

The University of Texas at Austin
School of Nursing
N266 Nursing Care of Children & Families
Spring 2015
(58100 – 1st Session; Section B) (58105 – 2nd Session; Section A)

Credit Hours:	2 semester hours credit (4 lecture hours per week for 8 weeks)
Placement:	First semester, senior year
Prerequisites:	Successful completion of all required Junior I and Junior II courses and concurrent enrollment in N366P
Time and Room:	Wednesdays and Thursdays 10:00 AM- 12:00 PM; NUR 1.118
Course Faculty:	Lisa Farrens, MSN, RN, CPN
Office; Phone:	NUR 2.104T; 512/767-3003 (Cell)
E-Mail:	lisafarrens@gmail.com (preferred) lfarrens@mail.nur.utexas.edu
Office Hours:	Wednesday and Thursday 8:00-9:00 AM by appointment, 9:00-10:00 AM and 12:00-12:30 PM (Only on Farrens scheduled lecture days)

Course Description:

This course presents the essential concepts, theories, and development processes vital in understanding the health concerns and problems of children, adolescents and their families.

Course Objectives: At the conclusion of this course the learner should be able to:

1. Identify the basic legal, ethical, political, and professional standards of the nursing care of children and their families.
2. Distinguish selected family theories and structures as they impact on children's health and development.
3. Describe historical and cultural variations in childrearing practices and ways in which such variations affect delivery of nursing care to children and their families.
4. Distinguish the reciprocal relationship between psychosocial developmental changes and responses to actual and potential health problems.
5. Distinguish the reciprocal relationship between physiological developmental changes and responses to actual and potential health problems.
6. Explain selected health promotion concepts in the health promotion of children.
7. Explain selected health deviations in children and their impact on families.
8. Explain the use of the nursing process in ambulatory and hospital based care of children and their families.
9. Select and integrate appropriate research findings in the study of children and their families.

Required Reading:

Hockenberry, M. J., & Wilson, D. (2013). *Wong's nursing care of infants and children* (9th ed.). St. Louis, MO: Elsevier Mosby. (Available for purchase for either textbook edition or online edition)

Hogan, M. (2012). *Pearson reviews & rationales: Child health nursing with nursing reviews and rationales* (3rd ed.). Upper Saddle River, NJ: Prentice Hall.
 Review Chapters 1, 3, 4, 7, 10, & 13 (Exam #1)
 Review Chapters 5, 6, 8, 9, 11, 12, & 14 (Exam #2)

Teaching Methods:

Lectures, on line guest lecturers, case studies, group activities, discussions, and exams. Lecture outlines for this course will be available on CANVAS in the "Course Documents" file. Students are encouraged to download and print the class discussion outline prior to attending class.

Methods of Evaluation and Grading Policies:

The course grade will be computed from points earned on 2 exams and assignments noted in the following table. The student must achieve a grade of 74.5% or better in order to pass the course. A course grade of "C" will be assigned to course scores of 74.5 to 79.4%. 79.5-89.4% is a course grade of "B", and 89.5% or greater is a course grade of "A".

Course Grade Breakdown:

Evaluation Activity	% of Final Grade
Exam 1	40%
Exam 2 (Not comprehensive)	40%
Response Paper to Video <i>Making Every Moment Count</i>	10%
Class Attendance / Pre-class Quizzes/ (10 quizzes each worth 1%)	10%

Details:

- Pre-Class Quizzes will be used to encourage both attendance and preparation for class.
 - Quizzes will begin promptly at the start of class (10:00 AM). The quizzes will last for 5 minutes.
 - Quizzes cannot be made up.
 - In the event of illness or family emergency, you must contact the instructor *prior* to the class. If the absence is excused, you may receive credit for the quiz by answering the NCLEX questions at the end of the chapter corresponding in the textbook for that day. Excused means an "official" doctor's note. These must be turned in no later than one week after the missed class day in order to receive credit.
 - Quizzes will consist of 3 NCLEX-style questions based on the assigned reading material for the day. Answers will be discussed at 10:05 AM. Everyone who completes the quiz will receive the point for that day (i.e., you will not lose credit for questions answered incorrectly).

- Quizzes for online lectures are available online and completed by 11:59 pm on the scheduled lecture date.
- Exams:
 - Exams will consist of NCLEX-style multiple-choice questions. There will be 9-15 questions per lecture.
 - Over the years, many students have told me that the best way to prepare for the NCLEX is to complete practice questions. The reviews and rationales book that is required is an excellent way for you to prepare for NCLEX. In order to encourage you to review these practice questions, I will select 1 NCLEX review question from every chapter that is covered on the exam and place the question on the exam verbatim. So, if you have reviewed the practice questions before the exam, then you will see some of those exact questions on the exam.

Group Assignment: Please sign up on CANVAS by **Wednesday, February 4** for Section B and **Thursday, April 2** for Section A. Choose an infectious disease and be prepared to present the mode of transmission, causative agent, major defining signs/symptoms and immunization schedule in class on **Wednesday, February 18** for section B and **Thursday, April 16** for Section A. Please post your research on the Google document on CANVAS.

