

home environment. Because several personal aspects are covered under development and habits, only those issues related to children's ability to cope and their self-concept are presented here.

Through observation, obtain a general idea of how children handle themselves in terms of confidence in dealing with others, answering questions, and coping with new situations. Observe the parent–child relationship for the types of messages sent to children about their coping skills and self-worth. Do the parents treat the child with respect, focusing on strengths, or is the interaction one of constant reprimands with emphasis on weaknesses and faults? Do the parents help the child learn new coping strategies or support the ones the child uses?

Parent–child interactions also convey messages about body image. Do the parents label the child and body parts (such as “bad boy,” “skinny legs,” or “ugly scar”)? Do the parents handle the child gently, using soothing touch to calm an anxious child, or do they treat the child roughly, using force or restraint to make the child obey? If the child touches certain parts of the body, such as the genitalia, do the parents make comments that suggest a negative connotation?

With older children, many of the communication strategies discussed earlier in this chapter are useful in eliciting more definitive information about their coping and self-concept. Children can name or write down five things they like and dislike about themselves. The nurse can use sentence completion statements, such as “The thing I like best (or worst) about myself is _____;” “If I could change one thing about myself, it would be _____;” or “When I am scared, I _____.”

Review of Systems

The review of systems is a specific review of each body system, following an order similar to that of the physical examination (see [Nursing Care Guidelines](#) box). Often the history of the present illness provides a complete review of the system involved in the chief complaint. Because asking questions about other body systems may appear irrelevant to the parents or child, precede the questioning with an explanation of why the data are necessary (similar to the explanation concerning the relevance of the birth history) and reassure the parents that the child's main problem has