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Pediatric Nursing (Quickstudy: Academic)

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QUICKSTUDY

Pediatric Nursing

major theories of child development

- Nurses should understand the child's developmental stage to design learning activities, appropriate teaching plans and evaluate the child's further development.
- Child development is a complex set of stages progressing from basic to more complex levels of function.
- Major developmental theories have conceptualized development as a progression of sequential stages.
- See page 8 for more information on child development.

vital signs

Characteristics of the body's physiologic status
Vital signs are different for children because of naturally increased basal metabolic rate and growth development.

Vital rate and respiratory rate decrease with age while heart rate increases with age.

Temperature
Rectal measurement reflects the body's core temperature.
• Oral temperature measurement is appropriate for child over 3 years.
• A one-degree elevation of temperature means an increase in respiratory rate by 4 breaths per minute and increase oxygen need by 1%.

Heart rate
• The most accurate way to count the heart rate is using a stethoscope and timing the apical pulse.
• The rate should be counted for a full minute to avoid any changes in rhythm and to count the rate.

Respiratory rate
• Young children use diaphragm as the primary mechanism of breathing.
• Observe the rise and fall of the abdomen to count respirations in children under 6 years of age.
• Count for an entire minute.

Blood pressure
• Use the right arm and cuff.
• 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	Temp (oral)	Respiratory rate	Heart rate
Neonates	100-104	30-50	100-150
1 yr	98-102	20-40	100-150
2 yr	98-102	20-30	100-150
4 yr	98-102	20-30	100-150
6 yr	98-102	20-30	100-150
10 yr	98-102	18-30	100-150

pain assessment in children

Pain exists when the patient says it does.
In the past, children did not receive adequate pain relief, it was thought that children do not feel pain the same way as adults.
• Research has shown that children feel and respond to pain.
• Children demonstrate anticipatory fear often linked to a location where they once experienced pain.
Recognize that children often do not complain of pain because they are afraid the reaction to where that pain will hurt more than the pain itself.
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 expectations
• Teaching or preparation
Clinical manifestations of pain in children can be remembered as the ABC's of pain.
• Active physiologic indicators: Pain stimulates the autonomic nervous system, causing a stress response as evidenced by tachycardia, tachypnea, hypertension, dilation of pupils, pallor and increased perspiration.
• Behavioral indicators: Pain-related behavior may mirror signs of fear and anxiety in the child, commonly observed behaviors include: withdrawal and agitation or hyperactivity, startle response, spinal rigidity, facial grimacing, purring and biting of lips, guarding of painful area, posturing or immobility, holding the painful area, change in withdrawal and sleep disturbance.
• Consequences of pain: Unrelieved pain is stressful and a prolonged stress response has physiologic consequences, including respiratory changes resulting in atelectasis, decreased oxygen saturation, and stressors of pulmonary secretion, neurologic changes resulting in change in sleep patterns, increased blood glucose and cortisol levels and tachypnea, and metabolic changes leading to increased fluid and electrolyte losses.
A child may not be able to verbalize the extent 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 overall well-being.
• Important questions to consider during the data collection process include:
• What is happening to cause pain?
• What external factors could be causing pain?
• Is the child exhibiting any stress physiologic or behavioral indicators of pain?
• How is the child responding to the situation?
• 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
Infants	Crying, arching, withdrawal or pulling away, without sleeping, pain looking behaviors.	Cries.	No apparent understanding of pain or request to relieve pain, but demonstrates discomfort when approached by non-provider, while others show anticipatory fear.
Toddlers	Becomes quiet and withdraw aggressive behavior, withdrawal, distress with severe body, fear response may cause to seek a safe place.	Cry and wince, unable to describe intensity or type of pain.	Demonstrates fear of painful situations, use nonverbal words such as "ouch" or "Ouch" for pain.
Pre-Schoolers	Verbal physical reactions, withdraw physically, and withdraw other self, low tolerance with, become quiet.	May tell you pain is worse or different, or identify the location and intensity of pain.	Pain is related to high or injury, not words. Also, before pain is provoked by fear behavior or thoughts.
School Age	Expresses emotion, describing pain, holding body, clench or withdraw physically, may deny pain to be "brave" or avoid further procedures, withdrawn, may sleep at school.	Can describe pain location, intensity and describe its physical characteristics.	Understand relationship between pain and threat but not the cause of the pain, other children can share psychophysical pain to face and face feelings.
Adolescents	Realize use of words, may refuse or over-report needs, increased social support, want to believe in a socially accepted or adult manner.	Typical description of pain, understands.	Can describe a complete understanding of the cause of physical pain, verbal pain and able to affect pain.

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Synopsis

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