Response Paper to Video: *Making Every Moment Count*

After watching the video *Making Every Moment Count*, you will write a one-half to one page response paper. This writing activity is a type of “debriefing” exercise. Most students are somewhat affected by what they see in the video. Many thoughts and emotions are often evoked after seeing what these patients and families go through. We understand that everyone will react differently based upon your life experiences. We look at this assignment as a way for you to identify and articulate your thoughts and feelings, instead of keeping them inside. As a nurse, it is important to talk about things you see in your practice, or sometimes write them down, in order to process everything and continue to practice successfully and effectively. This assignment counts as 10% of your total course grade. No numeric weighting will be given to your paper. You will earn either a 100 or a zero. This assignment will be due the day after viewing the video (see the course calendar). **Submit paper online via CANVAS not via email.** Papers submitted late or directions are not followed may be assessed a 10-point penalty deduction per day at the discretion of the instructor. **Due Friday, February 13 for Section B and Friday, April 17 for Section A.**

Student Responsibilities:

Honor Codes: The profession of nursing has a legacy of public respect and trust. We provide specialized care for the health needs of individuals and the community with integrity, honesty, compassion, and state of the art knowledge and skills. Learning and practicing responsible and ethical professional behavior is a vital part of professional education. The Institutional Rules on Student Services and Activities given in the General Information Catalog (Chapter 11) and The University of Texas at Austin's Honor Code apply to all nursing students:

The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the University is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

Additionally, the School of Nursing has its own honor code:

As a student in The University of Texas at Austin's School of Nursing, I pledge myself to be honest in all of my student activities including, but not limited to, all of my scholastic work and interactions with patients, members of the community, faculty, and peers. Furthermore, I will not use any substance prior to or during my interaction with patients that could alter my judgment or ability to render safe care: this includes but is not limited to any use of alcohol, illegal drugs, and prescription or over-the-counter drugs that may impair my mental and/or physical abilities required to perform safe patient care. I will disclose to my instructor any violations of the above standards of conduct.

Attendance Policy: The student is expected to attend all classes and exam sessions. Exams will start at the beginning of class on the dates scheduled. In the event of exceptional circumstances, which make it impossible for a student to be present for a scheduled test, arrangements must be made with the facilitator in advance. If prior arrangements are not made with the facilitator the student may not be permitted to take the test. If for unusual reasons, the student is permitted to take the test, a 10-point raw score penalty may be incurred at the discretion of the instructors. Additional information on attendance policies is contained in The University of Texas at Austin General Information Bulletin.

Course Repeat Policy: A student may repeat a nursing course only once. If the student does not earn a grade of at least "C" upon repeating the course, s/he cannot continue in the School of Nursing. If while repeating the course, the student drops or withdraws from The University at a time when the student's performance in the course is considered to be inferior to that required for a grade of "C", s/he may not enroll in the course or continue in the School of Nursing.

Use of Laptops and other Electronic Devices: Computer (**not** cell phones, iPods, or MP3 players) use is permitted during class if it is used for note taking or to access the required readings. Students who misuse technology (e.g., accessing email, social networking) during class will be asked to leave the classroom and may receive a deduction of up to 10% from their final course grade. **During all testing periods, all phones and electronic devices will remain in the off position and in your backpack placed at the front or along the side of the room.** Should you need to leave your phone on due to an emergency circumstance, please inform the instructor prior to class.

Scholastic Dishonesty: Refer to the General Information for information on the Scholastic Dishonesty Policy Sec. 11-802. Scholastic dishonesty includes, but is not limited to cheating, plagiarism, collusion, falsifying academic records, and misrepresenting facts. The Dean of Students Office records acts of dishonesty and notifies the School of Nursing of each incident. In addition to all of the University statements and policies relative to academic dishonesty, the School of Nursing recognizes the strong link between honesty in academic work and professional integrity. Any act of academic dishonesty, including fabrication of reports or records of interactions with clients, is considered incompatible with ethical standards of nursing practice. The School of Nursing does not admit students who have a record of violations to the professional sequence. Students who engage in scholastic dishonesty may be subject to dismissal and may jeopardize their eligibility for licensure as a registered nurse.

Student Conduct Policy: Students and faculty in The School of Nursing each have responsibility for maintaining an appropriate learning environment. Faculty has the professional responsibility to treat students with understanding, dignity and respect and to guide the teaching/learning process. Students are expected to refrain from verbal and nonverbal behaviors in the classroom and clinical that may be distracting to others, such as, but not limited to: arriving late or leaving early, side conversations, text messaging, note passing, surfing the internet or answering e-mail on laptops, and answering cell phone or pager. Students who persistently engage in behaviors that are disruptive to the teaching/learning process may be required to leave the setting. For further information refer to General Information, Institutional Rules on Student Services and Activities, Chapter 11: Student Discipline and Conduct.

The School of Nursing is a professional school and we often have members of the public visiting our facility; therefore, we require students to dress in a professional manner at all times. There is a very specific School of Nursing uniform policy for clinical settings. Within the School of Nursing building we can be a bit more relaxed; however, general rules of dress still apply. Body piercing, other than ears, must not be visible. Revealing clothing (i.e., midriff baring shirts, short-shorts or short skirts, or low-rise pants &/or low cut shirts that reveal “cleavage”) must not be worn or, at a minimum, must be covered while in the School of Nursing.

Please remember that you are representing the School of Nursing and the nursing profession. As such you are expected to maintain an appropriate level of professionalism.

Academic and Program Accommodations for Students with Disabilities: Refer to the General Information for information on Academic and Program Accommodations for Students with Disabilities or contact the Services for Students with Disabilities office in the Office of the Dean of Students at 471-6259. The School of Nursing works to ensure that students who have disabilities have equal access to the University’s programs and services.

If you have any questions about services or accommodations for students with disabilities, please talk with the faculty member, the Assistant Dean for Undergraduate Programs, or the Assistant Dean for Student and Clinical Affairs or directly call the Office of the Dean of Students, Services for Students with Disabilities, 471-6259.

EMERGENCY INFORMATION

The University of Texas at Austin web site to learn about UT emergency information is <http://www.utexas.edu/emergency>. You may also want to sign up for text messaging of any campus emergency to be delivered to your mobile device. Please visit:
<https://longhorns.mobilecampus.com/>

Please see disaster plan for this building, located in the last few pages of this syllabus.

