Courtney Singleton N433 RN Nursing Care of Children 2019 Remediation

Main Category: Management of Care
Subcategory: Case Management
Topic: Hematologic Disorders: Immunizations for a Client Who Has Sickle Cell Anemia • Pneumococcal conjugate vaccine • Meningococcal vaccine • Haemophilus influenzae type B Vaccine
Subcategory: Establishing Priorities
Topic: Pediatric Emergencies: Caring for a School-Age Child Who is Experiencing Anaphylaxis • Check for allergies to iodine and shellfish • Provide age-appropriate teaching • Obtain baseline vital signs, including oxygen saturation

Main Category: Safety and Infection Control
Subcategory: Use of Restraints/Safety Devices
Topic: Safe Administration of Medication: Restraining Methods for an Infant • For optic medications apply light pressure to the lacrimal conjunctiva of the eye for 1 min to prevent unpleasant taste • Play games with younger children • Reward small children with a prize or sticker afterwards
Subcategory: Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
Topic: Professional Responsibilities: Caring for a Child Who Has Pertussis • Advocacy is one of the most important roles of the nurse, especially when clients are unable to speak or act for themselves • Nurses must act as advocates even when they disagree with clients decisions • The complex health care system puts clients in a vulnerable position. Nurses are clients' voice when the system is not acting in their best interest.

Main Category: Health Promotion and Maintenance
Subcategory: Development Stages and Transitions
Topic: Health Promotion of Adolescents (12 to 20) years: Expected Developmental Changes During Early Adolescence • Acne can appear during adolescence • Breast development in females • The final 20% to 25 % of height is achieved during puberty **Topic: Health Promotion of Toddlers (1 to 3 years): Reportable Findings** • Fine motor skills to be reported at 15months of age if not using a cup well or building a tower of two blocks • If at 3 years the child is not combining several words to create simple sentences using grammatical rules • At 2 years if the concepts of object permanence does not become fully developed

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Main Category: Psychosocial Integrity

Subcategory: Grief and Loss

Topic: Death and Dying: Age-Appropriate Response to Death

- Birth to 3 yrs-have little to no concept of death n
- 3 to 6 years- preschool children death can feel as death is a punishment and feel guilt or shame
- School age children start to respond to logical or factual explanations-like death is inevitable, irreversible or universal.

Main Category: Basic Care and Comfort

Subcategory: Nutrition and Oral Hydration

Topic: Acute Infectious Gastrointestinal Disorders: Caring for a Child Who Has Rotavirus

- Viral infection and most common cause of diarrhea in children younger than 5
- Onset of watery stools-keep child clean and dry
- Vomiting for approximately 2 day-keep child hydrated

Topic: Complications of Infants: Teaching about Meal Planning for a Toddler Who Has Phenylketonuria

- Initiate dietary restrictions as soon as PKU is diagnosed, or within 7 to 10 days of birth
- Monitor phenylalanine level
- Intake should be 20 to 30 mg phenylalanine per kilogram of body weight per day.

Subcategory: Rest and Sleep

Topic: Health Promotion of the Preschoolers (3 to 6 Years): Teaching About Home Interventions for Night Terrors

- Keep a consistent bedtime routine
- Reassure preschoolers who are frightened, but avoid allowing preschoolers to sleep with their parents
- Leave a drink of water by the bed

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Medication Administration

Topic: Cardiovascular Disorders: Evaluation Parent Understanding of Digoxin Administration

- Improves myocardial contractility
- Monitor for toxicity as evidenced by bradycardia, dysrhythmias, nausea, vomiting, or anorexia
- Therapeutic blood levels can vary between conditions and clients. Consider manifestations and digoxin level when toxicity is suspected

Topic: Immunizations: Contraindications for Receiving the Measles, Mumps and Rubella Vaccine

- Pregnancy
- Immunodeficiency
- Obtain informed consent from the client’s legal guardian prior to administration

