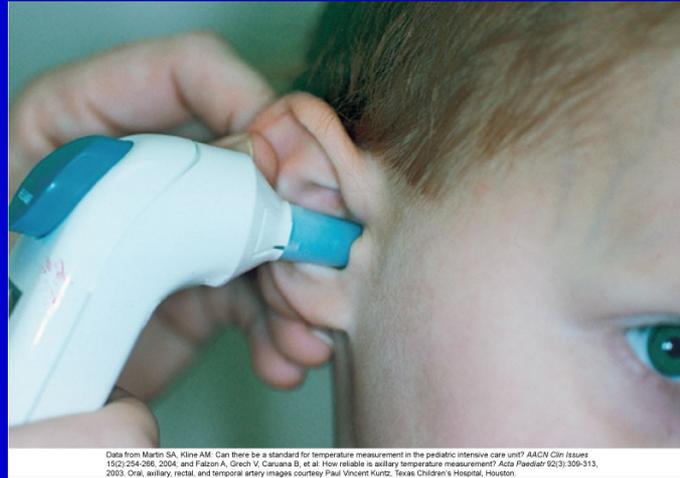


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# Infant and Toddler Vital Sign Measurement

- Count respirations FIRST (before disturbing the child)
- Count apical heart rate SECOND
- Measure blood pressure (if applicable) THIRD
- Measure temperature LAST

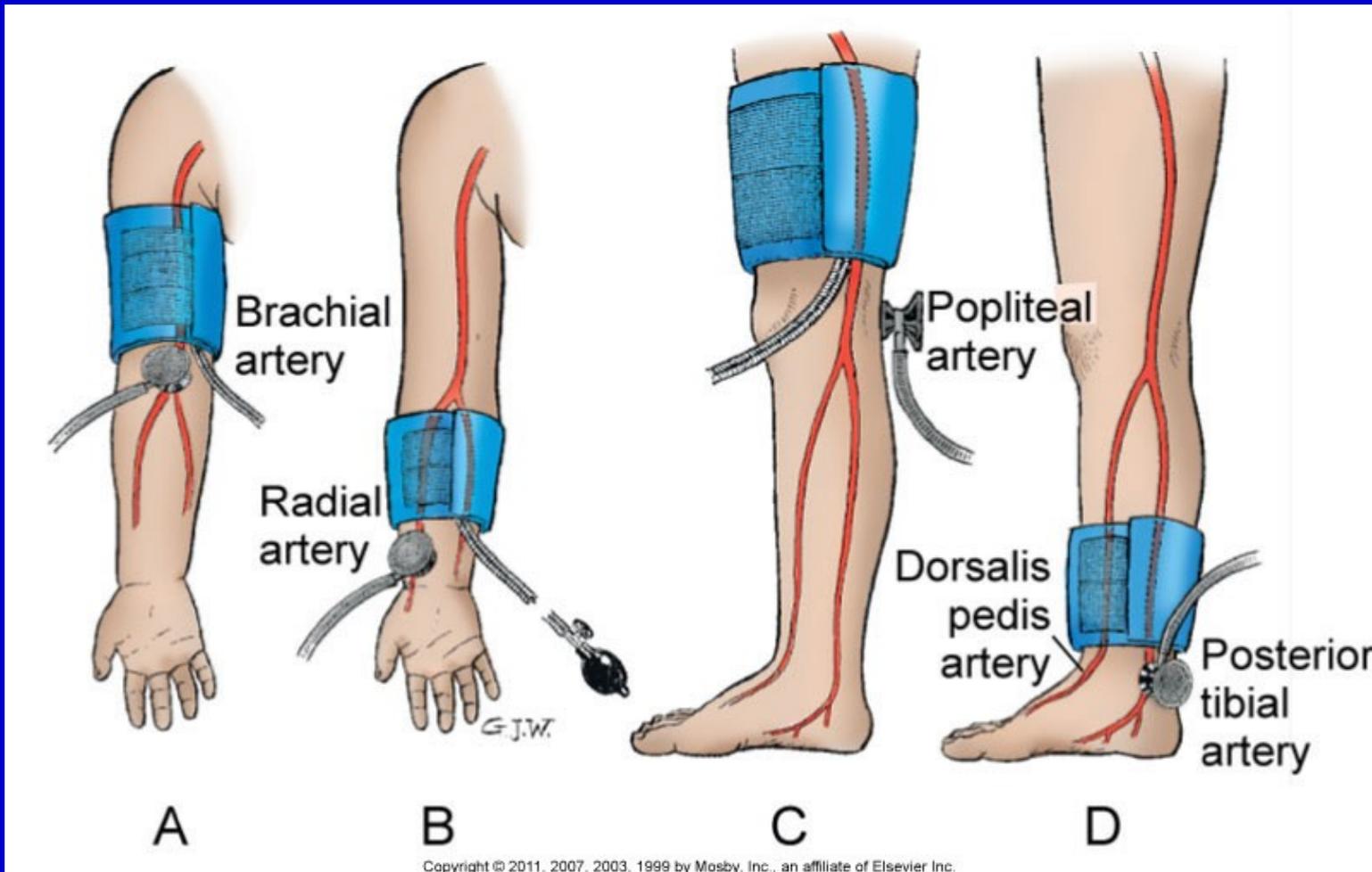
# Temperature Measurement



# Pediatric Blood Pressures

- Measurement devices
- Cuff selection
- Cuff placement
- Interpretation of BP measurement

