

Peds Assessment

Ashley Brooke Rodriguez

School of Nursing, Alliance University

NUR 393

Dr. Ibiezugbe.

The child I have chosen to assess, is a little 2 and half year old boy, named Theo Alexander Moore. Theo was born on Oct. 18th 2020. The Moore family is composed of the mother, Yesenia E. Afanador who is a 23-year-old female and the father is Adrian A. Moore, a 32-year-old male. The mother and father are currently together as a couple raising their child, unmarried, however this has a tendency to change. The mother works as a 1 to 1 with an elementary school, with a 1st grader who is on the Autism spectrum. The father works as an engineer/handyman to convection and industrial ovens for bakers, restaurants, and resorts and typically travels out of town for work. The father is typically gone on a trip 5 days out of the week. These trips can sometimes be longer depending on the distance of the job and the type of job. These trips can be a local, driving distance, or he has to take an airplane to these jobs. The family unit as of right now is nuclear, both mom and dad live in a home raising their child. However this was not always the case, when the child was first born, mom was living at home with her parents and older brother. The mother and father were coparenting until they moved in together, then cohabiting because they were not together, and then as of right now they are currently living together and raising the child again. The mother is full Puerto Rican from both sides of her family and the father is half black and half Caucasian. The mother identifies as Christian and was raised in a Christian household. The father has no religious background and currently does not identify with any religion currently. The mother and grandmother of the child take the child out for walks when the weather is tolerable for the child. The mother of the child is with him 24/7, takes care of him, provides for him, etc. The father has been a part time paternal figure for the first year of the child's life because of living away from the child and being gone for days and weeks at a time, due to the nature of his job. The parental roles are also done by the mother's side of the family, the child's maternal grandparents and uncle. The family's leisure

activities are limited, due to the fact the father is constantly away for work. The mother typically goes to work and hangs out with family on her father's side, and goes to the park with the child and maternal grandmother. The father's leisure activities are also limited, as he likes to stay home, hang out with friends, and rest from traveling with work.

The family is childbearing with an toddler. The child is currently 2 years old and is in his toddler stage of development, which according to Erik's stages he is in autonomy vs. shame and doubt. The family unit currently runs as a nuclear household, with both parents raising the child. However, this unit is subject to change and has changed in the past. The maternal grandparents and uncle have a large influence in the child's life, development, and will always be a big part of the support system. The mother comes from a nuclear family unit, two parents (mother and father), and an older brother. The mother also has two half siblings from her father's previous marriage. The father comes from a difficult home background, with multiple siblings on his mom's side with different fathers and no relationship with his own father. Little is known about the father's upbringing and family background, other than he was emancipated at the age of 16. This child is well within his development for his age, with some minor setbacks. The child, who is a toddler, is able to jump on two feet, walk up and downstairs, uses things like a fork, tower of 6 blocks, imitates vertical stroke, follows 2-step commands, has about 50 word vocabulary but was slow to start speaking at first and not understanding commands right away. Child has almost about 50% intelligible but not meeting this goal yet. The child does have two-word phrases and searches for hidden objects after multiple displacements as well. The child also tests limits according to mom and as seen first-hand, tantrums, saying no and mine. The family is currently meeting the child's tasks for these developmental stage at about 80%. The mother for a while did not play any educational games, educational shows, etc for the child. The mother would just let

the maternal grandparents play or watch the child with games like cars or balls or a movie in the background as form of entertainment. The mother however in the last few months would read to the child again, use education and sensory toys and shows for the child. The father does not seem to participate in these tasks since he is away from the home many days out of the week.

The type of house the child splits time between the home where his mother and father live and where his maternal grandparents and uncle live. The home where his parents live is a 2 family home but the family only has access to the top floor, it has a living room, 3 bedrooms, one bathroom and a kitchen area. The home where his maternal grandparents live has a living room, dining room/kitchen area, 2 bathrooms, 2 bedrooms upstairs and a bedroom/living room in the basement. Both of these neighborhoods are quite suburban neighborhoods. Both mom and dad have cars, so does the maternal grandparents and uncle. The water supply is normal within the house, negative for pets, and environmental risks. The only safe precaution is stairs throughout the house. There are no known community associations. Mother uses social media frequently, while the father does not. The child does have social media nor access to it.

