N433 - Developmental Observation Debriefing Journal

1. What age groups did you observe today? Which of Erikson's stages does this age group fit in? Give two (2) examples of behaviors would you expect from this age group. What behaviors did you observe?

   At the YMCA today, I observed multiple groups of children, though I primarily spent time with a group of five- and six-year-olds. Based on information derived from Taylor et al.'s (2019) textbook, children aged four to six fit within Erikson's initiative versus guilt stage. In this stage, children have gained confidence during the toddler years and begin using this confidence to explore new ways of learning—hence, initiative. If the child's learning is deemed inappropriate by an adult who then reprimands the child, that child will be more hesitant to continue learning out of a sense of not wishing to do wrong—guilt. Thus, children in this stage should attempt to lead themselves in new activities, such as starting a game or going exploring (Taylor et al., 2019). The children at the YMCA displayed behaviors consistent with this theory, with specific examples including children playing their own games of hopscotch and walking around while observing animals in the trees.

2. Which of Piaget's stages does this age group fit in? Give two (2) examples of behaviors would you expect from this age group. What behaviors did you observe? Give two (2) examples of vocalization of this age group.

   Based on information derived from Taylor et al.'s (2019) textbook, children aged two/three to six/seven fall within the preoperational stage. Children in this stage utilize play in order to develop an understanding of things they observe as well as relationships with other people (Taylor et al., 2019). An example of this concept is the roleplaying game commonly referred to as "house." Children playing this game learn about relationships by exploring how interactions differ among specific relationships, increasing their knowledge of the real world. Another example is children using different colors of chalk to understand mixing two or more colors to form new colors. Both of these behaviors were present in the children I spent my time with at the YMCA today.

   The children I spent time with mostly told funny, bathroom-related stories. One specific example of the literal potty humor was a six-year-old girl saying, "I was trying to go poop and my dog opened the bathroom door with his nose! He probably thought my poop was food!" This child told me this story and then continued coloring with her chalk as if it were standard conversation to discuss pets eating their owners' poop.
   A non-bathroom example of vocalization was a six-year-old's discussion of Minecraft on the Switch. He stated, "I am so freaking excited to go home and play Minecraft" due to the latest major update to the game involving the addition of "those pretty pink leaf trees" (cherry blossoms) to the game. I could relate to him on this, as this long-awaited feature is part of an overall exciting update.

3. What are some potential health risks (short-term and/or long-term) for the children you observed today?

A short-term risk (that would theoretically become long-term) that I observed today was a child chewing on a rubber band. Multiple camp counselors asked him what he was chewing but opted not to keep asking when he refused to answer. When Malea and I sat down, we watched the child accidentally spit the rubber band onto the ground before picking it up again to keep chewing. Malea finally managed to get him to quit chewing on it. This poses a short-term risk as a choking hazard. In the most literal sense, death would be a long-term risk of chewing the rubber band. Another long-term health risk is a child with insufficient hygiene and unwashed clothing – which was particularly true for one child. This puts that child at risk for illnesses as well as social difficulties, both of which may have long-term effects on the child's health.

4. Choose one of the health risks identified in the above question and develop a plan of care to address this. Include a Nursing diagnosis, a measurable goal (SMART), and at least three nursing interventions to achieve this goal.

    a. Nursing diagnosis: Risk for suffocation related to small object in airway as evidenced by mastication of rubber band in oral cavity.
    b. Measurable Goal: The child will no longer chew on the rubber band immediately and not be seen chewing on any rubber band for the remainder of the clinical experience.
    c. Intervention 1: Reason with child on risks of suffocation to encourage him to remove the rubber band from his mouth.
    d. Intervention 2: Educate patient and caregivers on safety measures to prevent suffocation (specifically, not leaving small objects in reach nor placing them into the oral cavity)
    e. Intervention 3: Continue to monitor for signs of additional chewing and airway obstruction.

    The above plan of care was formulated with Phelps's (2020) manual.

5. How will the knowledge gained during this observation influence your nursing practice?

    The main thing that stuck out to me was the child chewing on a rubber band. When asked where he found this rubber band, he stated that he saw it sitting on a table in one of the recreation rooms and decided to take it. He states that one of the camp counselors asked if he'd seen the rubber band but didn't ask if he took it, so he kept it. This is an example of why it is important that nurses put away extra supplies and throw away trash rather than allowing these objects to sit in a patient care area.

    When I draw blood in the ER, the tourniquets I use come wrapped in a small rubber band that is easy to lose. I often lose these and typically do not continue looking if I cannot initially find it—promising myself that I will look for it when I clean the room after the patient is discharged. Although I can trust that most older children and adults are not going to pick up anything from a hospital floor and place it into their mouths, it is important to remember that younger children may do so without giving a second thought.

Thus, from this point forward, I will be extra careful to find any lost rubber bands. Despite having worked with choking individuals in the ER before, the thought of a pediatric patient choking on the small objects we leave in rooms has rarely crossed my mind because my pediatric patients tend to be either newborns or eleven/twelve-year-olds. Neither of these groups is typically closely monitored for choking on randomly discovered rubber bands. However, this could easily change and evolve into a tragic situation, which became more evident today when I witnessed this happening in this child. This is something I will be more considerate of going forward.

References

Phelps, L. L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

Taylor, C., Lynn, P., & Bartlett, J. L. (2019). *Fundamentals of nursing: The art and science of person-centered care* (9th ed.). Wolters Kluwer.