# Blood Pressure

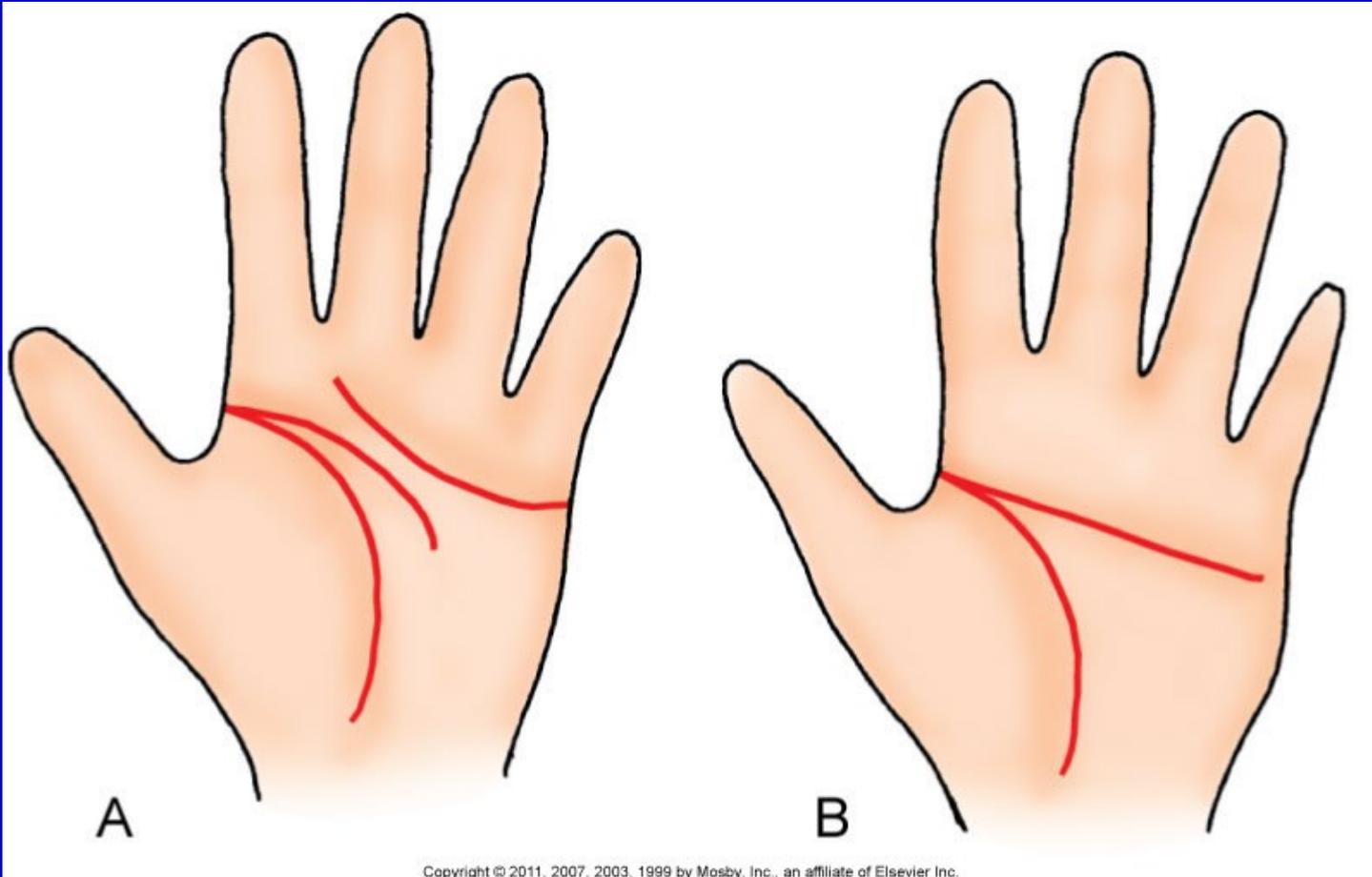


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# Physical Assessment

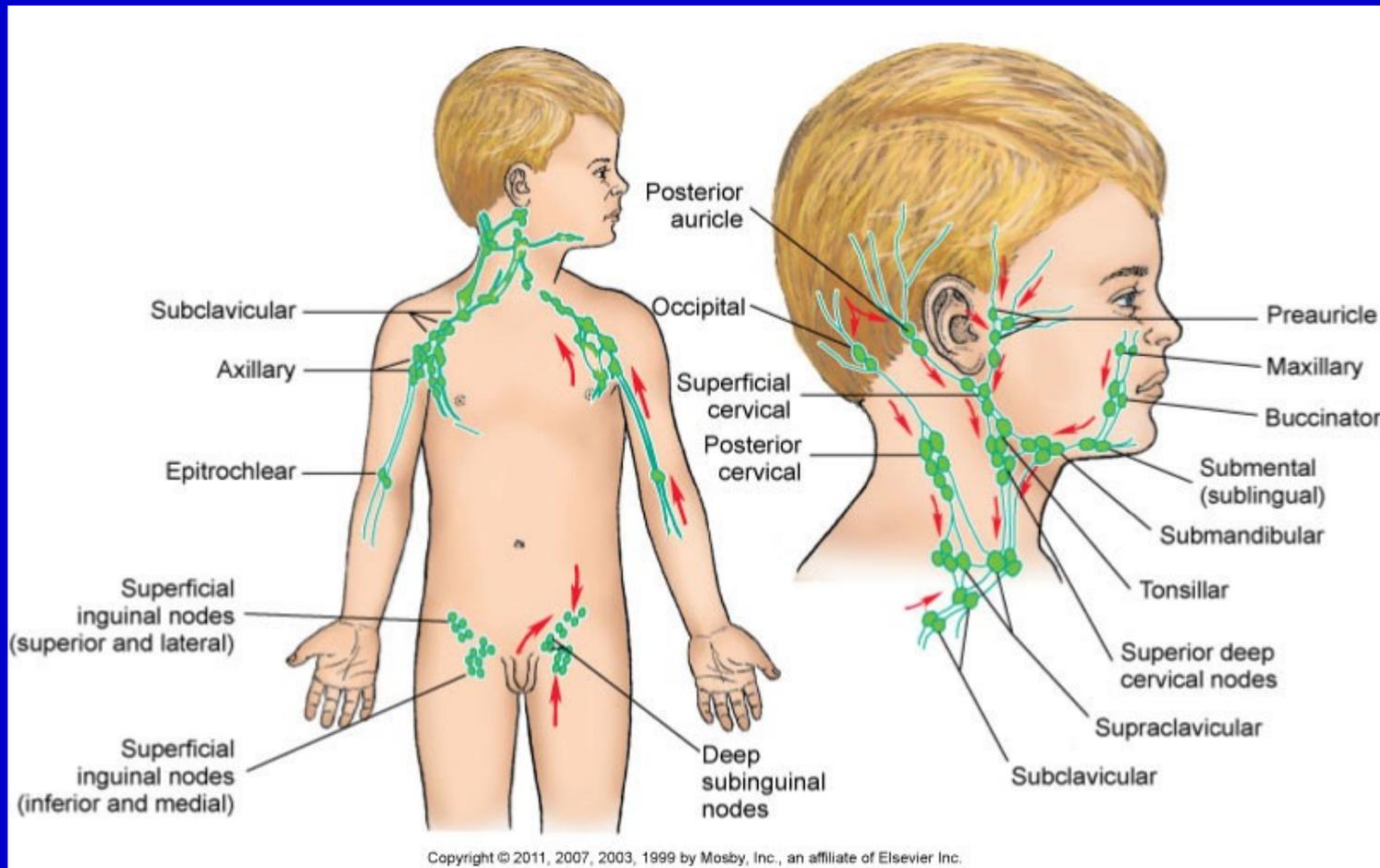
- General appearance
- Skin
- Hair, nails, hygiene
- Lymph nodes
- Head and neck
- EENT

