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Pediatric Nursing (Quickstudy: Academic)

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Pediatric Nursing

major theories of child development

- Marxist theory: children are the "child development stage" to design appropriate activities, appropriate teaching plans and promote the child's further development.
- Child development is a complex set of stages moving from basic to more complex levels of behavior.
- Major developmental theories have conceptualized development as a progression of sequential stages.
- See page 10 for more information on child development.

vital signs

• Indicators of the body's physiologic status

• Vital signs are different for children because of their smaller size, different metabolic rate, and growth and development.

• Temperature: affects the body's core temperature.

- Oral temperature measurement is appropriate for children > 3 years.
- A 1.5-degree elevation of temperature causes a 10% increase in oxygen consumption per minute and increase oxygen need by 7%.
- The most accurate way to record the heart rate is using a stethoscope and taking the apical pulse.
- The rate should be counted for a full minute to evaluate any changes in rhythm and to count the rate.
- Respiratory rate: use the diaphragm as the primary mechanism of breathing.
- Observe the rate and list of the respiration. No count required in children under 6 years of age.
- If the blood pressure is measured in the lower extremities, remember it will be slightly higher than the pressure in the arms.

vital signs by age

Age	Febrile Temperature	Normal Heart Rate	Normal Respiration
Infant	102-106	60-100	20-30
1 yr	98-102	20-40	20-30
2 yrs	98-100	20-30	20-30
4 yrs	98-102	20-30	20-30
6 yrs	98-102	15-20	15-20
10 yrs	98-100	15-20	15-20

pain assessment in children

• Pain words often the patient says it does not feel pain. Children do not have the ability to express pain in the same way as adults.

- Research has shown that children feel and remember pain.
- Children are more cooperative, participative, their office takes a location where they are comfortable and pain.
- **Recognize** that children often do not complain of pain because they are afraid the injection to relieve the pain will hurt more.
- **A variety of factors can affect a child's response to pain, including:**
 - Culture
 - Developmental level
 - Previous experience with pain
 - Presence of the caregiver
 - Fear and apprehension
 - Teaching or preparation
- **Clinical manifestations** of pain in children can be summarized as the ABC's of pain:
 - Arousal: physical and emotional response. Pain stimulates the adrenocortical nervous system, raising a stress response as evidenced by tachycardia, tachypnoea, hypertension, increase in pupil, pallor and increased apprehension.
 - Behavioral indicators: Pain related behaviors may include signs of fear and anxiety in the child, commonly observed behaviors include crying, clinging, clinging to caregivers, hyperventilation, short attention span, irritability, facial grimacing, pinching and biting of lips, guarding or painful area.
- **Consequences of pain:** Unrelieved pain is stressful and a prolonged stress response can physiologically result in elevation of decreased oxygen saturation, and retention of pulmonary secretions; increased changes resulting in changes in sleep patterns, decreased appetite, and metabolic changes, leading to increased fluid and electrolyte losses.
- A child may not be able to verbalize the source of pain.
- **Careful, comprehensive assessment by the nurse is important.**
- The goal of pain assessment is to collect accurate data about the location and intensity of pain and its effect on the child's functioning.
- **Important questions to consider during the data collection process include:**
 - What is happening to cause pain?
 - What medical factors could be causing pain?
 - Is the child exhibiting any acute physiologic or behavioral indicators of pain?
 - How is the child responding to the pain?
 - How does the child or parent rate the pain?
- A child's response, verbal description and understanding of pain vary by developmental stage.

pain assessment in children

Developmental Stage	Behavioral Response	Verbal Description	Understanding
Infant	Crying, irritability, withdrawn or clinging, sleeplessness, poor feeding, fussing.	Cries	No apparent understanding, yet can respond to physical touch, verbal response to physical touch, verbal response to verbal cue, verbal response to caregiver.
Toddler	Shrinking away and intense expressive behavior, clinging, hyperventilation, needs adult to hold, cry, hold, cling, may cry, may have temper tantrums.	Cry and anxiety, difficulty describing intensity or type of pain	Begin to relate to touch, may respond to verbal cue, may respond to verbal cue, may respond to caregiver.
Pre Schoolers	Waking up at night, clinging, difficulty falling asleep, difficulty falling asleep, clinging, hyperventilation, clinging, may have temper tantrums.	May believe pain is temporary, may identify the location and intensity of pain.	Begin to relate to touch, may respond to verbal cue, may respond to verbal cue, may respond to caregiver.
School Age	Resists examination, clinging, fears, holding body parts, may cry, may have temper tantrums, may cry, may have temper tantrums.	Can describe pain location, intensity and duration, may describe pain in terms of physical characteristics.	Understands relationship between pain and illness, can describe pain in terms of physical characteristics.
Adolescents	May fear of hospital, may refuse to eat, may require medical attention, may refuse to eat, may require medical attention, may have temper tantrums.	Verbalizes pain, describes pain, may have temper tantrums.	Can describe pain, may have temper tantrums, can describe pain in terms of physical and emotional pain and relate to others' pain.

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Synopsis

6-page laminated chart includes:

- Â Major theories of child development
- Â Vital signs
- Â Pain assessment in children
- Â Lab values and nursing care of children
- Â Pediatric tips for practice
- Â Mnemonics for practice
- Â Medication administration
- Â children and procedures
- Â Fluid balance
- Â Level of consciousness
- Â Childhood immunizations
- Â Child abuse and neglect
- Â Growth and development
- Â Communicating with children
- Â Play

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Customer Reviews

Nice summary of pediatric info

Had some stuff I look at regularly.. Other things less frequently.. Usually these are great.. I have most of them.. Good to add to your set. But not a life saver.

Helpful

Great study tool! Love it

I collected most of this, very helpful for my review!! (which I am glad I did) good material to study or just to keep as reference!

Well made and informative. The third I've purchased by Quickstudy.

Excellent source for my nursing pediatric rotation!

I'm an LPN student. I have used the quickly study guides since I joined the Army and went through AIT. I have lost a set in the travels to Iraq and Afghanistan and still re purchased all if not more that I had. Great for clinical rotations and the nursing editions are very helpful.

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