Visit the UT Behavioral Concerns Advice Line web site that provides UT faculty, students and staff an opportunity to discuss their concerns about another individual's behavior.
<http://www.utexas.edu/safety/bcal/>

Call Student Affairs Office at 512-232-4780 and Front Desk at 512-471-7913 for the UT Austin School of Nursing emergency updates.

TIPS FOR DOING WELL IN CLASS

1. *Be present in class:* This means being on time, awake, and ready to actively participate.
2. *Be familiar with the material before class:* I expect you to read the entire chapter before class, and expect you to have a basic understanding of what I will be talking about. Review the summary of key points at the end of the chapter, as well as any tables, pictures, and charts. Review the lecture outline before class and use it as a guide for what to focus on. Topics that are not covered in the lecture outline will not be specifically tested.
3. *Study efficiently:* The test questions are drawn mainly from the lecture. This should motivate you to come to the lecture!
4. *Come to office hours:* If you don't come to office hours, then I assume that you understand everything and don't have any questions. If you have any questions, please stop by!
5. *Be present in class:* Just in case you didn't read #1, it is repeated here!

My goals as a teacher are to:

- Promote a classroom environment that makes you want to be in class each day.
- Make learning fun!
- Encourage understanding rather than memorization.
- Tie together many of the facts and concepts you already know into more useable information.
- Provide you with the basic information you need to know to take care of children, because you will all be pediatric nurses in some shape or form.
- Be straightforward and communicate clearly what your expectations are.
- Be open to feedback from students about the course.

Course Calendar: Section B (Unique: 58100) (1/20-3/11)
All reading assignments are from Hockenberry & Wilson

Date	Topics	Pre-Class Work	Reading Assignment
Wed. 1/21	Introduction to the Course Growth & Development	Bring a picture of yourself or a child reaching a developmental milestone	Chapters 12, 14, 15, 17, & 19
Thurs 1/22	Fluids, Electrolytes, Acid-Base Balance (QUIZ #1)		Chapters 28 & 29
Wed. 1/28	Renal and Genitourinary (ONLINE QUIZ #2) ONLINE LECTURE	Think about the dialysis modality you would choose for yourself or for your child if dialysis were indicated. What are the pros and cons of each modality?	Chapter 30 & pp. 447-461
Thurs. 1/29	Respiratory, Part 1 (QUIZ #3)	List 3 reasons why infants and children are at risk for developing severe respiratory illnesses (compared to adults)	Chapters 31 & 32
Wed. 2/4	Respiratory, Part 2 Common Pediatric Illnesses (QUIZ #4)	Explore 3 websites related to cystic fibrosis. Take note of information provided, intended audiences, and accuracy and consistency of information offered	Chapter 18
Thur. 2/5	Neuro (ONLINE QUIZ #5) GUEST LECTURER (or Online Lecture)		Chapters 24, 37, & pp. 409-417
Wed. 2/11	Hematology/Oncology (QUIZ #6) Guest Lecturer	Post-class work: Write a one-page response to the video we will watch today in class Paper due Friday, 2/13 online via CANVAS	Chapters 23, 35, & 36
Thur. 2/12	EXAM I (covers all material up to this point except Hem/Oncology)		

Date	Topics	Pre-Class Work	Reading Assignment
Wed. 2/18	Infectious Disease (QUIZ #7)	Explore at least 2 websites about vaccine safety. Find 1 that promotes vaccines and another that opposes them. Group assignment due. Details will be posted on blackboard. Present group assignment on Infectious Disease	pp. 495-509 & 937-943
Thur. 2/19	Endocrine/Infectious Disease Presentations cont. (QUIZ #8)		Chapter 38
Wed. 2/25	GI (QUIZ #9)	List 3 clinical manifestations of GI dysfunction in children	Chapter 33 & pp. 426-448
Thur. 2/26	Cardiovascular Disease (ONLINE QUIZ #10) Guest Lecturer (Or Online Lecture)		Chapter 34
Wed. 3/4	Musculoskeletal (No Quiz) ONLINE LECTURE	Complete the musculoskeletal case study (embedded in lecture notes)	Chapters 39, 40 & pp. 399-409 & 419-426
Thur. 3/5	TBA		
Wed. 3/11	Exam 2 (covers material presented after Exam 1)		

Course Calendar: Section A (Unique: 58105) (3/12-5/6)
All reading assignments are from Hockenberry & Wilson

Date	Topics	Pre-Class Work	Reading Assignment
Thur. 3/12	Introduction to the Course Growth & Development	Bring a picture of yourself or a child reaching a developmental milestone	Chapters 12, 14, 15, 17, & 19
3/18- 3/19	NO CLASS- Spring Break		
Wed. 3/25	Fluids, Electrolytes, Acid-Base Balance (QUIZ #1)		Chapters 28 & 29
Thurs. 3/26	Respiratory Part I (QUIZ #2)	List 3 reasons why infants and children are at risk for developing severe respiratory illnesses (compared to adults)	Chapters 31 & 32
Wed. 4/1	Renal and Genitourinary (ONLINE QUIZ #3) Guest Lecturer or ONLINE LECTURE	Think about the dialysis modality you would choose for yourself or for your child if dialysis were indicated. What are the pros and cons of each modality?	Chapter 30 & pp. 447-461
Thur. 4/2	Neuro (ONLINE QUIZ #4) ONLINE LECTURE Or Guest Lecturer		Chapters 24, 37, & pp. 409-417
Wed. 4/8	Respiratory Part 2, Common Health Issues (QUIZ #5)	Explore 3 websites related to cystic fibrosis. Take note of information provided, intended audiences, and accuracy and consistency of information offered.	Chapter 18
Thur. 4/9	Exam 1 (covers all material up to this point)		