# Palmar Creases

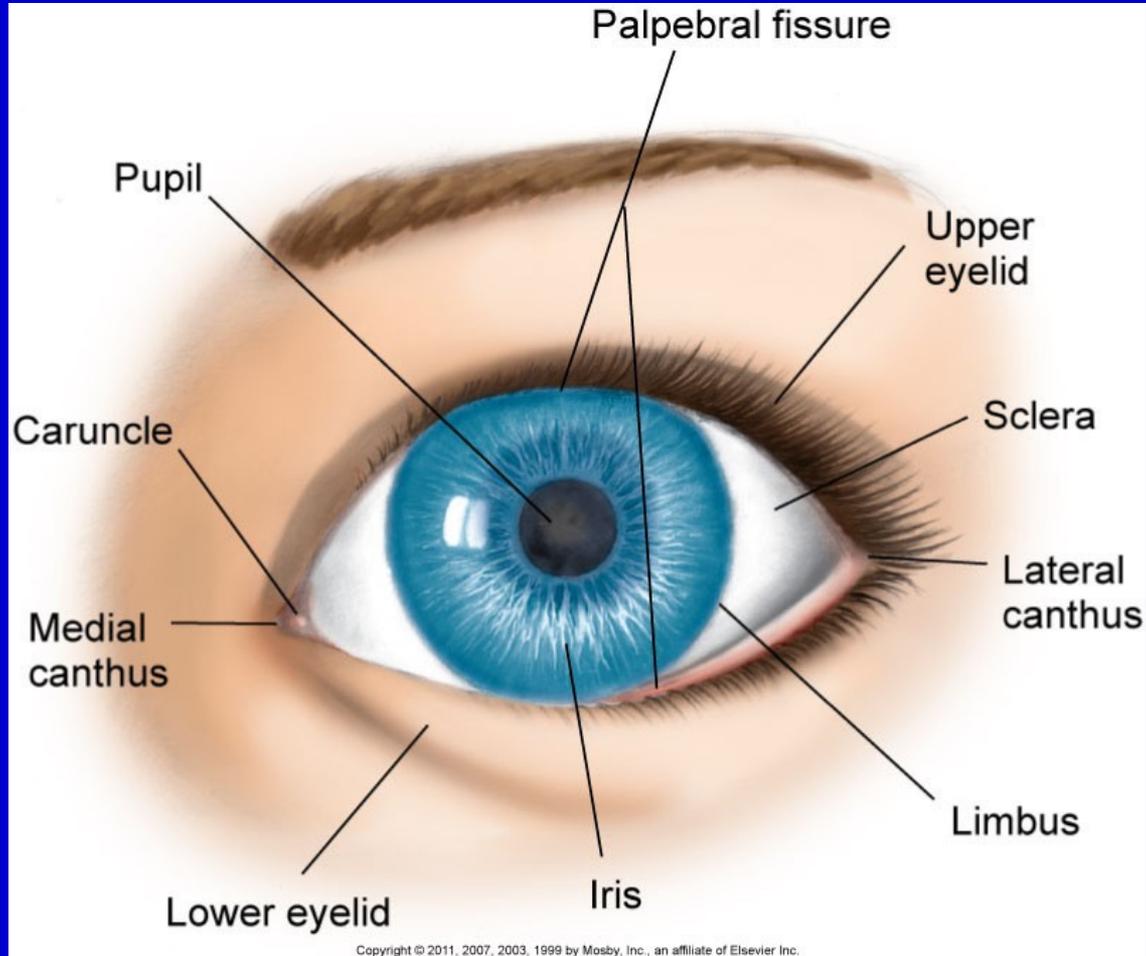


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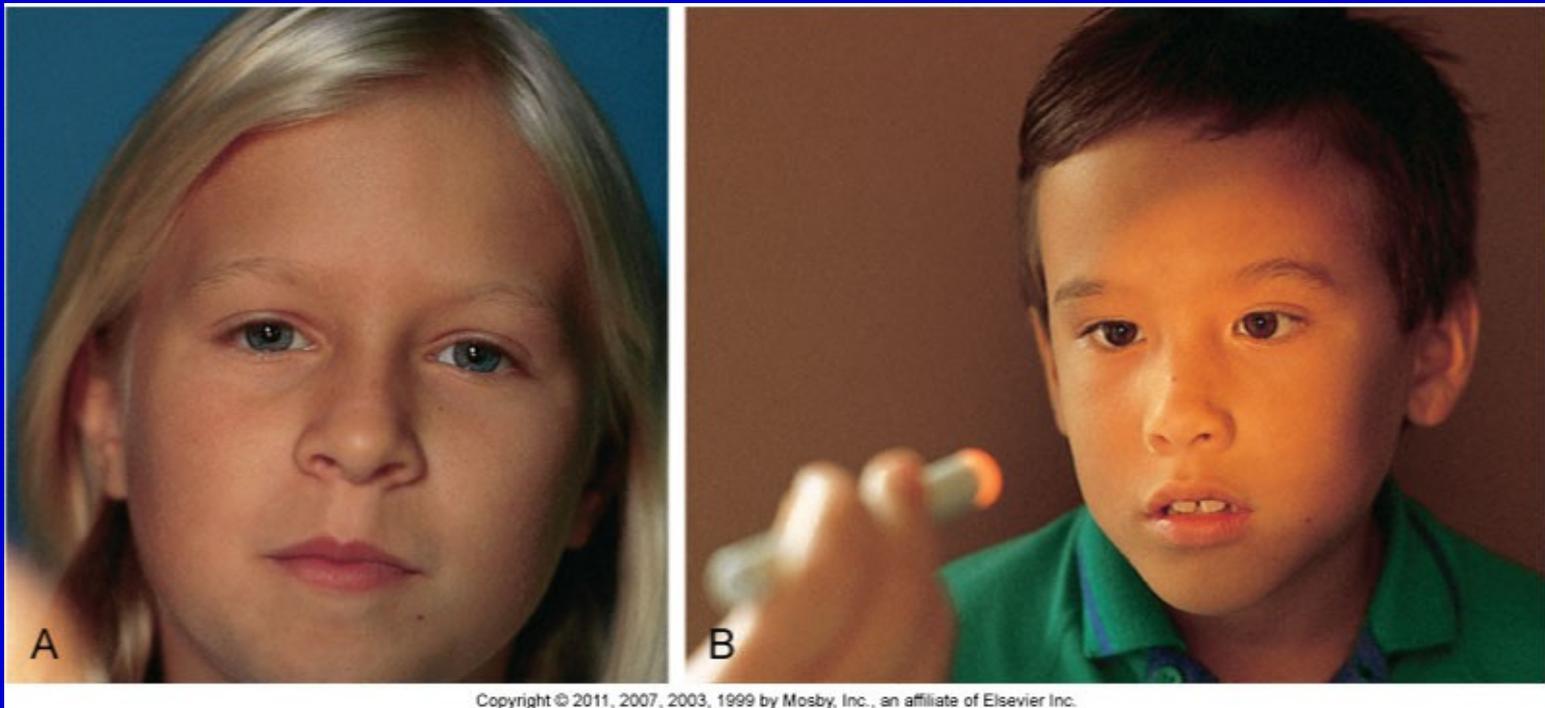
# Lymph Nodes



# Eye



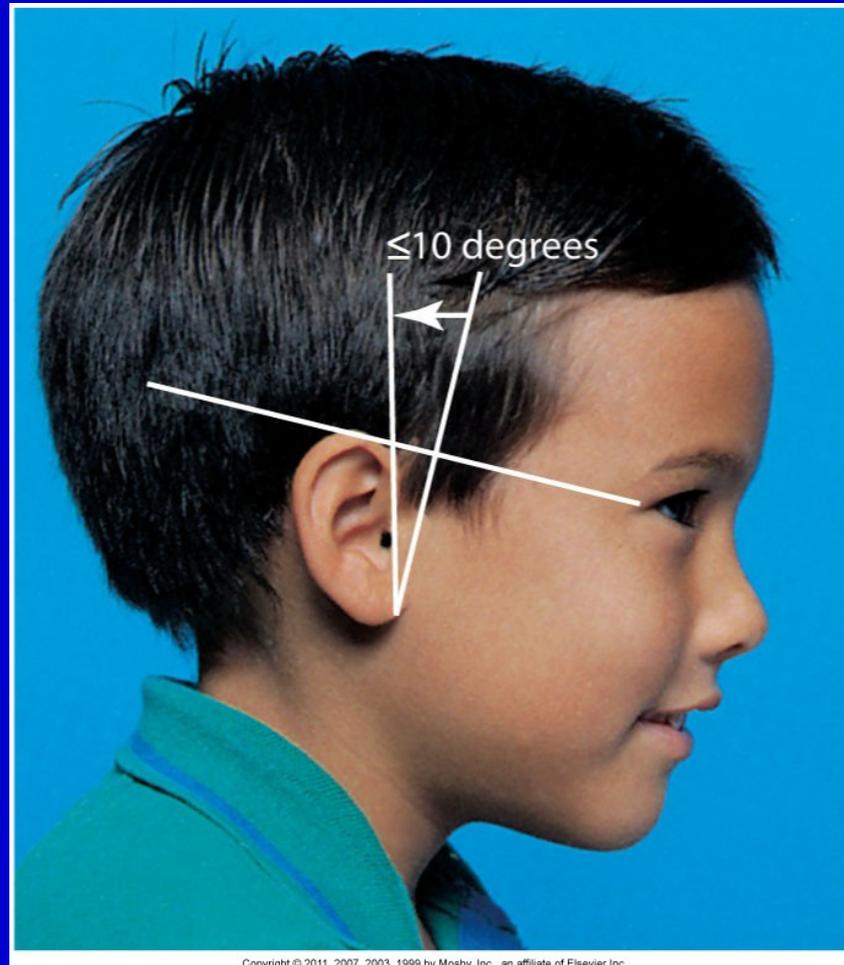
# Corneal Light Reflex



# Strabismus

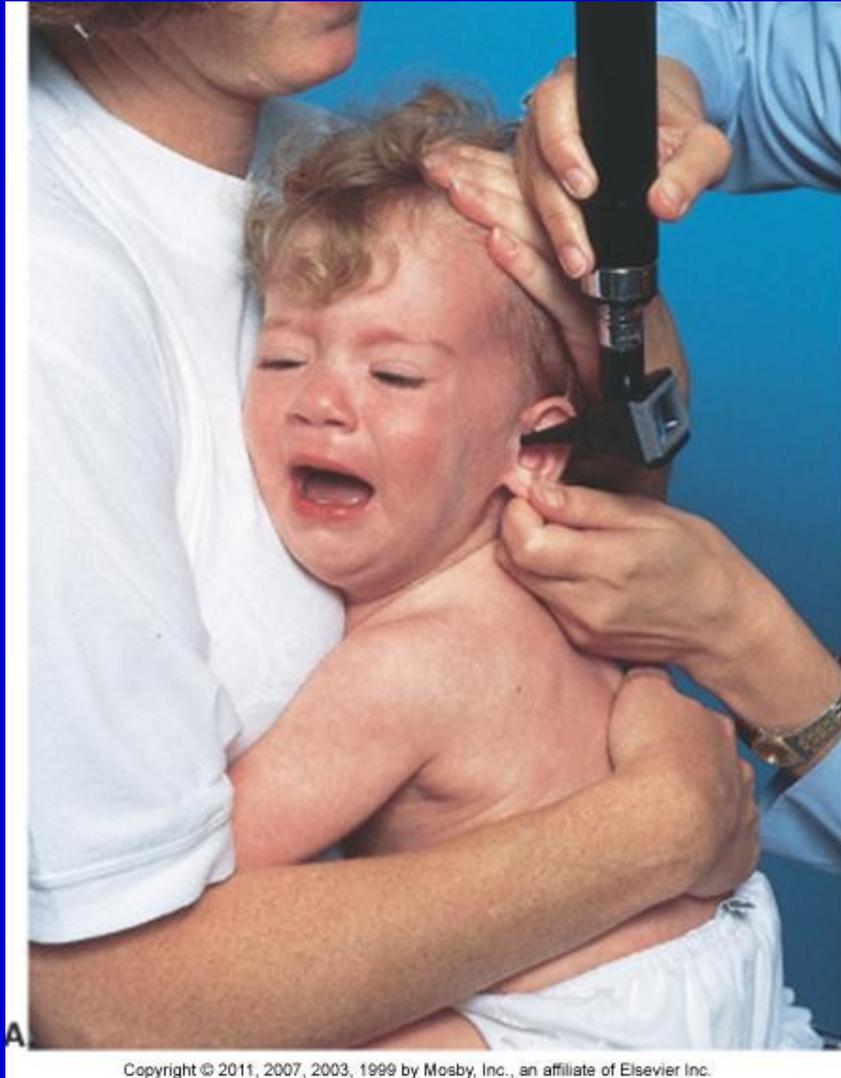


# Ear Alignment



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# Examining the Infant's Ear

