

Pediatric Nursing (Quickstudy: Academic)

Pediatric Nursing

major theories of child development

- Nurses should understand the child's developmental stage to design stimulating activities, appropriate teaching plans and evaluate the child's future development
- Child development is a complex set of stages progressing from basic to more complex levels of structure
- Major developmental theories have conceptualized development as a progression of sequential stages
- See page 4 for more information on child development

vital signs

- Characteristics of the child's physiologic status** are different for children because of anatomic, metabolic, basic metabolic rate and growth and development
- Heart rate and respiratory rate** decrease with age with the lowest ranges in teens with age
- Temperature**
 - Normal range in which the body's core temperature
 - One temperature measurement is appropriate for child ages 3 months
 - An axillary deviation of temperature causes an increase in respiratory rate by 4 breaths per minute for every degree raised by 1 degree
- Respiratory rate**
 - The most accurate way to count the heart rate is using a stethoscope and taking the apical pulse
 - The rate should be changed to for a full minute to evaluate any abnormality in rhythm and to measure the rate

Common child assessment

- Young children use the diaphragm as the primary mechanism of breathing
- Observe the size and fall of the diaphragm to assess respirations in children under 4 years of age
- Count for an entire minute
- Normal range for children**
 - Use the right chest side
 - If the tidal pressure is measured in the lower chest, the pressure will be slightly higher than the pressure in the apex

vital signs by age

Age	Temp	Heart rate	Respiratory rate	Blood pressure
Neonates	97.7-100.4	80-150	30-60	N/A
1 yr	97-100	70-140	20-40	90/60
2 yrs	96-100	60-140	20-30	90/60
3 yrs	96-100	60-140	20-30	90/60
4 yrs	96-100	60-140	20-30	90/60
5 yrs	96-100	60-140	20-30	90/60
6 yrs	96-100	60-140	20-30	90/60
7 yrs	96-100	60-140	20-30	90/60
8 yrs	96-100	60-140	20-30	90/60
9 yrs	96-100	60-140	20-30	90/60
10 yrs	96-100	60-140	20-30	90/60

pain assessment in children

- Pain exists when the patient says it does
- If the pain, children do not receive adequate pain relief, it is not through their children feel but in the same way as adults
- Research has shown that children feel and respond to pain
- Children demonstrate anticipatory fear when taken to a location where they have experienced pain
- Recognize that children often do not cry or cry in pain because they are afraid the physician to whom that pain will hurt them
- 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 categorized as the ABCs of pain:
 - A** - Acute 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
 - B** - Behavioral indicators: Pain related behavior, may mirror signs of pain. Indicators in the BMAI, primarily observed behaviors include: restlessness and agitation or hyperactivity, short attention span, irritability, local guarding, guarding and tending of N/A, guarding of painful area,

- posturing or immobilizing, holding the painful area, withdrawal or withdrawal and stress indicators
- Consequences of pain: Unrelieved pain results in a prolonged stress response for physiological, emotional, behavioral, immunologic changes resulting in adrenal, decreased growth stimulation, and retention of pulmonary secretions
- Unrelieved pain results in changes in sleep patterns, increased blood glucose and cortisol levels and blood pressure, and metabolic changes leading to increased fluid and electrolyte losses
- A child may not be able to verbalize the intensity 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 to effect on the child's overall well-being
- Important questions to consider during the pain collection process include:
 - What is happening to cause pain?
 - What external factors could be causing pain?
 - Is the child exhibiting any acute 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 clinical, detailed description and understanding of pain vary by developmental stage

