

mentally delayed; or are acutely ill.

Observe the posture, position, and types of body movement. A child with hearing or vision loss may characteristically tilt the head in an awkward position to hear or see better. A child in pain may favor a body part. The child with low self-esteem or a feeling of rejection may assume a slumped, careless, and apathetic pose. Likewise, a child with confidence, a feeling of self-worth, and a sense of security usually demonstrates a tall, straight, well-balanced posture. While observing such body language, do not interpret too freely but rather record objectively.

Note the child's hygiene in terms of cleanliness; unusual body odor; the condition of the hair, neck, nails, teeth, and feet; and the condition of the clothing. Such observations are excellent clues to possible instances of neglect, inadequate financial resources, housing difficulties (e.g., no running water), or lack of knowledge concerning children's needs.

Behavior includes the child's personality, activity level, reaction to stress, requests, frustration, interactions with others (primarily the parent and nurse), degree of alertness, and response to stimuli. Some mental questions that serve as reminders for observing behavior include the following:

- What is the child's overall personality?
- Does the child have a long attention span, or is he or she easily distracted?
- Can the child follow two or three commands in succession without the need for repetition?
- What is the youngster's response to delayed gratification or frustration?
- Does the child use eye contact during conversation?
- What is the child's reaction to the nurse and family members?
- Is the child quick or slow to grasp explanations?

Skin

Assess skin for color, texture, temperature, moisture, turgor, lesions, acne, and rashes. Examination of the skin and its accessory organs primarily involves inspection and palpation. Touch allows the nurse to assess the texture, turgor, and temperature of the skin.