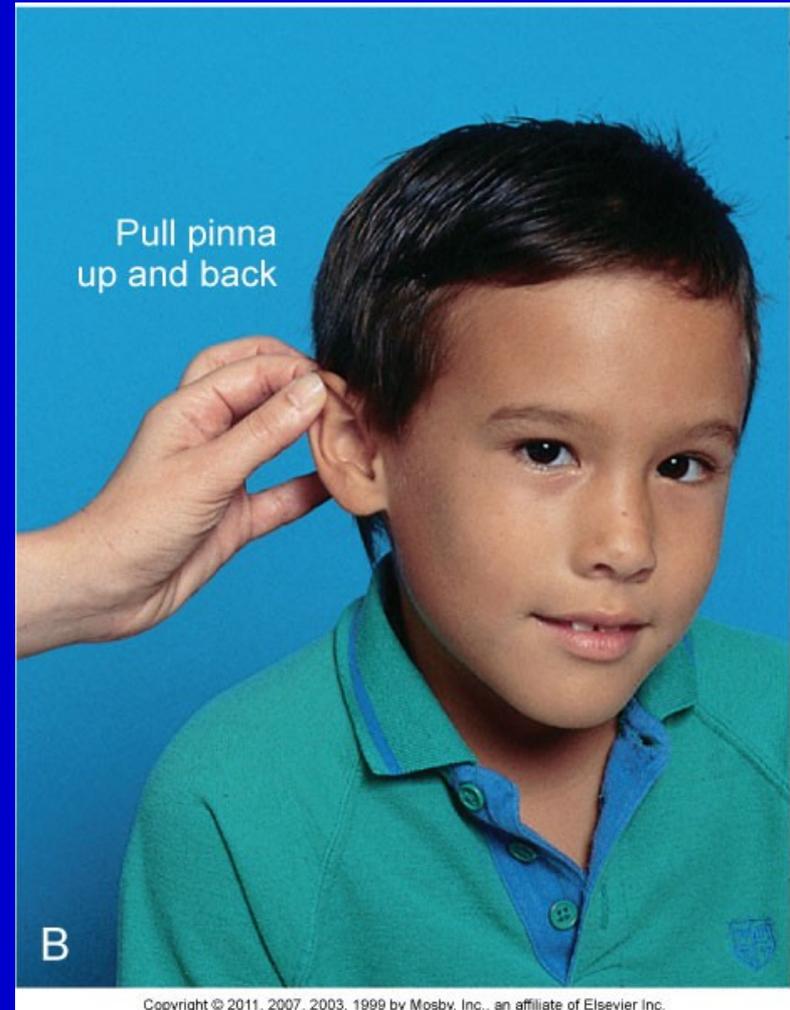
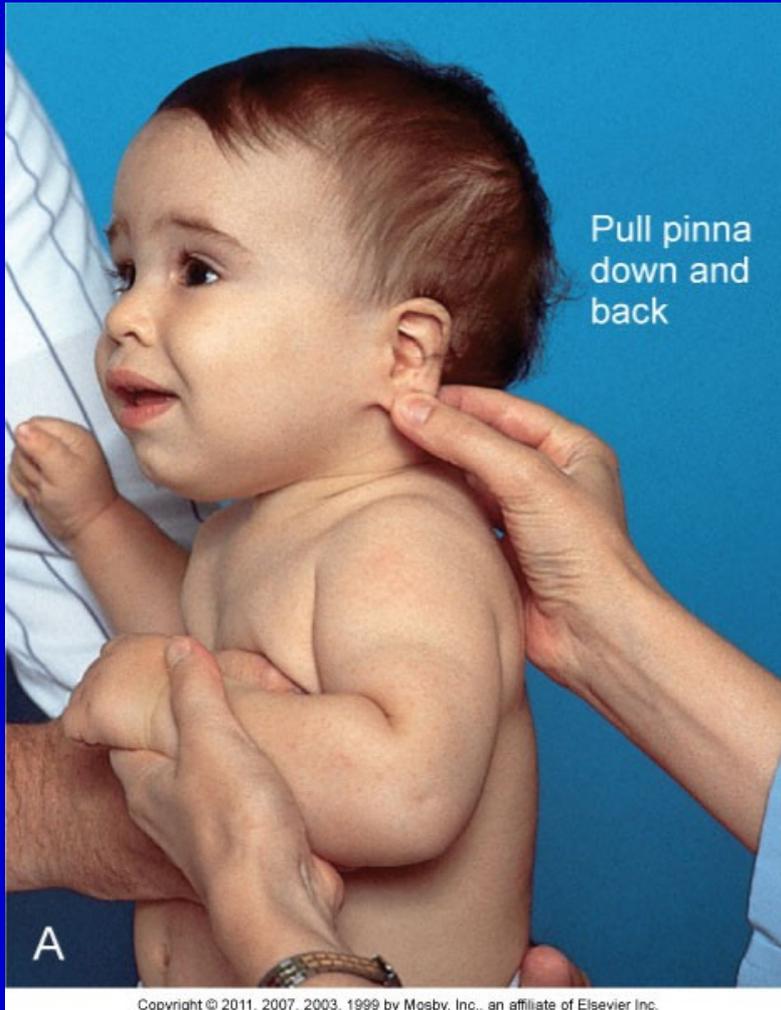


# Examining the Older Child's Ear

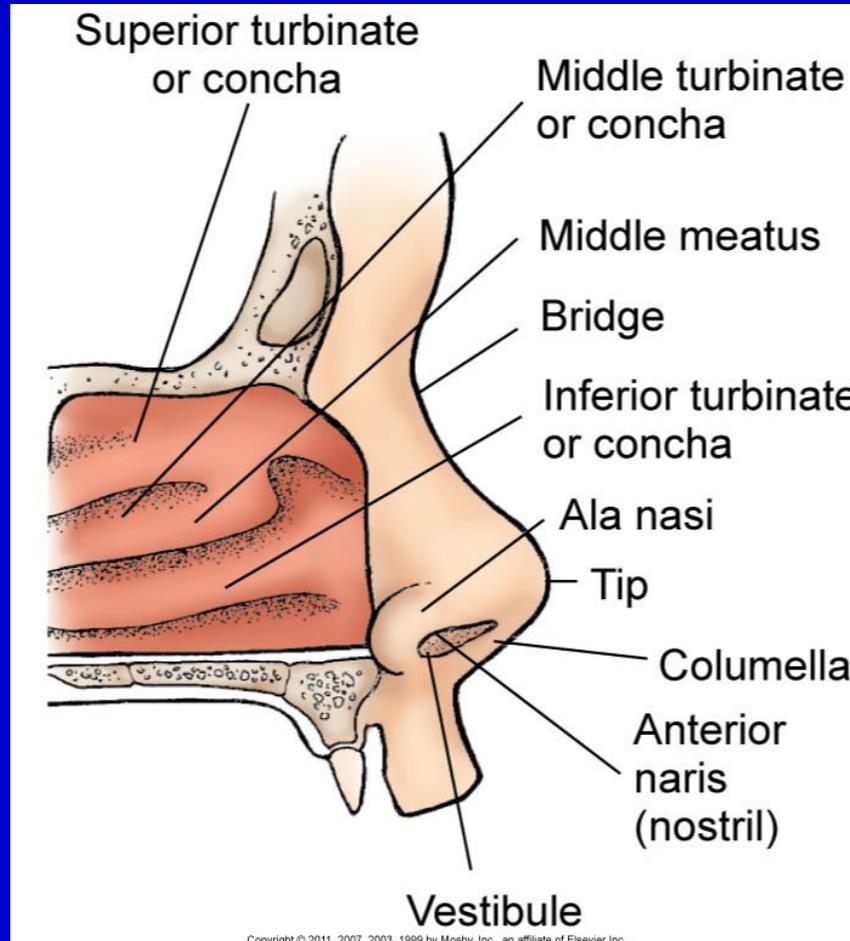


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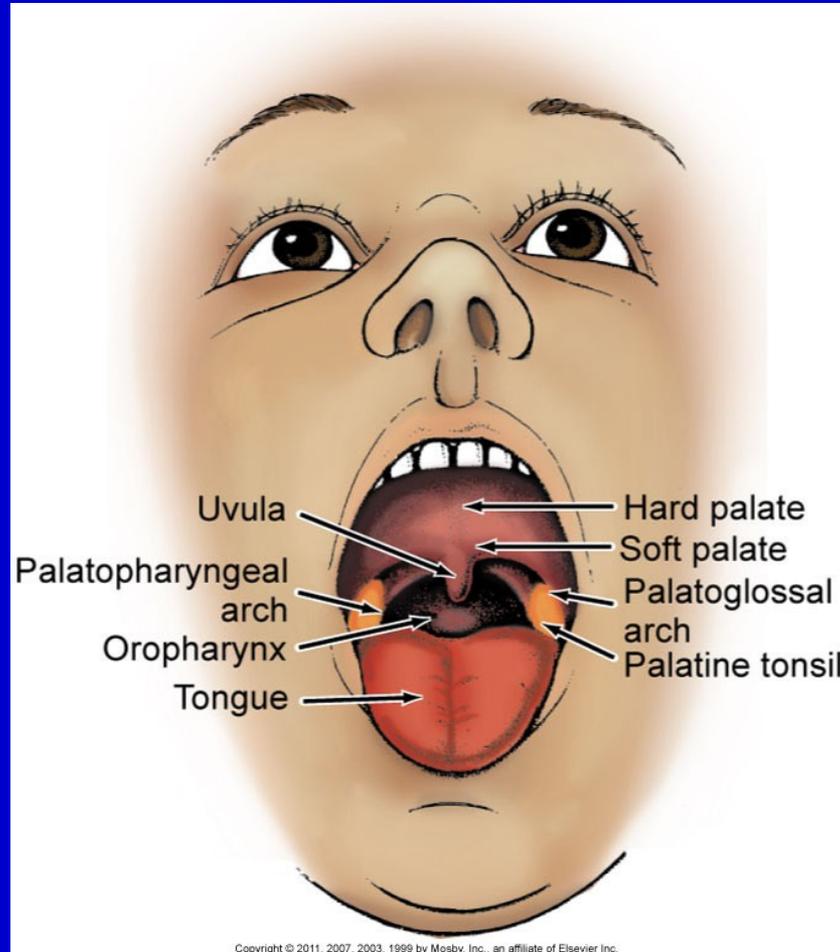
# Positioning to Examine Eardrum