pain assessment in children

Developmental Stage	Behavioral Response	Verbal Description	Understanding
Neonates	Crying, intently, withdrawal or pulling away, frowning, sleeping, pain feeding behavior	Cries	No apparent understanding of pain; some discomfort; nonverbal cues; approach to comfort; other verbal cues
Toddlers	Become quiet and withdrawn, irritability, withdrawal, restlessness, moaning with activity, local guarding, pulling away, crying to seek a safe place (parent)	Cry and moan, describe the discomfort in terms of signs of pain	Decreased level of painful awareness; no understanding of pain; use of "ouch" or "ouchie" for pain
Pre-Schoolers	Refuse activity or restriction, withdrawal, crying, frowning, pulling away, local guarding, restlessness, crying to seek a safe place (parent)	May describe pain in terms of location, intensity and quality, but not intensity of pain	Pain is related to hurt or injury; no understanding of pain; use of "ouch" or "ouchie" for pain
School Age	Refuse restriction, guarding, frowning, holding body rigid, or pulling away, local guarding, pulling away, crying to seek a safe place (parent), may state or withdraw	Can describe pain location, intensity and quality, but not intensity of pain	Understand relationship between pain and illness but not the value of the pain; can verbalize physiological pain to test and use feelings
Adolescents	Refuse use of restriction, may refuse or may request restriction, decreased blood pressure, apical tachycardia, may state or withdraw	Appropriate understanding of pain assessment	Can describe a complex understanding of the clinical of physical pain, verbal pain and state to others pain

Copyrighted Material



Synopsis

6-page laminated chart includes: • Major theories of child development • Vital signs • Pain assesment 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

Book Information

Series: Quickstudy: Academic

Pamphlet: 6 pages

Publisher: QuickStudy; Lam Crds edition (January 1, 2005)

Language: English

ISBN-10: 1572229136

ISBN-13: 978-1572229136

Product Dimensions: 8.5 x 11 x 0.1 inches

Shipping Weight: 2.4 ounces (View shipping rates and policies)

Average Customer Review: 4.5 out of 5 stars 21 customer reviews

Best Sellers Rank: #70,106 in Books (See Top 100 in Books) #43 in Books > Textbooks >

Medicine & Health Sciences > Nursing > Clinical > Pediatric & Neonatal #47 in Books > Medical Books > Nursing > Pediatrics #73 in Books > Textbooks > Medicine & Health Sciences > Nursing > Reference

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.

[Download to continue reading...](#)

Pediatric Nursing (Quickstudy: Academic) Wong's Clinical Manual of Pediatric Nursing, 8e (Clinical Manual of Pediatric Nursing (Wong)) Core Curriculum for Pediatric Critical Care Nursing, 2e (Slota, Core Curriculum for Pediatric Critical Care Nursing) Nursing: Assessment (Quickstudy: Academic) Nursing Careers: Easily Choose What Nursing Career Will Make Your 12 Hour Shift a Blast! (Registered Nurse, Certified Nursing Assistant, Licensed ... Nursing Scrubs, Nurse Anesthetist) (Volume 1) Nursing Theories and Nursing Practice (Parker, Nursing Theories and Nursing Practice) Nursing Care Plans: Nursing Diagnosis and Intervention, 6e (Nursing Care Plans: Nursing Diagnosis & Intervention) "Only A Nurse Could Laugh at This..." - Funny Stories and Quotes from Real Nurses for When You're Having "One of Those Days" (Nursing Research, Nursing ... Nursing Books, Nursing Handbook Book 1) Nursing Diagnoses in Psychiatric Nursing: Care Plans and Psychotropic Medications (Townsend, Nursing Diagnoses in Psychiatric Nursing) Introductory Maternity and Pediatric Nursing 3 Edition (Lippincott's Practical Nursing) Pediatric Critical Care, An Issue of Critical Nursing Clinics, 1e (The Clinics: Nursing) Pediatric Nursing: The Critical Components of Nursing Care All-in-One Care Planning Resource: Medical-Surgical, Pediatric, Maternity, and Psychiatric Nursing Care Plans (All-In-One Care Planning Resource: Med-Surg, Peds, Maternity, & Psychiatric Nursing) Trigger Points (Quickstudy: Academic) Acupressure (Quickstudy: Academic) Reflexology (Quickstudy: Academic) Latin Grammar (Quickstudy: Academic) Latin Vocabulary (Quickstudy: Academic) Medical Coding (Quickstudy: Academic) Medical Terminology: The Basics (Quickstudy: Academic)

[Contact Us](#)

[DMCA](#)

[Privacy](#)

