

## Pediatrics ATI proctored exam remediation

### Management of care

#### **1. Establishing priorities**

- As a nurse it is important to establish priorities. For example, if a child is having trouble breathing versus a child who is experiencing a headache, you would assess the patient who is having trouble breathing first.
- When establishing priorities, ABC's (airway, breathing, and circulation) is important when assessing patients.
- As a nurse, it is important to know normal levels of labs and patient presentation to be able to establish priorities.

### Safety and infection control

#### **1. Accident/Error/Injury Prevention**

- Accidents can be prevented, especially in the pediatric population. For example, to prevent choking, you should avoid giving a toddler hot dogs.
- As a nurse, we can teach the parents how to perform CPR in case their child starts choking.
- New parents should place their child's car seat facing backwards in the back seat of the car.

### Health promotion and maintenance

#### **1. Aging process (adolescents 1-3 years old)**

- It is important for the nurse to know physical and cognitive development of children. During ages 1-3 (toddler stage) the anterior fontanel will be closed by 18 months. If the fontanel is not closed, this could indicate a health issue.
- Promoting health also means administering vaccines (with proper consent).
- Nurses can use alternative measures when performing nursing interventions like role play or "playing a game" with the toddler. For example, if the child is getting a cast put on, they can put a cast on their doll to help relieve anxiety/fear of the toddler.

#### **2. Developmental Stages and Transitions**

- When a baby is born, certain reflexes are present. Some of these reflexes are supposed to disappear (if they are developing properly).
- The Babinski reflex (which is when you stroke the child's foot and the toes fan out) disappears at 9 months to 1 year. If this reflex were present after 1 year, this could indicate a problem that would need to be presented to the provider.
- Red flags include the child not responding to loud noises, does not focus on loud noises, does not make sounds or babble by four months, does not turn to sound, and does not track or respond to light.

### Psychosocial integrity

#### **1. Family dynamics**

- As a nurse, it is important to use therapeutic communication.

- Therapeutic communication can mean more than just correct responses. Looking the patient in the eyes and active listening is a part of therapeutic communication.
- Asking open ended questions can help the patient and the patients family open up and feel like they can be honest.

### **Basic care and comfort**

#### **1. Mobility/immobility**

- When a child is in a Pavlik harness, it is important to teach the caregivers not to adjust the harness.
- The caregivers need to monitor the child's skin for redness or breakdown. Try to keep the harness always dry. The harness can not be removed for any reason (like baths).
- The child's severity of dysplasia will determine how long they wear the harness. The provider should be the only one to adjust the straps.

#### **2. Nutrition and oral hydration**

- After a child has a tonsillectomy, they should eat soft foods like yogurt, mashed potatoes, ice cream, and popsicles. It is also important that they do not eat anything red (like a red cherry popsicle) because if they throw up, the parents/provider might think that it is blood.
- A child with a cleft palate needs to be fed in small, frequent feedings. The child would need to be sat up after/during feedings.
- When a child has rotavirus, it is important to keep providing fluids to prevent dehydration. The child can also eat bland foods like crackers or oatmeal.

### **Pharmacological and parenteral therapies**

#### **1. Medication administration**

- The MMR (measles, mumps, rubella) vaccine is typically given at 12-15 months of age and then again around 4-6 years of age.
- You should not give a child the MMR vaccine if they are immunocompromised (just had an infection), If they have had an allergic reaction, or if they are pregnant.
- The MMR vaccine is typically given subcutaneously.

#### **2. Parenteral/Intravenous Therapies**

- If a child has a bacterial infection, antibiotics will need to be given.
- The IV will be placed in the hand, foot, or arm.
- If a child has an infection (like bacterial meningitis) they would need to be admitted into the hospital for antibiotic treatment.

### **Reduction for risk potential**

#### **1. Diagnostic tests**

- When collecting a urine specimen on a child, it needs to be sterile (as sterile as it can be). The urine collection bag or cup needs to be placed under the urethra.
- Performing any diagnostic tests in a child can be difficult. Using distraction techniques can be helpful in keeping the child calm.
- In a newborn, the urine specimen bag will be placed on the child's urethra.

#### **2. Laboratory values**

- A patient with rheumatic fever would have a high ESR, an elevated CRP, and an elevated ASO.
  - If rheumatic fever were suspected in a child, a throat culture would be performed.
  - A patient with rheumatic fever may have anemia and an elevated WBC count.
- 3. System specific assessments**
- The trigeminal nerve is responsible for the sensations of the face. It is responsible for “mouthwatering” and other sensations.
  - The accessory nerve is responsible for certain neck/head movements. It is responsible for movements like shrugging shoulders.
  - If any of the cranial nerves are not functioning properly, the child would have symptoms like not being able to move certain parts of the head/face.

### Physiological adaptation

**1. Alterations in body systems**

- When caring for a child following a tonsillectomy, an ice collar may be used to treat pain. A low-grade fever may be treated with Tylenol. Excessive swallowing can indicate hemorrhage.
- The child who has a tonsillectomy will be in pain for up to 10 days. The child should not be given sharp foods like Doritos. Soft foods.
- Patent ductus arteriosus is located between the aorta and the pulmonary artery.

**2. Illness management**

- Dyspnea, drooling, and hyperpyrexia is a sign of epiglottitis. If a child has epiglottitis, IV fluids, IV antibiotics, and steroids would be given. Do not try to intubate.
- Acute Otitis media signs and symptoms: crying, irritability, ear pain, pulling on ears, headache, fever, fluid draining from ears, and irritability.
- Management of ear infections includes fluids, antibiotics, and pain medication.

**3. Medical emergencies**

- If the patient shows signs of an infection after an appendectomy (fever, drainage, pus from incision site) this needs to be reported to the provider.
- If the patient has increasing pain after an appendectomy, this needs to be reported to the provider.
- After opioids or other medications are given, the patient's respiratory status needs to be monitored.

**4. Unexpected response to therapies**

- When treating a patient who has oral ulcers their mouth needs to be rinsed with water or water with baking soda, applying ice in the mouth, or using topical pastes.
- The patient needs to avoid hard brushing, acidic foods, and products that contain alcohol.
- Frequent oral care needs to be provided. This could include oral swabs.