# Nose



# Mouth



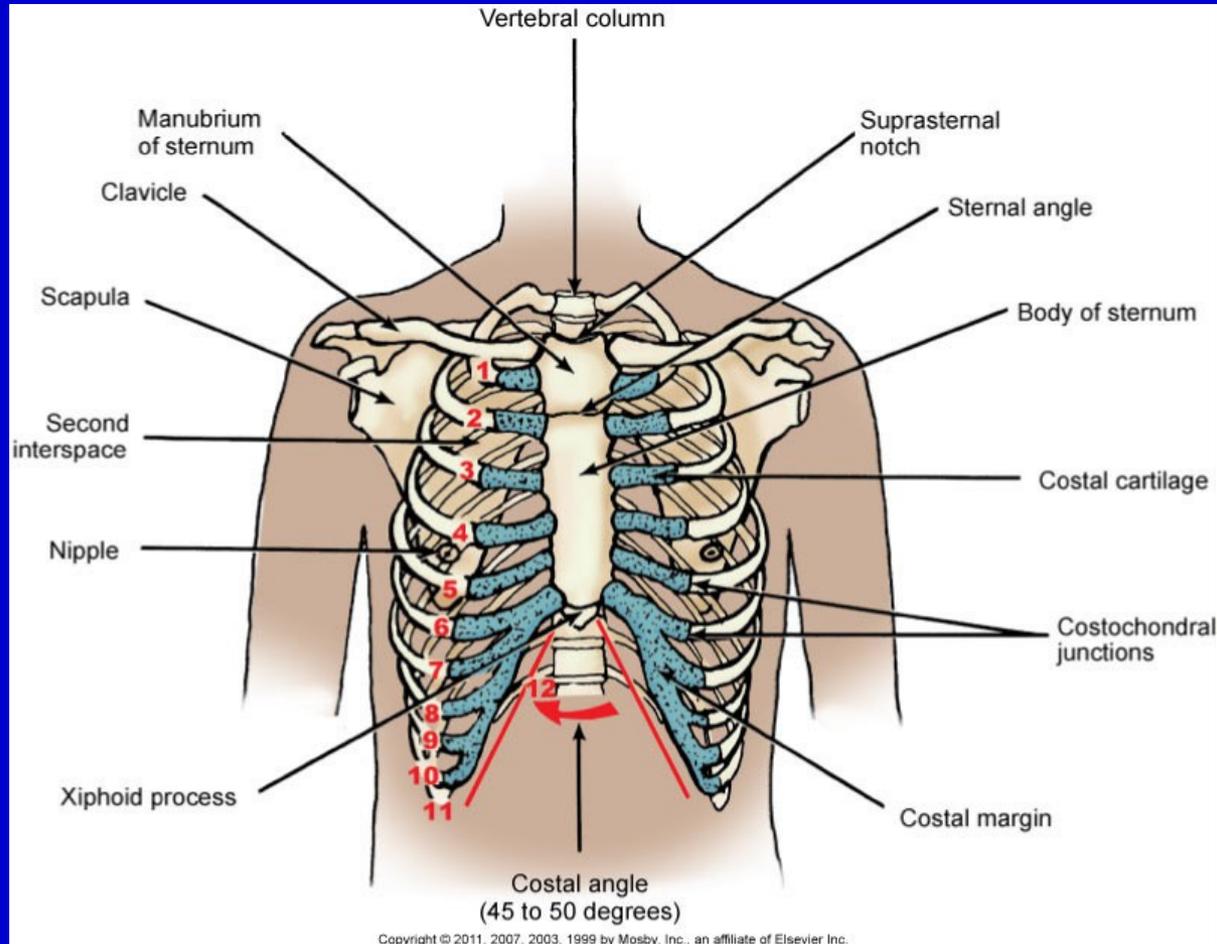
# Mouth Exam



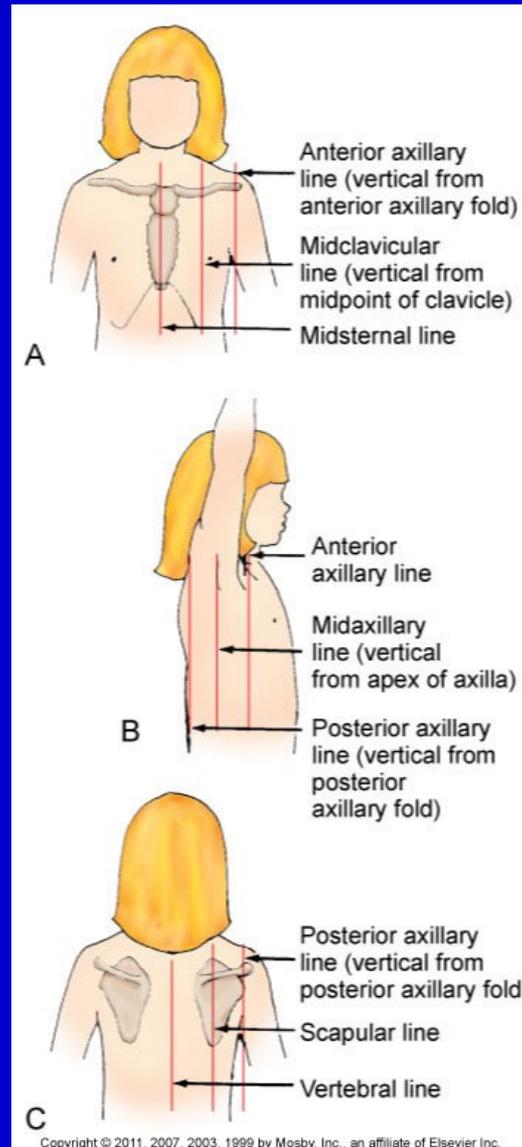
# Physical Assessment—cont'd

- Chest
- Heart
- Lungs
- Abdomen
- Genitalia
- Back and extremities
- Neurologic assessment

