

N433 Infant, Child, and Adolescent Health  
Proctored ATI Remediation Template

Student Name: Rancey Rouse

Assessment Name: RN Nursing of children 2019

Semester: 3<sup>rd</sup>

**Main Category: Management of Care**

**Subcategory: Case management**

**Topic:** Hematologic Disorders: Immunizations for a Client Who Has Sickle Cell Anemia

- To treat and prevent infection in patients with sickle cell anemia, administer antibiotics, perform frequent hand hygiene, and give oral prophylactic penicillin.
- Administer pneumococcal, meningococcal, and Haemophilus influenzae type B vaccine to help prevent infections.
- Educate on the importance of vaccinations and practicing good hygiene and avoiding contact with sick individuals such as those with a cold, infection, or virus.

**Subcategory: Collaboration with Interdisciplinary Team**

**Topic:** Cystic Fibrosis: Reportable Finding

- Observe and teach parents to report signs of infection.
- If suspecting or chest x-ray shows atelectasis and assist with breathing exercises.
- Frequently monitor blood glucose and report abnormal findings to provider, could be a new onset of diabetes.

**Subcategory: Establishing Priorities**

**Topic:** Acute and Infectious Respiratory Illnesses: Prioritizing Care

- Maintain airway and make sure emergency equipment is available and accessible for these patients while closely monitoring.
- Position the child with the head of bed elevated to decrease respiratory distress and provide optimal ventilation.
- Administer fluids and electrolytes to maintain hydration status.

**Main Category: Safety and Infection Control**

**Subcategory: Accident/Error/Injury prevention**

**Topic:** Health Promotion of School-Age Children (6 to 12 Years): Teaching About Bicycle Safety

- Educate and teach children and parents the importance of helmets while bicycling.
- Wear bright colors especially at night to be able to be easily seen.
- Both feet should be able to be placed flat on the ground when sitting on the bicycle.

**Main Category: Health Promotion and Maintenance**

**Subcategory: Aging Process**

**Topic:** Health Promotion of Toddlers (1 to 3 Years): Evaluating Parent Understanding About Sun Protection

- Toddlers need sunscreen when outside, spf 30 or greater is recommended, and waterproof if needed.
- Children need to reapply sunscreen as directed, usually every 2 hours.
- A broad spectrum sunscreen is recommended to cover UVB and UVA.

**Subcategory: Developmental stages and transitions**

**Topic:** Hospitalization, Illness, and Play: Preparing a School-Age Child for an Invasive Procedure

- The nurse should prepare the school age child for an invasive procedure by providing factual information to the child in non-medical terms that are easily understood.
- Encourage the child to express their feelings.
- Try to keep the child on their normal routine as best as possible, especially needing time to have schoolwork done and contact with peers.

**Subcategory: Health promotion/disease prevention**

**Topic:** Health Promotion of School-Age Children (6 to 12 Years): Planning to Administer Immunizations

- A yearly influenza vaccine is recommended whether it is inactivated or live, or the attenuated nasal spray.
- Between 11-12 years old the tDap, HPV, and meningococcal vaccine is given.
- Children should receive DTaP, inactivated poliovirus, MMR, and varicella by the age of 6 years old if they did not receive between 4-5 yrs old.

### Main Category: Basic Care and Comfort

#### Subcategory: Nutrition and oral hydration

**Topic:** Acute and Infectious Respiratory Illnesses: Dietary Choices Following a Tonsillectomy

- The patient must be NPO until a gag reflex returns.
- Clear liquids and fluids are the first step in diet post-operative then advancing to soft, bland foods as tolerated.
- No red colored liquids, citrus juice, milk based foods, or hard/sharp foods.

### Main Category: Pharmacological and Parenteral Therapies

#### Subcategory: Expected Actions/outcomes

**Topic:** Cardiovascular Disorders: Evaluating the Effectiveness of Furosemide

- The nurse needs to monitor the intake and output while taking furosemide to help assess effectiveness.
- Monitoring weight daily will help identify effectiveness of getting rid of the body's excess fluid and sodium.
- Monitor for adverse effects such as nausea, vomiting, dizziness, and hypokalemia.

#### Subcategory: Medication Administration

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

- Pregnancy and immunodeficiency is contraindicated for an MMR vaccine.
- If the patient has a history of thrombocytopenic purpura or a blood transfusion within the last 3 months this causes cautions for the administration of MMR vaccine and may lead to contraindications.
- Allergy to eggs, gelatin, or neomycin is contraindicated for an MMR vaccine, especially an anaphylactic reaction.

