

during the prenatal, perinatal, or postnatal period)

- Inadequate nutrition and metabolic disorders, such as phenylketonuria or congenital hypothyroidism
- Gross postnatal brain disease, such as neurofibromatosis and tuberous sclerosis
- Unknown prenatal influence, including cerebral and cranial malformations, such as microcephaly and hydrocephalus
- Chromosomal abnormalities resulting from radiation; viruses; chemicals; parental age; and genetic mutations, such as Down syndrome and FXS
- Gestational disorders, including prematurity, low birth weight, and postmaturity
- Psychiatric disorders that have their onset during the child's developmental period up to age 18 years, such as autism spectrum disorders (ASDs)
- Environmental influences, including evidence of a deprived environment associated with a history of intellectual disability among parents and siblings

## **Nursing Care of Children with Impaired Cognitive Function**

Nurses play a major role in identifying children with CI. In the newborn and early infancy periods, few signs are present, with the exception of Down syndrome (later in the chapter). After this age, however, delayed developmental milestones are the major clues to CI. In addition, nurses must have a high index of suspicion for early behavior patterns that may suggest CI (see [Box 18-1](#)). Parental concerns, such as delayed development compared with siblings, need to be taken seriously. All children should receive regular developmental assessment, and the nurse is often the person responsible for performing such assessments (see [Chapter 3](#)). When delays are found, the nurse must use sensitivity and discretion in revealing this finding to parents.

### **Educate Child and Family**

To teach children with CI, one must investigate their learning