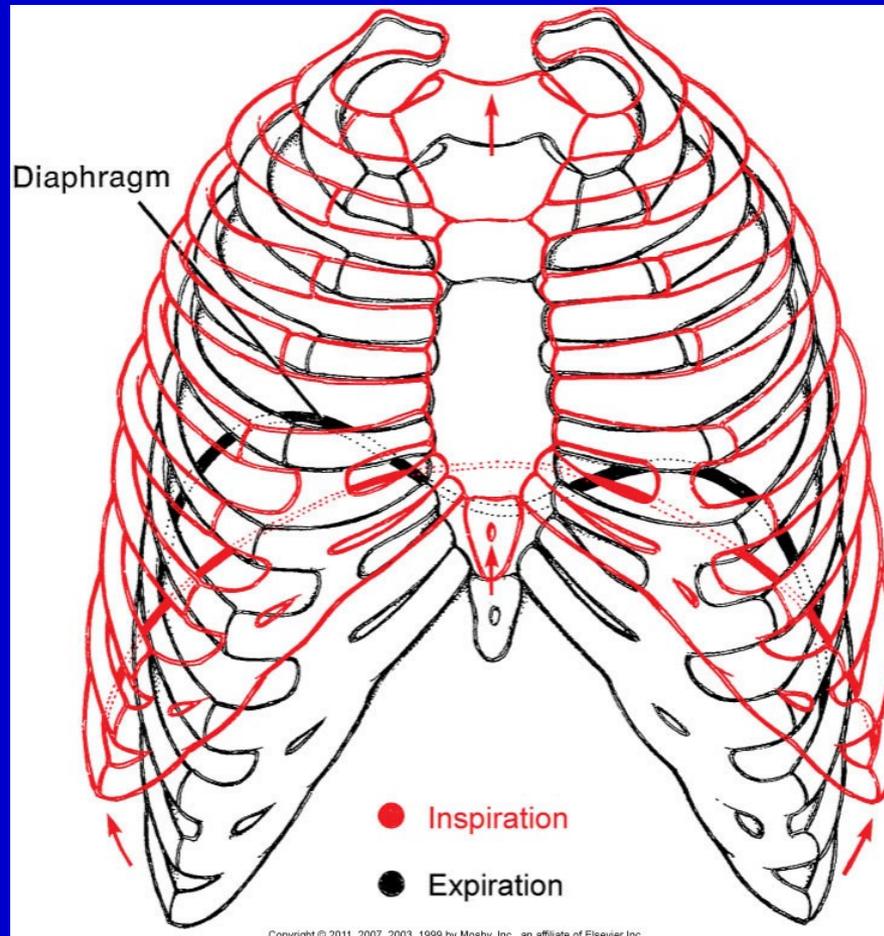
# Ribs



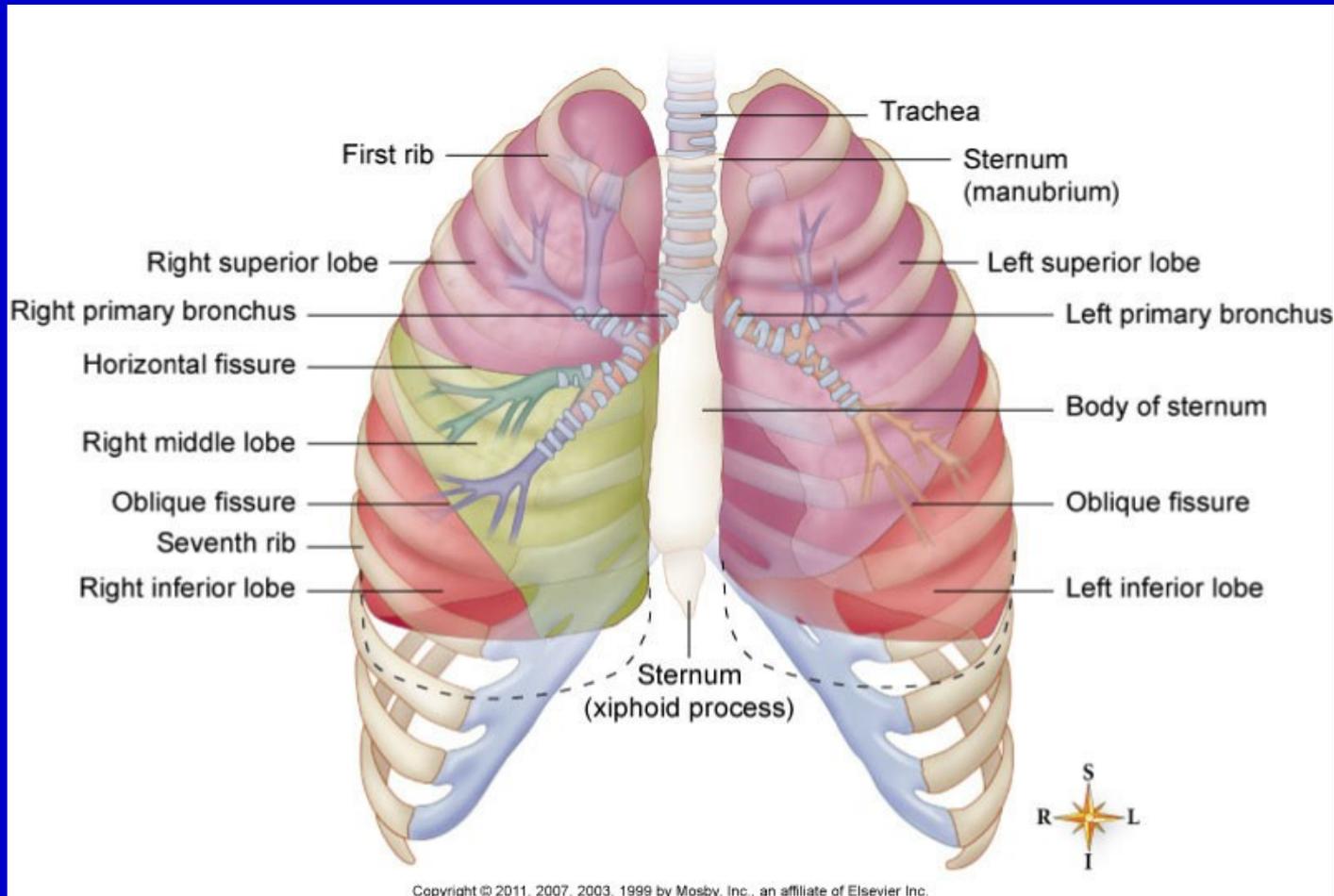
# Chest Landmarks



# Chest Movement with Respiration

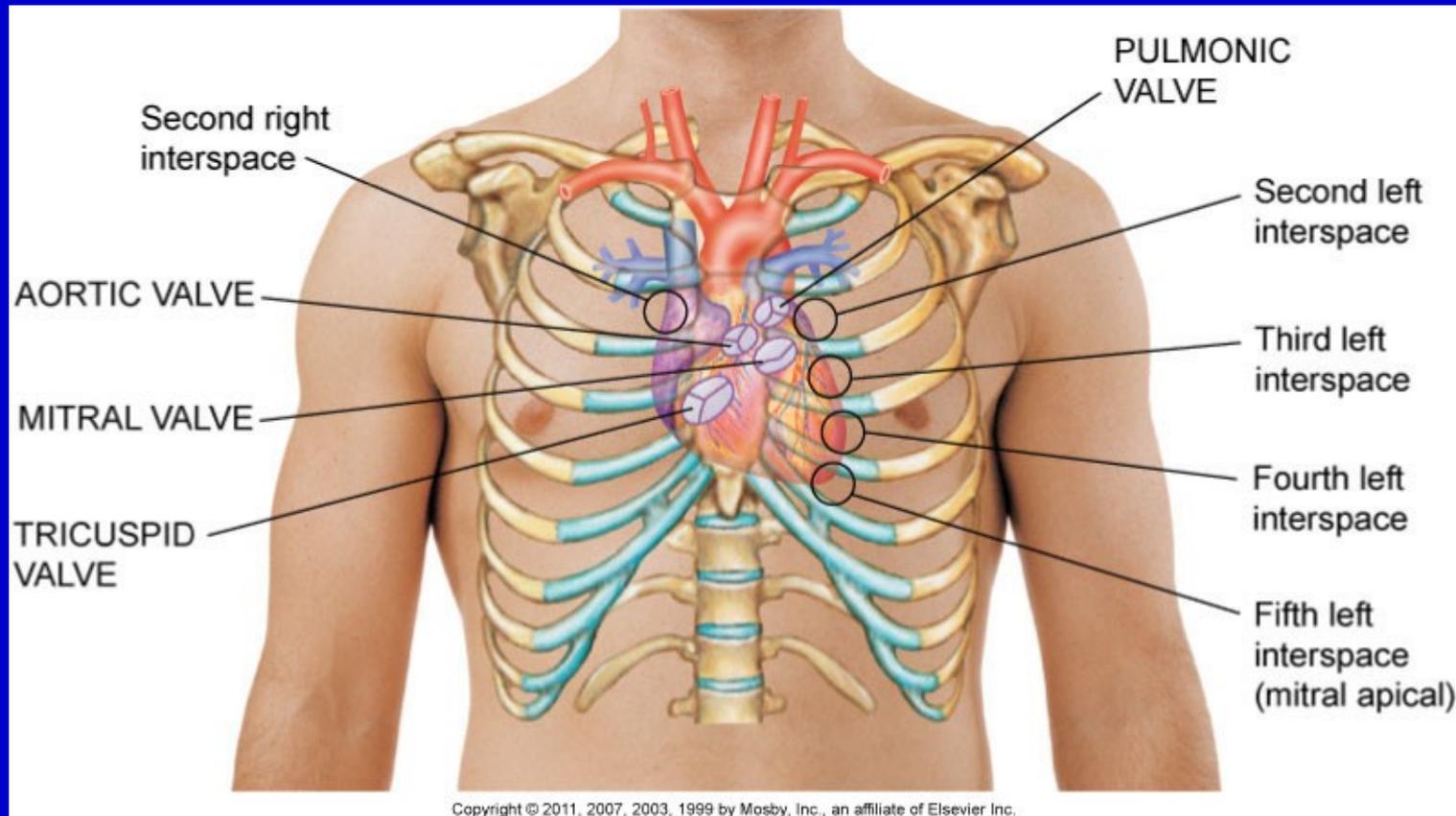