#### Subcategory: Parenteral/intravenous therapies

**Topic:** Intravenous Therapy: Planning Antibiotic Therapy for an Infant

- A 22–24-gauge intravenous catheter should be used for children or those with smaller veins.
- Assess for previous allergic reactions to any medications.
- A smaller tourniquet is needed to be sure not to apply too much pressure and try to limit the duration of use.

### Main Category: Reduction of Risk Potential

#### Subcategory: Changes/ Abnormalities in Vital signs

**Topic:** Physical Assessment Findings: Reportable Vital Signs

- A newborn's normal heart rate is 110-160 beats per minute, if over 20 beats outside the normal range the nurse should notify provider.
- If an adolescent has under 16 breaths per minute this causes caution and if oxygen saturation is decreasing, a report to the provider is needed.
- Any fever over 102 degrees in infants that is not managed needs to be reported to the provider for assessment.

#### Subcategory: Diagnostic Tests

**Topic:** Assessment and Management of Newborn Complications: Urine Specimen Collection

- If using a collection bag for urine, a mild skin rash could develop from the adhesive.
- Feeding, bladder stimulation and massage can encourage the passage of urine in infants for collection.

- If urine output is less than 1ml/kg/hr this can indicate dehydration.

### Subcategory: System Specific Assessments

**Topic:** Physical Assessment Findings: Assessing Cranial Nerves

- To Assess the olfactory nerve, have patient identify smell through each nostril.
- To assess trochlear nerve, have the patient look down and in with the eyes.
- To assess the hypoglossal nerve, have the patient stick the tongue out and move side to side and different directions.

**Topic:** Physical Assessment Findings: Evaluation of Cranial Nerve Function

- If the spinal accessory nerve is intact the shoulders will move symmetrically against resistance.
- The patient will have an intact gag reflex if the glossopharyngeal reflex is intact.
- An intact trigeminal nerve in an infant will be demonstrated by rooting and sucking reflexes.

### Subcategory: Therapeutic procedures

**Topic:** Acute and Infectious Respiratory Illnesses: Caring for a Child Following a Tonsillectomy and Adenoidectomy

- Positioning should be so drainage can be facilitated and head of bed elevated when the child is awake.
- Assess for bleeding such as frequent swallowing of the throat, tachycardia, bright red emesis, and restlessness.
- Pain medication on a regular schedule and ice collar may be used for a short duration.

**Topic:** Nasogastric Intubation and Enteral Feedings: Administering an Enteral Feeding Through a Gastrostomy Tube

- Place in a semi fowler position if possible, to reduce the risk of aspiration, or elevate head of bed.
- Auscultate bowel sounds and monitor tube placement by checking gastric contents for pH.
- Flush the tubing with at least 30 mL of water, check expiration dates, be sure formula is room temperature.

## Main Category: Physiological Adaptation

### Subcategory: Alteration in body systems

**Topic:** Acute and Infectious Respiratory Illnesses: Postoperative Care Following a Tonsillectomy

- Assess for frequency of bleeding, airway, and vital signs.
- Educate the parents or child to notify provider if bright red bleeding occurs and to get plenty of rest.
- Nurse needs to monitor signs of hemorrhage, dehydration, and infection following a tonsillectomy and notify the provider if they occur.

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

- Patent ductus arteriosus is when the aorta fails to close resulting in increased pulmonary blood flow.
- This disorder can cause systolic murmurs, wide and bounding pulses, and heart failure.
- The patent ductus arteriosus is when the pulmonary artery and aorta is still connected and will be located in between the two near the left pulmonary artery.

**Topic:** Hematologic Disorders: Management of Sickle Cell Disease

- Schedule administration of analgesics to prevent pain, opioids may be used orally or by patient-controlled analgesia.
- Exchanged transfusions can be used to replace the patients sickle cell blood with normal blood cells.
- Provide intense hydration therapy and give oxygen if needed or prescribed.

### Subcategory: Fluid and Electrolyte Imbalances

**Topic:** Acute Infectious Gastrointestinal Disorders: Expected Findings for Severe Dehydration

- Greater than 10% weight loss indicates severe dehydration
- Severe dehydration expected findings include a capillary refill greater than 4 seconds, tachycardia present, very dry mucous membranes and hyperpnea.
- Parenteral fluid therapy will be administered as prescribed for severe dehydration and continued vomiting.

**Topic:** Acute Infectious Gastrointestinal Disorders: Expected Findings of Gastroenteritis

- Reports of fatigue, malaise, change in behavior and a change in stool pattern indicate gastroenteritis or other GI problems.

