

b. See [pp. 494-497](#).

4. Nursing implications include close observation for any signs of deterioration in vital signs or respiratory status. Sally must notify the girl's parents or guardians. In the event they cannot be reached, the nurse should call EMS and ask that the girl be transported to an acute care facility for observation. In the ED, the girl will be triaged, and vital signs will be taken. Urine drug screen will be obtained to determine what she has in her system, and frequent neurologic signs will be monitored. She will also probably have a peripheral intravenous line started and blood tests drawn for baseline (chemistry and electrolytes, possibly a liver panel). If it is determined that an opioid was taken, naloxone may be administered, depending on her current status.

Chapter 18

Diagnosis of Down Syndrome

1. The degree of cognitive impairment in a child with Down syndrome (DS) is variable and may be mild (IQ of 50 to 70), moderate (IQ of 35 to 50), or occasionally severe (IQ of 20 to 35). In approximately 95% of children with DS, the condition is sporadic because of the nonfamilial trisomy 21, in which there are 47 chromosomes with a free extra chromosome 21.

2. There are significant risks of hearing loss, obstructive sleep apnea, otitis media, eye disease, congenital heart defects, neurologic dysfunction, hip dislocation with less commonly transient myeloproliferative disorder and leukemia, and thyroid disease. The positive effect on academics in the DS children within a regular classroom was most pronounced for reading skills with the addition of parental assistance at home. Placement in a regular classroom directly stimulates children with DS to acquire better academic skills to some extent. A medical home and DS specialty clinic can identify and address many health care needs of children with DS.

3. Encourage parents to express their feelings of grief, anger,