Date	Topics	Pre-Class Work	Reading Assignment
Wed. 4/15	Hematology/Oncology (QUIZ #6) Guest Lecturer	Post-class work: Write a one-page response to the video we will watch today in class Paper due Friday, 4/16/15 submit online via CANVAS	Chapters 23, 35, & 36
Thur. 4/16	Infectious Disease (QUIZ #7)	Explore at least 2 websites about vaccine safety. Find 1 that promotes vaccines and another that opposes them. Group assignment due. Details will be posted on blackboard. Present group assignment on Infectious Disease	pp. 495-509 & pp. 937-943
Wed. 4/22	Endocrine/ Infectious Disease presentations/ (QUIZ #8)		Chapter 38
Thurs. 4/23	Cardiovascular (ONLINE QUIZ #9) ONLINE LECTURE Or Guest Lecturer		Chapter 34
Wed. 4/29	GI (QUIZ #10)	List 3 clinical manifestations of GI dysfunction in children	Chapter 33 pp. 426-448
Thurs. 4/30	Musculoskeletal (No Quiz) ONLINE LECTURE	Complete the musculoskeletal case study (embedded in lecture notes)	Chapters 39, 40 & pp. 399-409 & 419-426
Wed. 5/6	TBA		
Thurs 5/7	Exam 2 (<i>covers material presented after Exam 1</i>)		

STAGE I INFANCY (Birth to 1 Year)

Erikson: Trust vs. Mistrust

Piaget: Sensorimotor (1-18 mo.)

AGE	GROSS MOTOR	VISUAL/MOTOR	LANGUAGE	SOCIAL/COMMENTS
1 mo.	<ul style="list-style-type: none"> Lifts chin up Raises head up from prone position Makes crawling attempts 	<ul style="list-style-type: none"> Follows to midline Tight grasp 	<ul style="list-style-type: none"> Aware of sounds (Blinks, startles, moves) 	<ul style="list-style-type: none"> Responds to faces Likes being held Music box, rattle, mobile Likes red, yellow, black and white
2 mo.	<ul style="list-style-type: none"> Lifts chest off table Practices holding head up 	<ul style="list-style-type: none"> No longer clenches fist tightly Follows object past midline 	<ul style="list-style-type: none"> Smiles, esp. in response to Stroking and talking to 	<ul style="list-style-type: none"> Recognizes parent Likes people more than objects Mobile
3 mo.	<ul style="list-style-type: none"> Holds head up steadily 	<ul style="list-style-type: none"> Holds hands open at rest Reaches for objects Puts fingers in mouth Watches feet 	<ul style="list-style-type: none"> Coos 	<ul style="list-style-type: none"> Anticipates feeding Reaches for familiar people or objects Plays peek-a-boo
4-5 mo.	<ul style="list-style-type: none"> Rolls front to back and back to front Sits when propped 	<ul style="list-style-type: none"> Moves arms together to grasp object Touches object when placed near 	<ul style="list-style-type: none"> 4 mo. - orients to voice 5 mo. - orients to bell & makes sounds 	<ul style="list-style-type: none"> Enjoys looking around environment
6 mo.	<ul style="list-style-type: none"> Sits unsupported Places foot in mouth when lying down in supine position 	<ul style="list-style-type: none"> Reaches with either hand and able to transfer 	<ul style="list-style-type: none"> Babbles 	<ul style="list-style-type: none"> Recognizes strangers
9 mo.	<ul style="list-style-type: none"> Creeps, crawls, pulls to stand 	<ul style="list-style-type: none"> Holds bottle, finger feeds using pincers grasp 	<ul style="list-style-type: none"> Understands "No" Waves bye-bye 10 mo.-"Dada/Mama" 11 mo.-Additional word other than Dada/Mama 	<ul style="list-style-type: none"> Plays pat-a-cake Begins to explore world about them
12 mo.	<ul style="list-style-type: none"> Walks alone 	<ul style="list-style-type: none"> Throw objects, lets go of toys 	<ul style="list-style-type: none"> 12 mo. uses 2 words more than Dada/Mama 13 mo.-uses 3 words 	<ul style="list-style-type: none"> Imitates actions Comes when called Cooperates when dressed

			• 14 mo.-follows 1-step command without gesture	
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STAGE II TODDLER (1 to 3 Years)

<i>Erikson: Autonomy vs. Shame & Doubt</i>		<i>Piaget: Preoperational Thought, Preconceptual Phase</i>		
AGE	GROSS MOTOR	VISUAL/MOTOR	LANGUAGE	SOCIAL/COMMENTS
15 mo.	<ul style="list-style-type: none"> • Creeps upstairs • Walks backwards 	<ul style="list-style-type: none"> • Scribbles by imitation • Builds tower of 2 blocks by imitation 	<ul style="list-style-type: none"> • 15 mo.-uses 4-6 words • 17 mo.-knows 7-20 words, points to 5 body parts 	
18 mo.	<ul style="list-style-type: none"> • Runs • Throws toy from standing without falling 	<ul style="list-style-type: none"> • Turns 2-3 pages at one time • Fills spoon and feeds self 	<ul style="list-style-type: none"> • 19 mo.-knows 8 body parts 	<ul style="list-style-type: none"> • Imitates parent in tasks like sweeping, dusting • Plays in company of other children
21 mo.	<ul style="list-style-type: none"> • Goes up steps • Squats in play 	<ul style="list-style-type: none"> • Builds tower of 5 blocks • Drinks from cup easily 	<ul style="list-style-type: none"> • Uses 2 word combinations • 50 word vocabulary • Two word sentences 	<ul style="list-style-type: none"> • Goes to toilet • Asks for food
24 mo.	<ul style="list-style-type: none"> • Walks up and down steps 	<ul style="list-style-type: none"> • Turns pages one at a time • Removes shoes, pants 	<ul style="list-style-type: none"> • Uses I, you, me inappropriately • Understands 2 step commands 	<ul style="list-style-type: none"> • Known as the "Terrible Twos"- often says "No" • Parallel play
30 mo.	<ul style="list-style-type: none"> • Jumps with both feet off floor • Throws ball over head 	<ul style="list-style-type: none"> • Holds pencil in adult fashion • Unbuttons • Knows difference between vertical and horizontal lines 	<ul style="list-style-type: none"> • Uses I, you, me, correctly • Understands concept of "one" 	<ul style="list-style-type: none"> • Gets a drink without help • Tells first and last name when asked