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Main Category: Reduction of Risk Potential
Subcategory: Changes/Abnormalities in Vital Signs
Topic: Physical Assessment Findings: Identifying Reportable Findings • Infant pulse rate over 160/min • Age, height, and sex all influence blood pressure readings • Normal if the child uses speech, language, and motor skills spontaneously
Subcategory: Diagnostic Tests
Topic: Acute Neurologic Disorders: Positioning for Lumbar Puncture • Void prior to the procedure • Place the client in the side-lying position with the head flexed and knees drawn up toward the chest, and assist in maintaining the position. Use distraction methods as necessary. • Monitor the site for bleeding, hematoma, or infection
Subcategory: Potential for Complications of Diagnostic Tests/Treatments/Procedures
Topic: Oxygen and Inhalation Therapy: Performing Tracheostomy Care • Perform hand hygiene, provide privacy, and explain the procedure to the child • Don required personal protective equipment. • Ask for assistance if necessary

Subcategory: Therapeutic Procedures
Topic: Complications of Infants: Creating a Plan of Care for a Toddler Who is Recovering Following a Routine Surgical Procedure • Assess neurologic status • Obtain accurate measurements of output • Monitor vital signs **Topic: Musculoskeletal Congenital Disorders: Teaching a Guardian About a Pavlik Harness** • Maintain harness placement for up to 12 weeks • Do not adjust the straps • Check straps every 1 to 2 weeks for adjustment

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Main Category: Physiological Adaptation

Subcategory: Fluid and Electrolyte Imbalances

Topic: Acute Infectious Gastrointestinal Disorders: Expected Findings of Gastroenteritis

- Assess for manifestations of dehydration
- Reports of fatigue, malaise and change in behavior
- Change in stool pattern, poor appetite, weight loss and pain.

Subcategory: Alterations in Body System

Topic: Acute and Infection Respiratory Illnesses: Caring for a Child Following a Tonsillectomy

- Place in position to facilitate drainage
- Access the airway and vital signs
- Administer liquid analgesics or tetracaine

Topic: Cardiovascular Disorders: Identifying the Location of a Patent Ductus Arteriosus

- A condition in which the normal fetal circulation conduit between the pulmonary artery and the aorta fails to close and results in increased pulmonary blood flow (left-to-right shunt)
- Wide pulse pressure
- Bounding Pulses

Subcategory: Illness Management

Topic: Blood Neoplasms: Identifying Effective Treatment for a Child Who Has Acute Lymphoblastic Leukemia

- Chemotherapy is administered in different phases.
- The use of steroid treatment can cause moon face and changes in skin and mood.
- Notify the treatment team immediately if the child develops a fever.

Topic: Communicable Diseases: Varicella Management

- Spread via direct contact, droplet (airborne) or contaminated objects
- Incubation period is 2 to 3 wks, usually 14 to 16 days
- Communicable for 1 to 2 days before lesions appear and until all lesions have formed crusts

Topic: HIV/AIDS: Evaluating Parent Understanding

- Consume appropriate nutrition to meet nutritional needs
- Discuss with adolescents the various routes of HIV transmission, including sexual transmission and IV substance use. Ensure the adolescent understands safe sex practices
- This illness is chronic and there is a need for lifelong medication administration

Subcategory: Medical Emergencies

Topic: Burns: Findings to Report for a Toddler Who Has a Full-Thickness Burn

- The child should keep the extremity elevated
- Report evidence of infection
- Administer analgesics

Main Category: Clinical Judgment

Subcategory: Take Actions

Topic: Dermatitis and Acne: Planning Discharge Instructions for the Guardian of a Toddler

- Practice proper hand hygiene.
- Change diapers frequently.
- Wear long sleeves and pants when there is a risk of possible exposure to irritants.

Topic: Hematologic Disorder: Planning Care for an Adolescent Who is Experiencing a Vaso-Occlusive Crisis

- Promote rest to decrease oxygen consumption
- Administer oxygen as prescribed if hypoxia is present
- Administer blood products, usually packed RBCs, and exchange transfusion per facility protocol. Observe for manifestations of hypervolemia and transfusion reaction.