

### ♥ **Management of Care**

- o Hematologic Disorders: Immunizations for a Client Who Has Sickle Cell Anemia
  - Client education requires maintaining an up-to-date immunization schedule.
- o Pediatric Emergencies: Caring for a School-Age Child Who is Experiencing Anaphylaxis
  - Position to maintain patent airway. Monitor respiratory status. Monitor vital signs.
  - Administer oxygen as prescribed.
- o Epidemiology and Communicable Diseases: Nationally Notifiable STI
  - Leading causes of communicable disease deaths include acute respiratory infections (pneumonia and influenza), HIV/AIDS, diarrheal diseases, tuberculosis, malaria, and measles.
  - Other diseases that pose a significant threat to community health include viral hepatitis and sexually transmitted infections. Further information about specific communicable diseases can be found in the Adult Medical Surgical, Maternal Newborn, and Nursing Care of Children Review Modules.

### ♥ **Safety and Infection Control**

- o Health Promotion of Infants (2 Days to 1 year): Teaching About Safety
  - Newborn infants should be placed in a federally approved car seat at a 45-degree angle to prevent slumping and airway obstruction. The car seat is placed rear facing in the rear seat of the vehicle and secured using the safety belt. The shoulder harnesses are placed in the slots at or below the level of the infant's shoulder. The harness should be snug, and the retainer clip placed at the level of the infant's armpits.
  - Infant's clothing should be checked for safety hazards (loose buttons).
- o Acute Neurologic Disorders: Indications to Discontinue Droplet Precautions
  - Isolate the client as soon as meningitis is suspected and maintain droplet precautions per facility protocol.
  - Droplet precautions require a private room or a room with clients who have an infection from the same

microorganism, ensuring that each client has his or her own designated equipment.

- Providers and visitors should wear a mask.

### ♥ **Health Promotion and Maintenance**

- Psychosocial Issues of Infants, Children, and Adolescents:  
Planning Care for a Child Who Has Autism Spectrum Disorder
  - Assist with screening assessment tools, such as the Checklist for Autism in Toddlers.
  - Refer to early intervention, physical therapy, occupational therapy, and speech and language therapy.
  - Decrease environmental stimuli, assist with nutritional needs, introduce the child to new situations slowly, and communicate at an age-appropriate level (brief and concrete).

### ♥ **Psychosocial Integrity**

- Psychosocial Issues of of Infants, Children, and Adolescents:  
Indicators of Child Abuse
  - Warning indicators of abuse:
    - Physical evidence of abuse, vague explanation of injury, delay in seeking care, statement of possible abuse from a caregiver or client, inconsistencies between the caregiver's report and the child's injuries, and inappropriate responses from the parents or child.
- Death and Dying; Age Appropriate Response to Death
  - Infants/toddlers
    - Have little to no concept of death.
    - Egocentric thinking prevents their understanding of death (toddlers)
  - Preschool children
    - View dying as temporary because of the lack of a concept of time and because the dead person can still have attributes of the living (sleeping, eating, and breathing)
  - School aged
    - Start to respond to logical or factual explanations
    - Begin to have an adult concept of death (inevitable, irreversible, universal).
  - Adolescents
    - Can have an adult-like concept of death
    - Reply more on peers than the influence of parents, which can result in the reality of a serious illness causing adolescents to feel isolated.
- Cognitive and Sensory Impairments; Facilitating Communication with a Child Who Has Hearing Loss

- Promote speech development, lip reading, and use of cued speech
- Encourage socialization and use of aids to promote independence
- Use sign language or an interpreter if appropriate when working with a child who has hearing loss

### ♥ **Basic Care and Comfort**

- o Fractures; Managing Care for a Client Who Has a Halo Vest Traction Device
  - Ensure that the wrench to release the rods is readily available when using halo traction in the event that CPR is necessary.
  - Move the client in halo traction as a unit without applying pressure to the rods. This is prevent loosening of the pins and pain.
- o Complications of Infants; Teaching About Meal Planning for a Toddler Who Has Phenylketonuria
  - Place newborn on a formula low in phenylalanine
    - Intake should be 20 to 30 mg per kilogram of body weight per day

### ♥ **Pharmacological and Parenteral Therapies**

- o Immunizations; Contraindications for Receiving the MMR Vaccine
  - History of thrombocytopenia or thrombocytopenic purpura
  - Anaphylactic reaction to eggs, gelatin, or neomycin
  - Transfusion with blood product containing antibodies within the prior 11 months
  - Simultaneous tuberculin skin testing
- o Cardiovascular Disorders: Evaluating Parent Understanding of Digoxin Administration
  - Monitor pulse and withhold the medication as prescribed. Generally, if the infant's pulse is less than 90/min, the medication should be withheld. In children, the medication should be withheld if the pulse is less than 70/min.
  - Monitor for toxicity as evidence by bradycardia, dysrhythmias, nausea, vomiting or anorexia.

### ♥ **Physiological Adaptation**

- o Acute Infectious Gastrointestinal Disorders; Expected Findings of Gastroenteritis
  - Fatigue, malaise, change in behavior, change in stool pattern, poor appetite, weight loss, and pain.
- o 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)

- Systolic murmur, wide pulse pressure, bounding pulses, heart failure, and rales.
- o Communicable Disorders; Varicella Management
  - Airborne precautions
  - Notify the child's school or day care center of the child's infection. Obtain a plan from the school so that the child can continue working on schoolwork at home.

#### ♥ **Reduction of Risk Potential**

- o Physical Assessment Findings; Identifying Reportable Findings
  - Observe for behaviors (interacting with nurse, making eye contact, permitting physical touch, and willingly sitting on the examination table) to determine the child's readiness cooperate).
- o Gastrointestinal Structural and Inflammatory Disorders; Planning Postoperative Care for Meckel Diverticulum
  - Assess respiratory status and maintain airway
  - Provide supplemental oxygen
  - Obtain vital signs
  - Administer analgesics for pain
  - Assess surgical site for bleeding or any other abnormalities
  - Maintain NPO status
  - Maintain NG tube to low continuous suction
- o Musculoskeletal Congenital Disorders; Caring for an Infant Who Requires a Pavlik Harness
  - Do not adjust straps
  - If removal is prescribed, understand how to place the harness
  - Teach the family skin care
  - Assess the skin under the straps