Communication between mother and father is not strong, the couple is currently in counseling. Mother has moved out twice during the course of the child's life and but has currently moved back in a couple of months back. Decisions about the child as well are unstable and are not made together all the time. The family decision process is rocky and up and down, due to the instability of the relationship between the mother and father. However, for the sake of the child decisions about him tend to have importance. The role structure is also unstable as the mother still tends to be with the child's maternal grandparents and uncle. The family values are also split, as the mother has Christian based values for the most part and the father does not have the same values or religious views. The family for a while was not meeting the child's needs for

affection and love, due to the shock of having a child young and unplanned, it was an adjustment at first. The father being away also had a big impact on the child not receiving 24/7 love, care, and affection from his father. However, the maternal grandparents, uncle, mother, and father all show love, affection, and understanding to the child in their ways to help meet the needs of the child. The father has a stable income and job so this provides good economic resources for the family. The father also lived in the home before so he had an established stable environment for his family. The mother's current job does not meet the requirements for a stable income at times, but does receive government assistance for the child. The mother was also not working for the first year of life of the child. However, basic needs for the child have always been met.

Past medical history for mother is primipara, with one living child at the age of 2 and half years old. Mother has NKA, no past surgeries, no history of asthma, PMH of UTI's. Mother went recently to the ED for gastritis, ultrasound and sonogram was done, followed up with GI and has another follow up appointment with GI. She is also taking Zoloft for anxiety/depression and had PDD. Mother was hospitalized 07/2021 for emotional distress and admitted for a psychiatric hold. The father's medical history is unknown for the most part due to the nature of his family dynamic, paternal mother does not recall and paternal father was never present. Father does have PMH of asthma and currently has elevated blood cholesterol levels. Theo M. Moore is a 2 and half year old male. PMH of foreskin irritation, RSV, post nasal drip, and seasonal allergies. Past surgeries include circumcision. NKA to medications or food, no known reactions as well. The child was hospitalized 11/2021 for RSV twice due to him not having proper treatment the first time. The child has had COVID twice due to mother and maternal uncle. The child is up to date with his immunizations which include all three series of Hep B, four series of DTaP-HIB-IPV, Polio, Pneumococcal, Rotavirus, MMR, Varicella, Hep A, and Influenza. The

child's nutritional intake is well balanced, he is not a picky eater, drinks lots of water, milk and other fluids. Child does get distracted sometimes when he is eating but no nutritional concerns. The child only goes out to play outside or go for walks when the mother, grandmother, and uncle accompany him. The child is also rarely around other children due to the fact that the maternal grandmother watches him during the week, unless he goes to a daycare on the bottom floor of the home. The child also is around cousins similar in age or older at family gatherings.

The short term stressors for the family are that currently income from the mother is not stable due the fact that she is at a temporary job and plans to go back to school and get a degree in education. The mother will get a job in education long-term, so the short term stressor is the income on her end. The long term stressor is the relationship between mother and father, due to the instability. It affects the entire household, including the maternal grandparents and uncle. The child is constantly being shuffled between the home where his parents live and the home where his mother grew up, due to the relationship of his parents. The mother is currently taking Zoloft, was in counseling herself, and both mom and dad are currently in couples counseling. These are the only known coping strategies. The family for a while was not attempting to actively cope with the problems, the instability was affecting the child in the way of his communication and intense tantrums absorbing the conflict that occurred around him. This has been going on for the past 2 years, however in the past months they have taken steps to change the coping and attempt counseling. The support system of the family other than mother and father, are the child's maternal grandparents, uncle, and uncle's fiancée.

The family is at risk for compromised family coping related to conflict between family members (mother and father), as evidenced by prolonged tantrums, inconsistent sleep patterns, home instability with the child and Theo will begin to cope during situations with conflict by the

6-month check in. The nursing interventions include assessing the level of anxiety and stressors, identify behaviors and coping methods used, assess for intergenerational family problems that can overwhelm coping abilities, and assess for parent's understanding of proper coping methods. The paternal involvement is needed in all these interventions because the child is not of age to comprehend things on his own and the inability to cope properly stems from paternal conflict as well. If I assess the family stress and anxiety, I can evaluate the level of coping the family already has. By assessing understanding of coping methods I can help create realistic goals with the family, and help each parent individually improve coping mechanisms. It is very important that the parent unit understands what triggers the child, what coping mechanisms are currently in place and which coping mechanisms need to be implemented. After a 6 month check in, Theo has proper coping mechanisms in place and the parental unit is aware.