

ATI REMEDIATION

MANAGEMENT OF CARE

- Caring for a school-age child who is experiencing anaphylaxis
 - o Administer epinephrine
 - o Position to maintain patent airway. Monitor respiratory status. Monitor vital signs.
 - o Administer oxygen as prescribed.

HEALTH PROMOTION & MAINTENANCE

- Health Promotion of Toddlers (1 to 3 Years)
 - o Immunizations
 - 12 to 15 months: inactivated poliovirus (third dose between 6 to 18 months); Haemophilus influenzae type B; pneumococcal conjugate vaccine; measles, mumps, and rubella, and varicella
 - 12 to 23 months: Hep A, given two doses at least 6 months apart
 - 15 to 18 months: diphtheria, tetanus, and acellular pertussis
 - o Nutrition
 - Physiologic anorexia occurs, resulting in toddlers becoming fussy eaters because of decreased appetite
 - Foods that are potential choking hazards (nuts, grapes, hot dogs, peanut butter, raw carrots, dried beans, though meats, popcorn) should be avoided
 - Toddlers should not be allowed to engage in drinking or eating during play activities or while lying down
 - o Sleep and Rest
 - Toddlers typically average 11 to 12 hr of sleep per day, including one nap
 - Resistance to bedtime and expression of fears are common in this age group
 - Maintaining a regular bedtime and bedtime routines are more helpful to promote sleep
- Psychosocial Issues of Infants, Children, and Adolescents: Planning Care for a Child Who Has Autism Spectrum Disorder
 - o Refer to early intervention, physical therapy, occupational therapy, and speech and language therapy
 - o Assist with behavior modification program
 - Promote positive reinforcement
 - Increase social awareness
 - Teach verbal communication
 - Decrease unacceptable behaviors
 - Set realistic goals

- Structure opportunities for small successes
 - Set clear rules
- o Encourage support groups

PSYCHOSOCIAL INTEGRITY

- Indicators of Child Abuse
 - o Inconsistencies between the caregiver's report and the child's injuries
 - o Inconsistency between nature of injury and developmental level of the child
 - o Inappropriate responses from the parents or child
- Death & Dying: Age-Appropriate Response to Death
 - o Infants/Toddlers
 - Have little to no concept of death
 - Egocentric thinking prevents their understanding death (toddlers)
 - Mirror parental emotions (sadness, anger, depression, anxiety)
 - o Preschool Children (3 to 6 years)
 - Magical thinking allows for the belief that thoughts can cause an event (death [as a result, child can feel guilt and shame]).
 - Interpret separation from parents as punishment for bad behavior
 - View dying as temporary because of the lack of concept of time and because the dead person can still have attributes of the living (sleeping, eating, breathing).
 - o School-Age Children (6 to 12 years)
 - Start to respond to logical or factual explanations
 - Begin to have an adult concept of death (inevitable, irreversible, universal), which generally applies to older school-age children (9 to 12 years)
 - Experience fear of the disease process, death process, the unknown, and loss of control.

PHARMACOLOGICAL & PARENTERAL THERAPIES

- Cardiovascular Disorders: Priority Finding for an Infant who is receiving Furosemide
 - o Monitor adverse effects (hypokalemia, nausea, vomiting, and dizziness)
 - o Monitor weight daily
 - o Monitor I&O

PHYSIOLOGICAL ADAPTATION

- Expected Findings of Gastroenteritis
 - o Fatigue

- o Abdominal cramps and pain
- o Change in stool pattern
- Expected Findings for Severe Dehydration
 - o Tachycardia present, and orthostatic blood pressure can progress to shock
 - o Sunken anterior fontanel
 - o Oliguria or anuria
- Burns: Nursing Interventions
 - o Apply dressing
 - Nonadherent: fine-mesh gauze
 - Hydrocolloid: occlusive dressing
 - o Provide analgesia
 - o Check immunizations status. Administer tetanus vaccine if it has been more than 5 years since last immunization.
- Varicella Management
 - o Spread
 - Direct contact
 - Droplet (airborne)
 - Contaminated objects
 - o Incubation: 2 to 3 weeks, usually 14 to 316 days
 - o Communicability: 1 day before lesions appear until 6 days after the lesions have formed crusts
- Identifying effective treatment for a child who has Acute Lymphoblastic Leukemia
 - o Hematopoietic stem cell transplant (HCST)
 - o Allogeneic transplant - the blood-forming stem cells generally are donated by another person
 - o Implement protective isolation:
 - Private, positive pressure room
 - At least 12 air exchanges/hr
 - HEPA filtration for incoming air
 - Respirator mask, gloves, and gowns
 - No dried or fresh flowers, and no potted plants
- Caring for a child who has epiglottitis
 - o Avoid throat culture
 - o Provide humidified oxygen
 - o Droplet isolation precautions for first 24 hr after IV antibiotics initiated
- Priority Action for submersion injury
 - o Administer oxygen, can need mechanical ventilation

- o Monitor for complications that can occur 24 hr after incident (cerebral edema, respiratory distress)
- o Administer medications, IV fluids, and emergency medications as prescribed
- Findings for a Toddler who has a full-thickness burn
 - o Damage to the entire epidermis and dermis and possible damage to the subcutaneous tissue
 - o Nerve endings, hair follicles, and sweat glands are destroyed
 - o Red to tan, black, brown, or waxy white in color

REDUCTION OF RISK POTENTIAL

- Positioning for Lumbar Puncture
 - o 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.
 - o The client can be sedated with fentanyl and midazolam
 - o Monitor the site for bleeding, hematoma, or infection
- Performing Tracheostomy Care
 - o Use correct surgical aseptic techniques as identified in appropriate resources
 - o Clean the area around the stoma as directed
 - o Brush and suction mouth as needed