- For infectious gastroenteritis the child’s weight needs to be measured at the same time every day and the administration of IV fluids as ordered with antibiotics.
- The nurse needs to educate the child or parents to take medication as described and to report and GI disturbances.

**Subcategory: Illness Management**

**Topic:** Acute and Infectious Respiratory Illnesses: Priority Care for a Child Who Has Hyperpyrexia, Severe Dyspnea, and is Drooling

- The nurse should protect the airway and prepare for intubation.
- Continuous monitoring of the respiratory status is needed, continuous oximetry and humidified oxygen is often used.
- IV antibiotic therapy is initiated at first which will eventually be oral.

**Topic:** Acute Otitis Media: Expected Findings

- Expected findings include recent history of upper respiratory infections, changes in behavior, tugging at the ear, and fevers.
- The child may be lethargic with a bulging yellow or red tympanic membrane in acute otitis media.
- Administer pain and antipyretics as needed with antibiotics and promote comfort of the child.

**Subcategory: Medical Emergencies**

**Topic:** Anesthesia and Moderate Sedation: Findings to Report to the Provider Following an Appendectomy

- Anesthesia is used to induce loss of consciousness, amnesia, and analgesia.
- When patients are prescribed anesthesia, often they need to also have another medication for further reactions and prevention.
- Nurses must monitor respirations and airway status, blood pressure, and heart rate following surgery. For an appendectomy, the nurse must monitor frequent abdominal assessments, drain assessments if placed, pain, and bowel motility.

**Subcategory: Pathophysiology**

**Topic:** Cystic Fibrosis: Expected Findings

- Expected history for patients with cystic fibrosis may be family history, medical history of infections or growth failure, and meconium ileus at birth.
- Expected respiratory findings include cyanosis, barrel shaped chest, dyspnea, wheezing, and clubbed fingers.
- Other expected findings include failure to gain weight, delayed growth, anemia, and excess sodium and chloride in sweat or tears and saliva.

Last accessed: 7/18/2023

Time spent: 05:35:00

PROFICIENCY LEVEL

Level 1

MEAN

PERCENTILE RANK

National  
64.8%

Program  
65.7%

National  
25

Program  
23

Management of Care 3 4 n/a n/a n/a n/a **Focused Review**

Last Accessed:  
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**Case Management - (1)**

> Hematologic Disorders: Immunizations for a Client Who Has Sickle Cell Anemia (Active Learning Template - Basic Concept, RM NCC RN 11.0 Chp 21 Hematologic Disorders)

**Collaboration with Interdisciplinary Team - (1)**

> Cystic Fibrosis: Reportable Finding (Active Learning Template - System Disorder, RM NCC RN 11.0 Chp 19 Cystic Fibrosis)

**Establishing Priorities - (1)**

> Acute and Infectious Respiratory Illnesses: Prioritizing Care (Active Learning Template - System Disorder, RM NCC RN 11.0 Chp 17 Acute and Infections Respiratory Illnesses)

Safety and Infection Control 1 7 67.5% 68.2% 92 91 **Focused Review**

Last Accessed: 7/18/20

**Accident/Error/Injury Prevention - (1)**

> Health Promotion of School-Age Children (6 to 12 Years): Teaching About Bicycle Safety (Active Learning Template - Basic Concept, RM NCC RN 11.0 Chp 6 Health Promotion of School-Age Children (6 to 12 Years))

Health Promotion and Maintenance 3 5 61.7% 63.0% 29 27 **Focused Review**

Last Accessed: 7/18/20

**Aging Process - (1)**

> Health Promotion of Toddlers (1 to 3 Years): Evaluating Parent Understanding About Sun Protection (Active Learning Template - Basic Concept, RM NCC RN 11.0 Chp 4 Health Promotion of Toddlers (1 to 3 Years))

**Developmental Stages and Transitions - (1)**

> Hospitalization, Illness, and Play: Preparing a School-Age Child for an Invasive Procedure (Active Learning Template - Growth and Development, RM NCC RN 11.0 Chp 10 Hospitalization, Illness, and Play)

**Health Promotion/Disease Prevention - (1)**

> Health Promotion of School-Age Children (6 to 12 Years): Planning to Administer Immunizations (Active Learning Template - Growth and Development, RM NCC RN 11.0 Chp 6 Health Promotion of School-Age Children (6 to 12 Years))

Basic Care and Comfort 1 6 67.3% 68.5% 86 85 **Focused Review**

Last Accessed: 7/18/2023

**Nutrition and Oral Hydration - (1)**

> Acute and Infectious Respiratory Illnesses: Dietary Choices Following a Tonsillectomy (Active Learning Template - Therapeutic Procedure, RM NCC RN 11.0 Chp 17 Acute and Infections Respiratory Illnesses)