STAGE III EARLY CHILDHOOD (3 to 6 Years)

Erikson: Initiative vs. Guilt

Piaget: Preoperational Thought, Intuitive Phase

AGE	GROSS MOTOR	VISUAL/MOTOR	LANGUAGE	SOCIAL/COMMENTS
3 yrs.	<ul style="list-style-type: none"> • Pedals tricycle • Alternates feet when going up steps 	<ul style="list-style-type: none"> • Partially dresses and undresses self • If reminded, dries hands • Draws a circle 	<ul style="list-style-type: none"> • Uses 3 word sentences • Uses plurals and past tense • Minimum 250 words • Understands concept of "two" 	<ul style="list-style-type: none"> • Group play • Shares toys • Takes turns • Knows full name, age and sex
4 yrs.	<ul style="list-style-type: none"> • Hops, skips • Alternates feet going downstairs 	<ul style="list-style-type: none"> • Buttons clothing • Catches ball 	<ul style="list-style-type: none"> • Knows colors • Says song or poem from memory • Asks questions 	<ul style="list-style-type: none"> • Tells "tall tales" • Plays cooperatively with a group of children
5 yrs.	<ul style="list-style-type: none"> • Skips, alternating feet • Jumps over low obstacles 	<ul style="list-style-type: none"> • Ties shoes • Spreads food with knife 	<ul style="list-style-type: none"> • Prints first name • Asks what a word means 	<ul style="list-style-type: none"> • Plays competitive games, abides by rules • Likes to help with chores at home • Attends kindergarten

STAGE IV MIDDLE CHILDHOOD (6 to 12 Years)

<i>Erikson: Industry vs. Inferiority</i>		<i>Piaget: Concrete Operations (Inductive Reasoning & Beginning Logic)</i>		
AGE	PHYSICAL & MOTOR	COGNITION	ADAPTIVE	SOCIALIZATION
6 yrs.	<ul style="list-style-type: none"> • Active age • Height and weight gain- slower • Likes to draw, print, and color 	<ul style="list-style-type: none"> • Attends 1st grade • Describes objects in picture • Defines common objects and counts 13 pennies • Knows a.m. and p.m. 	<ul style="list-style-type: none"> • Uses knife • Cannot tie knot • Performs bedtime activities and alone and able to bathe self • Has own way of doing things 	<ul style="list-style-type: none"> • Shares and more cooperative • Greater need to be with children of same age • Jealous of younger sibling • Temper tantrums • Will cheat to win • Giggles a lot • Mimics adult behaviors observed
7 yrs.	<ul style="list-style-type: none"> • Gross motor actions cautious but not fearful • Willing to repeat activity for mastery • Able to remain in one position for longer periods of time 	<ul style="list-style-type: none"> • Attends 2nd grade • Copies diamond shape • Uses clock • Able to read, often does not pause between sentences and leaves out the, he, it, etc. 	<ul style="list-style-type: none"> • Brushes and combs hair without help • Cuts food with knife 	<ul style="list-style-type: none"> • Likes to help out and have a choice • Spends time alone • Plays with own gender • Less stubborn
8-9 yrs.	<ul style="list-style-type: none"> • Grows: 6.6 lbs. a year / 2 inches a year • Movement more graceful • Good eye/hand coordination • Always on the go 	<ul style="list-style-type: none"> • Attends 3rd to 4th grades • Makes change from a quarter • Reads classic books as well as comics • Knows date, week & month • Ashamed of bad grades 	<ul style="list-style-type: none"> • Able to use saw, hammer and household tools • Helps with routine household tasks and assumes some responsibility • Buys useful articles 	<ul style="list-style-type: none"> • Better behaved • More critical of self • Likes to play games • Likes opposite sex as friends but unwilling to admit
10-12 yrs.	<ul style="list-style-type: none"> • Slow growth (obesity may become problem) • Pubescent changes may begin to occur, esp. with girls 	<ul style="list-style-type: none"> • Attends 5th to 7th grades • May write short letters • Uses telephone • Reads more for practical reasons as well as for enjoyment 	<ul style="list-style-type: none"> • May be left alone for short periods • Raises pet • Makes useful items • Washes and dries own hair • Simple sewing and cooking for self 	<ul style="list-style-type: none"> • Family is important • Demonstrates affection • Respects parents • Loves friends • Selective with choosing friends • Likes to talk

STAGE V ADOLESCENCE (13 to 19 Years)

