

**d) Nutritional problems:**

A. Overfeeding (obesity) B. Underfeeding

\* Informing parents about qualities of foods rather than quantities .

**e) Communicable diseases:**

E.g.:Diphtheria, Typhoid fever, Hepatitis A virus .

\*The nurse should assess the immunization status of school age and review the times when booster doses are needed .

**f) Allergy:**

o Bronchial asthma, sinusitis, urticaria.

o Streptococcus & staphylococcus infection

- Streptococcus infection as tonsillitis, rheumatic fever

- Staphylococcus infection as nephritis

**g) Dental problems:**

o Good oral hygiene habits and brushing should be done after meals .

o Referral to dentist every period for dental check-up.

**h) Skeletal problems:**

- Bone fracture

- Scoliosis

**i) Accidents:**

- Motor car accident

- Drowning

- Electric shock

\* Instruct parent about first aids & methods of prevention these accidents.

# Adolescence

**(Age 12 to 18 Years)**

## **NORMAL GROWTH AND DEVELOPMENT OF ADOLESCENCE**

**The age of adolescence is generally regarded as 11-19 years. It is the time for:**

- Transition from childhood to adulthood.
- Formulating a sense of personal identity.

- Gaining freedom from the family unit.
- Sometimes driving parents out of their minds.
- According to recent research, the brain is not completely
- Developed until late adolescence.
- Changing hormonal levels activate development of secondary sex characteristics:
- Growth of pubic hair.
- Menarche.

### **Growth Spurt:**

- Physiologically, developmental age is calculated by skeletal age.
- Although trunk growth accounts for the greatest increase in adolescent's
- Height, the sequence of growth begins in the extremities. During this sequence both sexes may worry about sex-inappropriate changes.

### **Sex hormones:**

- They influence epiphysis (growth plate) closure in the long bones of the extremities, causing a close relation between the pace of maturation and eventual height.
- The predominant female sex hormone, estrogen, stimulates the accumulation of more subcutaneous fat in girls creating a softer curved appearance.
- Testosterone, the important male sex hormone, stimulates greater growth in denser bone and muscle tissue and therefore causes a greater weight gain in males.

### **Skin Characteristics:**

- The increased activity of the sebaceous glands contributes to acne. These glands produce sebum, a mixture of fatty acids, lipids, and sterols, which helps to keep the skin moist by inhibiting the evaporation of water.
- The environment influences the amount of secretion; more sebum is produced in hot, humid climate.
- Increased sweat gland activity requires careful cleaning of the body and airing and cleaning of clothes.

### **Body Proportion Changes:**

- Sex differences are apparent in body proportions as well as in height and weight gains.
- The straightening of the facial profile, with greater projection of the nose and prominence of the jaw, is more marked in males; male growth also results in broader shoulders, with relatively narrower hips and larger legs in proportion to trunk length. The shoulders of females are narrower, the hips are wider, and the legs are shorter in relation to trunk length.

### **Menstrual Cycle:**

Menstrual hygiene requires special attention because the irregularity of girls' early menstrual cycle often leads to embarrassment caused by soiled clothes, hygienic care. Frequent bathing and changing pads are important points to be taught.

### **Nutritional Needs:**

☐ ☐ Adolescence is a nutritionally vulnerable time because of the increase in physical growth and the accompanying changes in life style and food habits. Adolescents show a markedly increased need for calories especially during the growth spurt. The observation that teens, especially males, seem to be hungry and eating all the time may

☐ ☐ relate to an imbalance between the size of the stomach and the amount of calories needed.

### **The average caloric needs are as following:**

- **Females:** 11-14 years 2200 calories.  
15-18 years 2100 calories.
- **Male:** 11-14 years 2700 calories.  
15-18 years 2800 calories.

### **Physical Health.**

☐ ☐ Puberty marks the beginning of accelerated physical growth which may double nutritional requirements for:

- ☐ ☐ Iron.
- ☐ ☐ Calcium.

- ☐ ☐ Zinc.
- ☐ ☐ Protein.

**Growing independence, the need for peer acceptance, concern with physical appearance as well as active lifestyle may affect:**

- ☐ ☐ Eating habits.
- ☐ ☐ Food choices.
- ☐ ☐ Nutrient intake.
- ☐ ☐ Nutritional status.

### **Cognitive Development.**

- ☐ ☐ Applies to possibilities as well as the realistic.
- ☐ ☐ Relates to the future as well as the present.
- ☐ ☐ Is evident in hypothetical-deductive statements.
- ☐ ☐ Demonstrates logical reasoning.
- ☐ ☐ Advances in thinking can be divided into several areas:
- ☐ ☐ It includes a more logical thought process and the ability to think about things hypothetically (suppositional, conditional).
- ☐ ☐ It involves asking and answering questions.
- ☐ ☐ Developing abstract thinking skills means thinking about things that cannot be seen, heard or touched (faith, trust, beliefs, spirituality).

### **Physical Development**

Voice changes.

Growth of underarm hair.

Facial hair growth.

- Increased activity of sweat glands.
- Increased production of oil and acne.
- Body parts do not grow all at the same rate.
- This can lead to clumsiness as they try to cope with limbs that seem to have grown overnight.
- They frequently sleep longer. They need more sleep to allow their bodies to conduct the internal work required for such rapid growth.
- Others may be concerned because their physical development is not at the same rate as their peers.
- They may feel shame about demonstrating affection to the opposite sex parent.
- An adolescent girl who used to hug and kiss her dad when he returned home from work may now shy away.

- A boy who used to kiss his mom good night may now just wave to her.

**Erikson:** Identity V. Identity Confusion

**Freud:** Genital stage

**Piaget:** Formal operational  
(11 years and up)