Pharmacological and Parenteral Therapies 3 6 68.0% 68.9% 30 29 **Focused Review**

Last Accessed: 7/18/2023

**Expected Actions/Outcomes - (1)**

> Cardiovascular Disorders: Evaluating the Effectiveness of Furosemide (Active Learning Template - Medication, RM NCC RN 11.0 Chp 20 Cardiovascular Disorders)

**Medication Administration - (1)**

> Immunizations: Contraindication for Receiving the Measles, Mumps, and Rubella Vaccine (Active Learning Template - Medication, RM NCC RN 11.0 Chp 35 Immunizations)

**Parenteral/Intravenous Therapies - (1)**

> Intravenous Therapy: Planning Antibiotic Therapy for an Infant (Active Learning Template - Nursing Skill, RM Fund 10.0 Chp 49 Intravenous Therapy)

Reduction of Risk Potential 6 12 63.5% 64.4% 27 25 **Focused Review**

Last Accessed: 7/18/2023

**Changes/Abnormalities in Vital Signs - (1)**

> Physical Assessment Findings: Reportable Vital Signs (Active Learning Template - Growth and Development, RM NCC RN 11.0 Chp 2 Physical Assessment Findings)

**Diagnostic Tests - (1)**

> Assessment and Management of Newborn Complications: Urine Specimen Collection (Active Learning Template - Diagnostic Procedure, RM MN RN 11.0 Chp 27 Assessment and Management of Newborn Complications)

**System Specific Assessments - (2)**

> Physical Assessment Findings: Assessing Cranial Nerves (Active Learning Template - Nursing Skill, RM NCC RN 11.0 Chp 2 Physical Assessment Findings)

> Physical Assessment Findings: Evaluation of Cranial Nerve Function (Active Learning Template - Nursing Skill, RM NCC RN 11.0 Chp 2 Physical Assessment Findings)

**Therapeutic Procedures - (2)**

> Acute and Infectious Respiratory Illnesses: Caring for a Child Following a Tonsillectomy and Adenoidectomy (Active Learning Template - Therapeutic Procedure, RM NCC RN 11.0 Chp 17 Acute and Infections Respiratory Illnesses)

> Nasogastric Intubation and Enteral Feedings: Administering an Enteral Feeding Through a Gastrostomy Tube (Active Learning Template - Nursing Skill, RM Fund 10.0 Chp 54 Nasogastric Intubation and Enteral Feedings)

**Alterations in Body Systems - (3)**

- > Acute and Infectious Respiratory Illnesses: Postoperative Care Following a Tonsillectomy (Active Learning Template - Therapeutic Procedure, RM NCC RN 11.0 Chp 17 Acute and Infections Respiratory Illnesses)
- > Cardiovascular Disorders: Identifying the Location of a Patent Ductus Arteriosus (Active Learning Template - System Disorder, RM NCC RN 11.0 Chp 20 Cardiovascular Disorders)
- > Hematologic Disorders: Management of Sickle Cell Disease (Active Learning Template - System Disorder, RM NCC RN 11.0 Chp 21 Hematologic Disorders)

**Fluid and Electrolyte Imbalances - (2)**

- > Acute Infectious Gastrointestinal Disorders: Expected Findings for Severe Dehydration (Active Learning Template - System Disorder, RM NCC RN 11.0 Chp 22: Acute Infectious Gastrointestinal Disorders)
- > Acute Infectious Gastrointestinal Disorders: Expected Findings of Gastroenteritis (Active Learning Template - System Disorder, RM NCC RN 11.0 Chp 22: Acute Infectious Gastrointestinal Disorders)

**Illness Management - (2)**

- > Acute and Infectious Respiratory Illnesses: Priority Care for a Child Who Has Hyperpyrexia, Severe Dyspnea, and is Drooling (Active Learning Template - System Disorder, RM NCC RN 11.0 Chp 17 Acute and Infections Respiratory Illnesses)
- > Acute Otitis Media: Expected Findings (Active Learning Template - System Disorder, RM NCC RN 11.0 Chp 37 Acute Otitis Media)

**Medical Emergencies - (1)**

- > Anesthesia and Moderate Sedation: Findings to Report to the Provider Following an Appendectomy (Active Learning Template - Basic Concept, RM AMS RN 11.0 Chp 94 Anesthesia and Moderate Sedation)

**Pathophysiology - (1)**

- > Cystic Fibrosis: Expected Findings (Active Learning Template - System Disorder, RM NCC RN 11.0 Chp 19 Cystic Fibrosis)