# Lobes of Lung

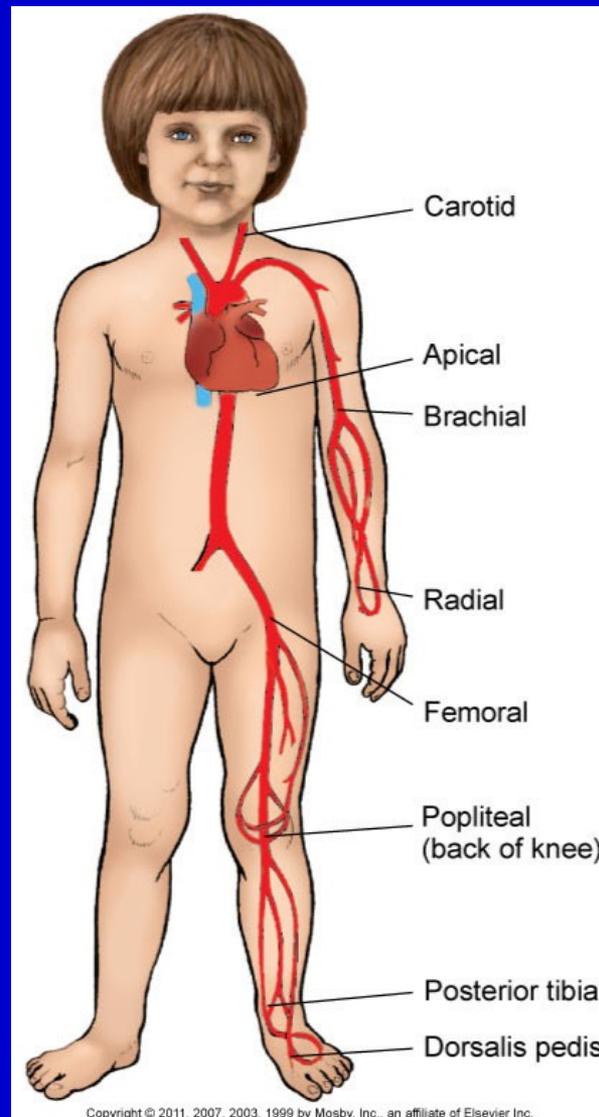


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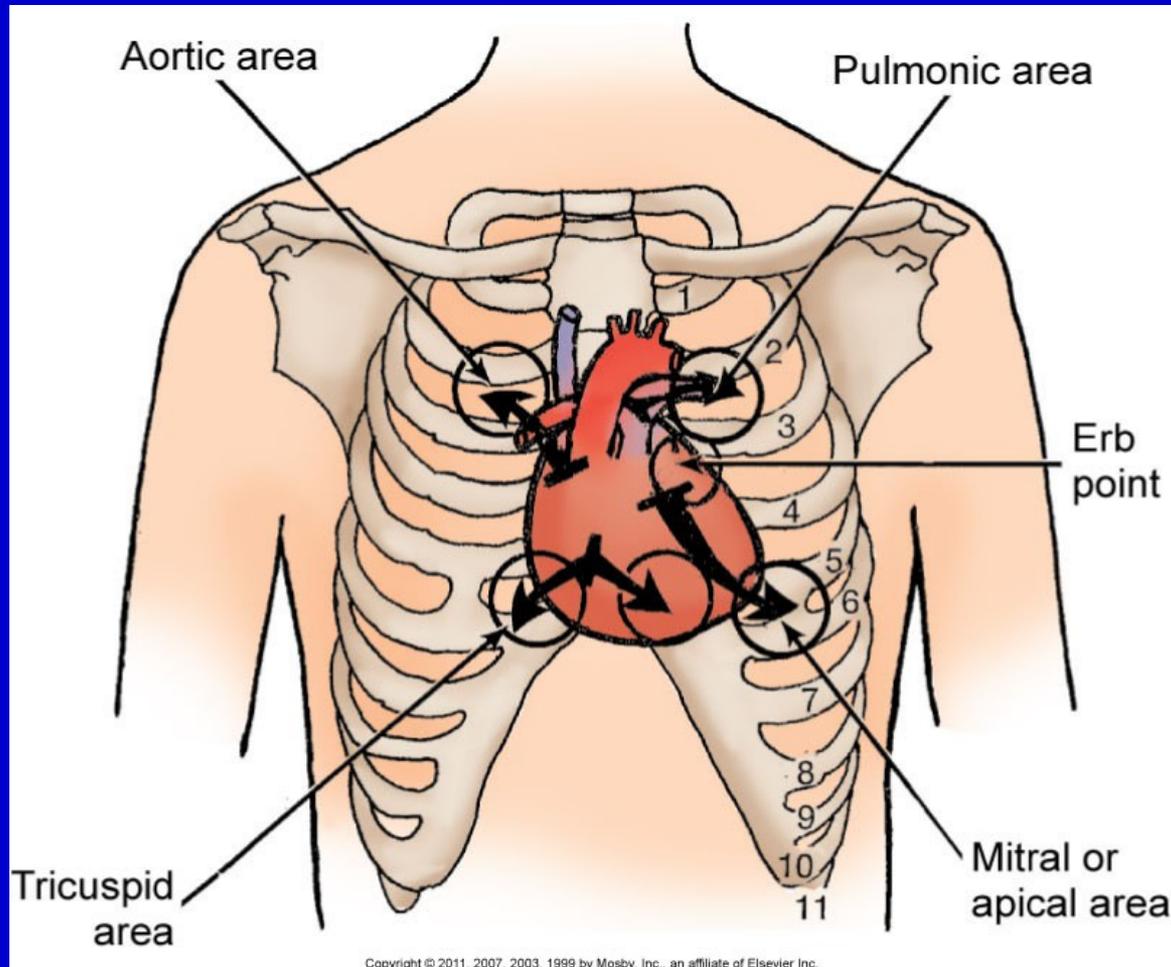
# Heart Position