<i>Erikson: Identity vs. Identity Confusion</i>		<i>Piaget: Formal Operations (Deductive & Abstract Reasoning)</i>		
AGE	GROWTH	COGNITION	IDENTITY	SOCIAL/RELATIONSHIPS
Early (11-14 yrs.)	<ul style="list-style-type: none"> •Rapid growth •Secondary sex characteristics 	<ul style="list-style-type: none"> •Limited ability for abstract thinking but explores abstract thinking •Compares "normal" standards with peers of same sex 	<ul style="list-style-type: none"> •Preoccupied with rapid body changes •Conforms to group norms •Measures "attractiveness" by acceptance of peers 	<ul style="list-style-type: none"> •Dependency vs. Independency issues with parents •Establishes close friendships especially of same sex
Middle (14-17 yrs.)	<ul style="list-style-type: none"> •Reaches 95% adult height •Growth slows down •Secondary sex characteristics advanced 	<ul style="list-style-type: none"> •Develops capacity for abstract thinking •Often idealistic 	<ul style="list-style-type: none"> •Very self centered •Has fantasy life •Reestablishes body image 	<ul style="list-style-type: none"> •More conflicts with parents over degree of independence •Behavioral standards set by peer group •Fear of rejection from peers strong •Exploration of ability to attract opposite sex
Late (17-20 yrs.)	<ul style="list-style-type: none"> •Physically mature 	<ul style="list-style-type: none"> •Abstract thought established •Understands long range options •Intellectual and functional identity established 	<ul style="list-style-type: none"> •Body image and gender role nearly secured •Self esteem intact •Social roles defined 	<ul style="list-style-type: none"> •Independence from family and less conflict •Relationships include giving and sharing

RED FLAGS: DEVELOPMENTAL LAGS**ONE CANNOT AFFORD TO MISS****WATCHING FOR DEVELOPMENTAL LAGS AND DISABILITIES**

Most lists that indicate the normal stages of development do not really give a clue about when one should begin to be seriously concerned about developmental lags and disabilities.

The following table includes many of the “red flags” often indicative of abnormal patterns of development. In many cases, the presence or absence of any one sign may mean nothing if the rest of development is normal. Certain signs, in and of themselves, are very important, however. For example, an infant who has no social smile at 6 months of age demands further investigation.

Indications for Further Evaluation for Developmental Delay

AT 3 MONTHS	Does not react to sudden noises Does not appear to listen to a speaker’s voice Does not try to find the speaker’s face with his eyes Has not begun to vocalize sounds Has been left to lie in a crib for hours without visual or auditory stimulation Does not raise the head when lying on the stomach
AT 6 MONTHS	Does not turn to the speaking person Does not respond to being played with Is not visually alert Never laughs or smiles Is not babbling Does not reach for or try to pick up a toy Is not learning to sit up Does not appear to be gaining weight Does not arch the back when lying on the stomach and raising the head
AT 1 YEAR	Has not been responding to “Pat-a-Cake,” “Peek-a-Boo,” or other baby games Is not imitating a variety of speech sounds Is not saying two or three words such as bye-bye, mama, dada Is not pulling up to a standing position
AT 18 MONTHS	Is not yet beginning to feed itself with a spoon Does not imitate speech or vocalize in jargon Is not moving about to explore Does not give eye contact Has not or does not spontaneously squat when picking up objects

AT 2 YEARS	<ul style="list-style-type: none"> Is not naming a few familiar objects and using a few two or three word phrases Is not noticing animals, cars, trucks, trains Is not beginning to play symbolically with housekeeping toys, little cars Is not moving about vigorously, running, climbing, exploring Avoids eye contact Does not seem to focus eyes on a large picture Engages in rocking or head banging for extensive periods of time Is not walking up stairs
AT 3 YEARS	<ul style="list-style-type: none"> Does not seem aware of other children, or adults, of the weather, traffic, and so forth Uses little or no speech Does not engage in imitative play symbolic of adult activities Avoids looking at pictures or pointing to pictures of familiar objects Does not follow simple directions Engages for long periods of time in repetitive behaviors like flipping pages or a magazine, or spinning a wheel on a little truck, head banging, and so forth Cannot ride a tricycle even if given opportunity to do so
AT 4 YEARS	<ul style="list-style-type: none"> Does not have at least partially understandable speech with sentences Uses echolalia speech or frequent, bizarre, meaningless sounds Does not focus visually on pictures Does not seem interested in listening to a simple story about his or her experiences Repeatedly tests all limits Is so quiet and conforming that he or she never tests or tries anything new Has pronounced fears and phobias Frequently engages in flapping of the arms or flipping of the hands to express excitement Runs about from one thing to another every minute or so without getting fully involved in an activity Is still untrained in toileting (occasional slips do occur at this age) Does not draw some sort of representation of human beings (at least a head and a few features), if crayons or pencils have been available to the child Stays on the periphery of the playroom, paying no attention to other children for some weeks, after most children have overcome shyness and begun to play with or near other children Avoids eye contact Engages in head banging or rocking Cannot tolerate change or frustration without frequent 2-year-old tantrums

Reference: Young A., & Schliecker, I.: Preprimary Prevention Project. Mendota Mental Health Institute, 301 Troy Drive, Madison, Wisconsin.
 From: The Best of the Whole Pediatrician Catalogs I-III, McMillan, Julia, ed. 1983.

Nursing Building Evacuation Plan

If you see smoke, see flames, smell something burning, or become aware of another emergency that may require evacuation of the building, **immediately**:

1. If possible, **ISOLATE** the fire or other emergency by closing the door.
2. **ACTIVATE** the nearest **FIRE ALARM PULL STATION**.
3. **EVACUATE** to the PRIMARY or SECONDARY ASSEMBLY AREA.
4. Dial University Police at **911** or Dispatch **471-4441**.

DO NOT CALL 911 UNTIL YOU ARE OUTSIDE THE BUILDING.