# Pulse Locations



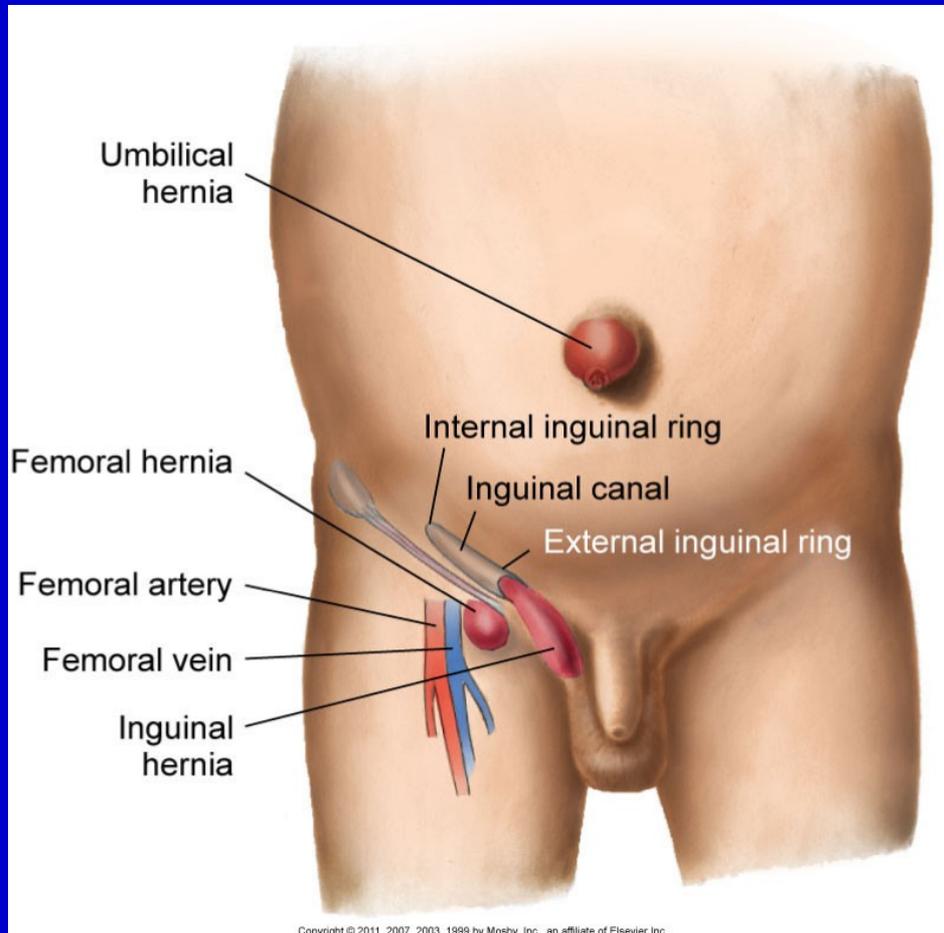
# Heart Auscultation



# Abdomen

- Inspection
- Auscultation
- Palpation
- Percussion

# Hernias

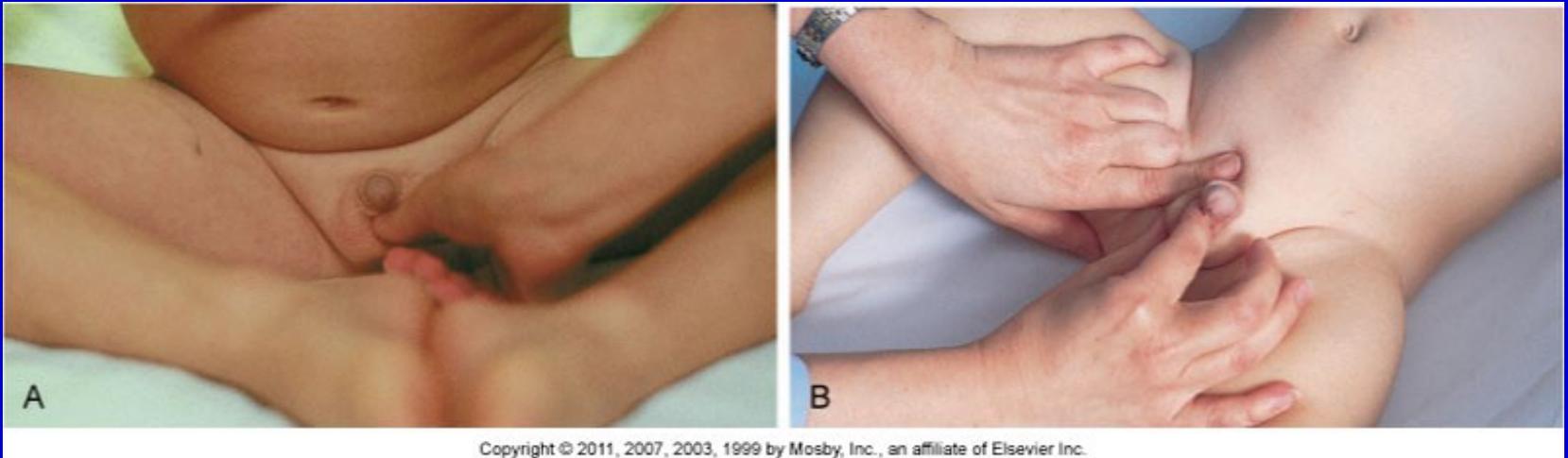


# Palpating Femoral Pulses



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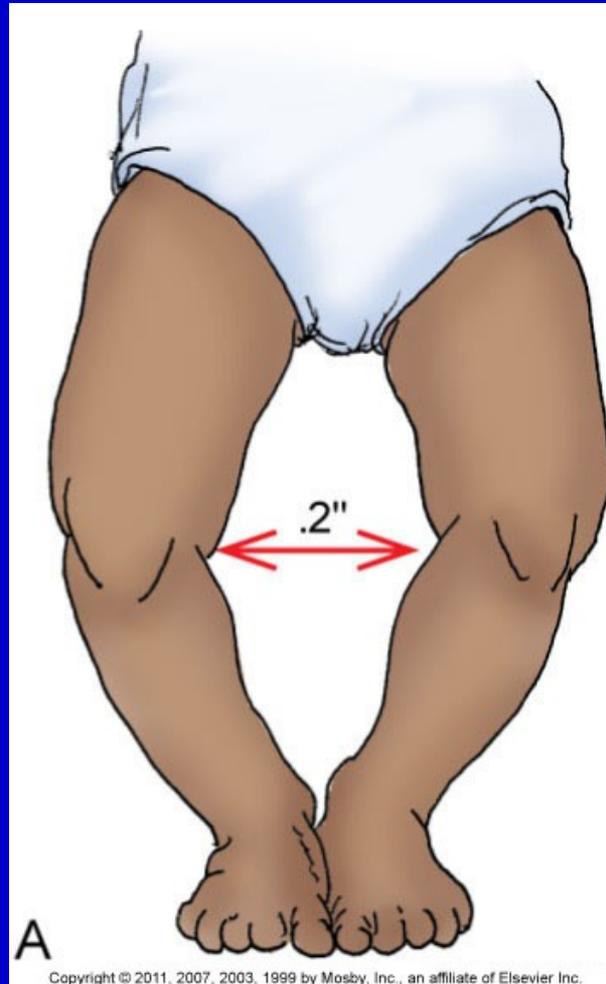
# Palpating Scrotum



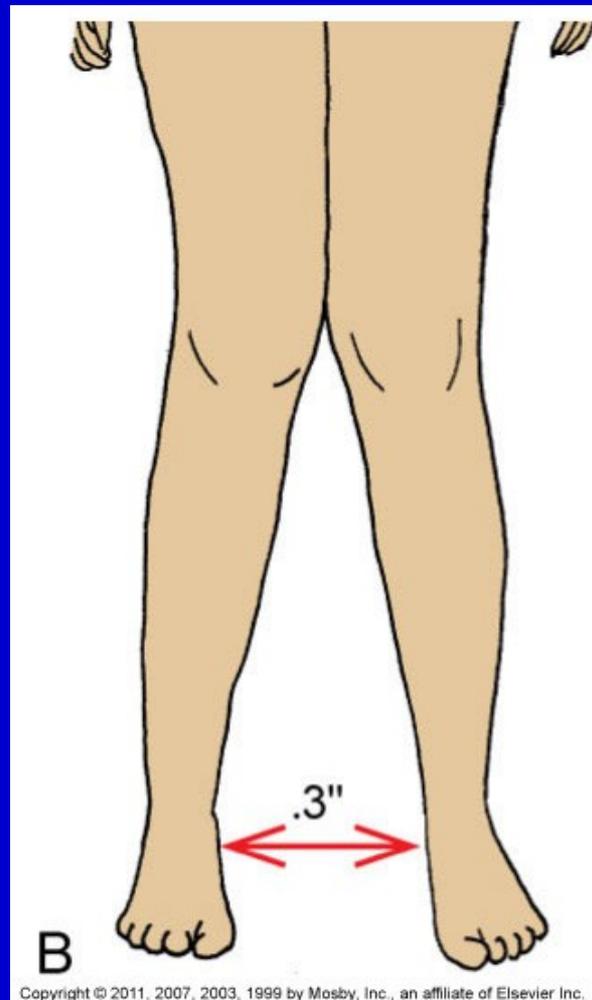
# Extremities

- Inspection
- Function
- Gait

# “Bowleg”: Genu Varum



# “Knock-Knee”: Genu Valgum



# Biceps Reflex



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# Triceps Reflex



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# Patellar Reflex



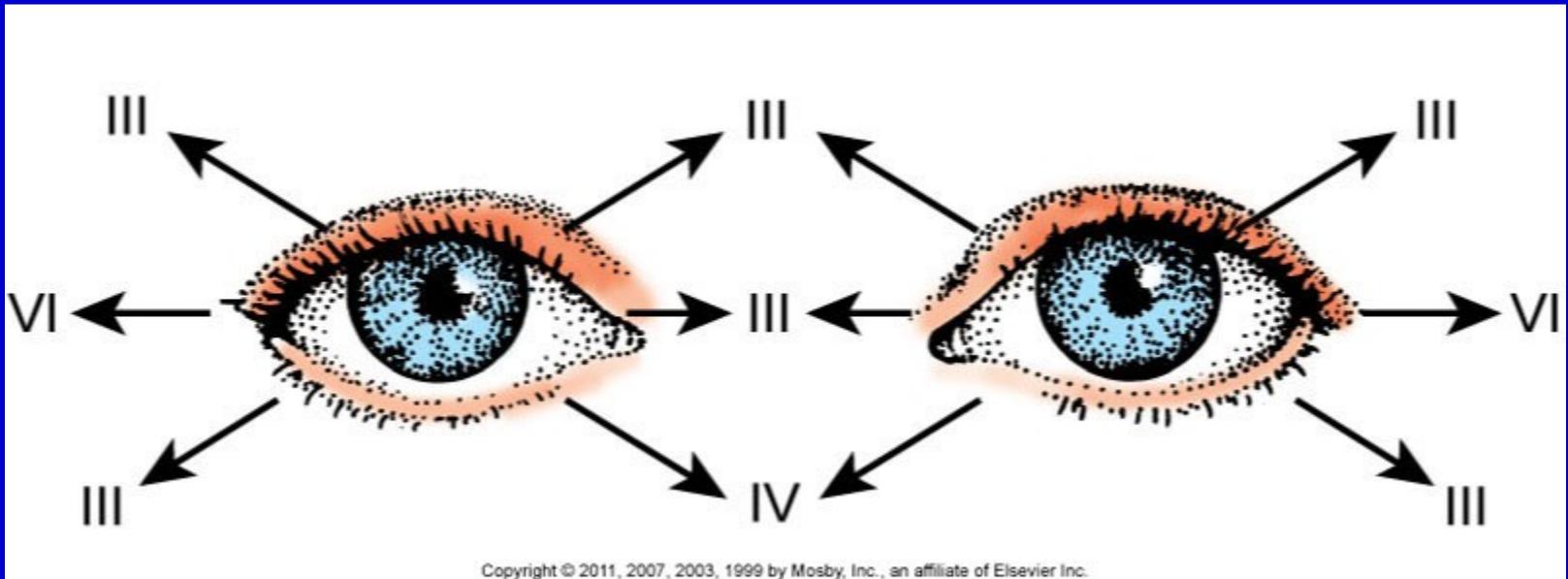
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# Achilles Reflex



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# Gaze Position



# Neurologic Assessment

- Motor
- Sensory
- Cerebellar function and cranial nerves
- Behavior