IF A FIRE ALARM IS ACTIVATED OR IF YOU HAVE RECEIVED AN EVACUATION ORDER:

- In a calm and orderly manner, proceed to evacuate the area and follow the instructions of the Floor Managers or emergency response personnel. Each floor has two designated floor managers. Their role is to ensure that everyone on their floor has proceeded to the fire exit stairs. Occupants in areas 1, 3, 5, 7, and 9 are to exit the first level of the southwest stairwell. Occupants in areas 2, 4, 6, 8, and 10 are to exit the first level of the northwest stairwell. See maps that follow these instructions.
- Do not rush, push or panic.
- Close your office, classroom, or lab door behind you.
- EVACUATE to the designated ASSEMBLY AREAS. If your progress to one of the PRIMARY assembly areas is impeded, proceed to the other PRIMARY assembly area without either re-entering the building or attempting to move through any obstruction. During inclement weather, proceed to the SECONDARY assembly area.
- DO NOT USE ELEVATORS TO EVACUATE. Descend the nearest fire exit stairs in single file down to the GROUND LEVEL (first floor) and exit the building. Primary fire exit stairs are located on the southwest and northwest ends of the building.
- If there is someone who requires assistance, please escort them to the STAGING AREA.
- Do not reenter the building unless directed by UTPD, an Austin Fire Department Officer in charge, or Building Manager.
- Faculty are responsible for informing their students and any guests of these procedures. If for some reason your class should meet in a classroom that is not your assigned classroom, you should provide evacuation instructions for that location.

Refer to the floor-specific plans to determine your evacuation route and assembly area.

DO NOT BLOCK ACCESS TO BUILDING FOR EMERGENCY PERSONNEL. Do not exit through the front door of the building unless you are in the lobby areas outside the central elevators/stairwell or unless access to one of the other stairwells is blocked. If you are in the courtyard outside the second floor lobby, you may exit through the glass doors to the east or west, then out to one of the designated assembly areas.

ASSEMBLY AREAS

From NORTHWEST FIRE STAIR EXIT—proceed to first floor stairwell exit door to outside of building. DO NOT ENTER FIRST FLOOR HALLWAY AND EXIT THROUGH GLASS DOORS. Primary assembly area is **toward** the north bridge. Secondary assembly area is Trinity

Garage; enter off Lot 23. If there is any construction in the area of the north bridge that prohibits assembling, proceed to secondary area in Trinity Garage.

From SOUTHWEST FIRE STAIR EXIT— proceed to first floor stairwell exit door to outside of building. DO NOT ENTER FIRST FLOOR HALLWAY AND EXIT THROUGH GLASS DOORS. Primary assembly area is **toward** south bridge. Secondary assembly area is Trinity Garage; enter off Lot 23. If there is any construction in the area of the south bridge that prohibits assembling, proceed to secondary area in Trinity Garage.

EVACUATION ASSISTANCE

It is expected that faculty and staff will assist those among us who require assistance in case of evacuation. If you, or a guest or student, require assistance in emergency situations, please inform the Building Manager of the type of assistance needed based on the following categories:

- Alarm Notification – occupant has hearing and visual impairments; may be able to easily navigate stairs but require notification if the alarm has activated. This can be the case if a person with hearing impairments is working in an office with the door closed.
- Slow Evacuation Capability – occupant can navigate stairs but requires some assistance or who move at a much slower pace than others.
- Impractical Evacuation Capability – occupants who cannot navigate the exit stairs. To evacuate the building, this occupant must be carried down or evacuated through an elevator provided with emergency service.

The names of those provided will be kept in the fire alarm panel for use by emergency responders.

STAGING AREA

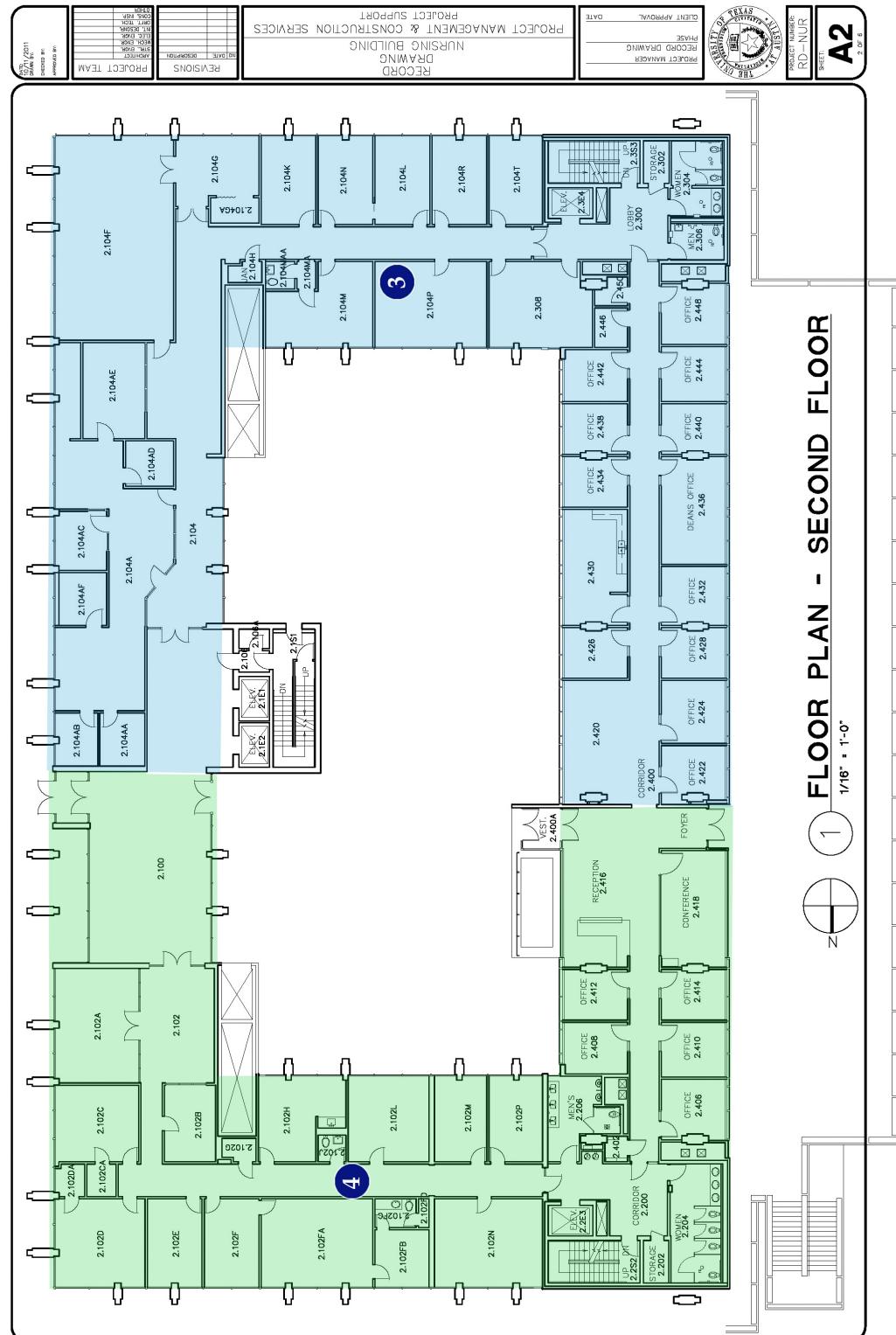
If an occupant needs assistance, please escort them to the area outside the stairwell. If they are unable to use the stairs, wait until everyone has evacuated the area, move them into the stairwell, and after evacuating the building, inform your Floor Manager where you have left them.

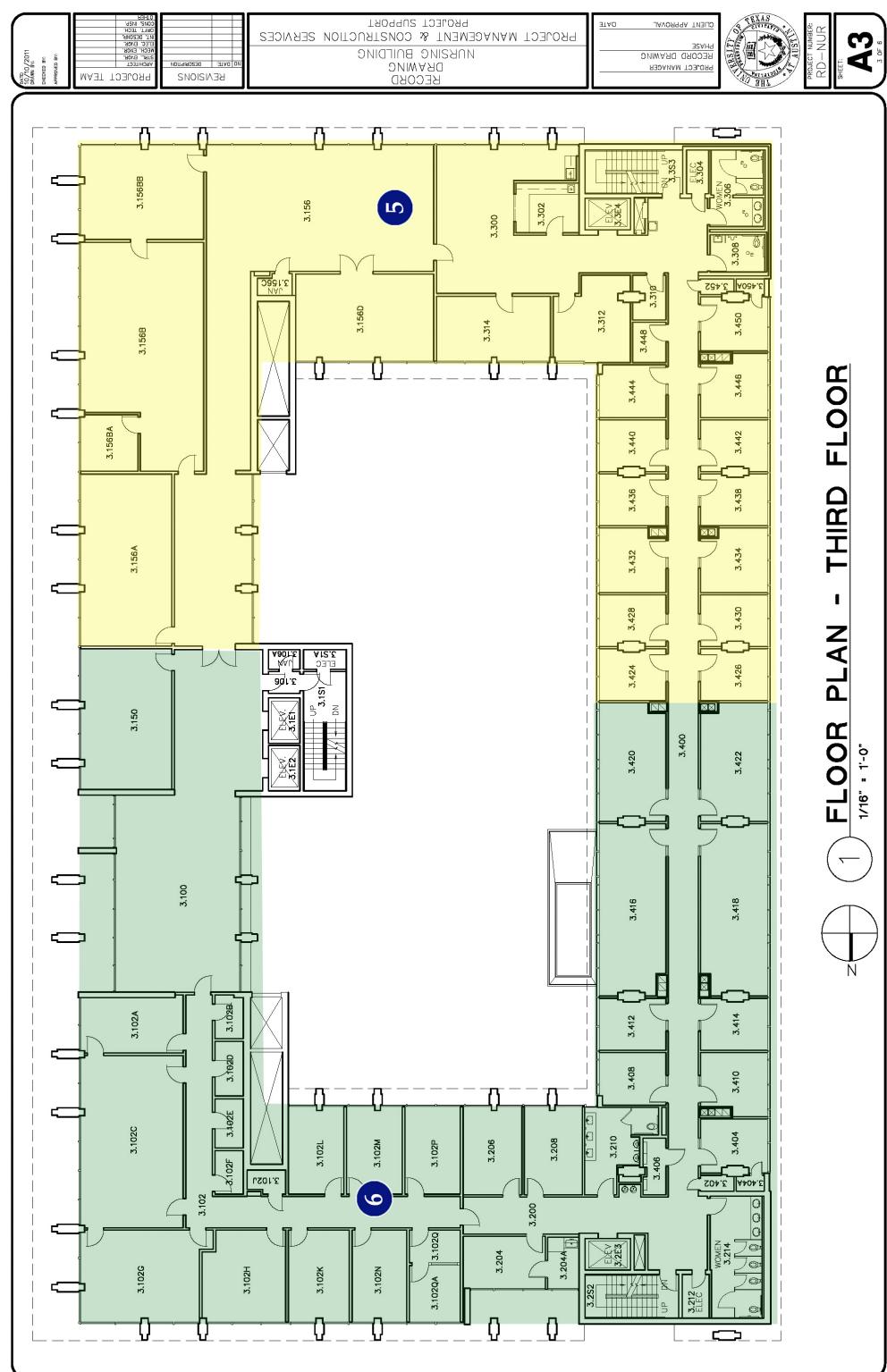
BUILDING EMERGENCY MANAGEMENT TEAM

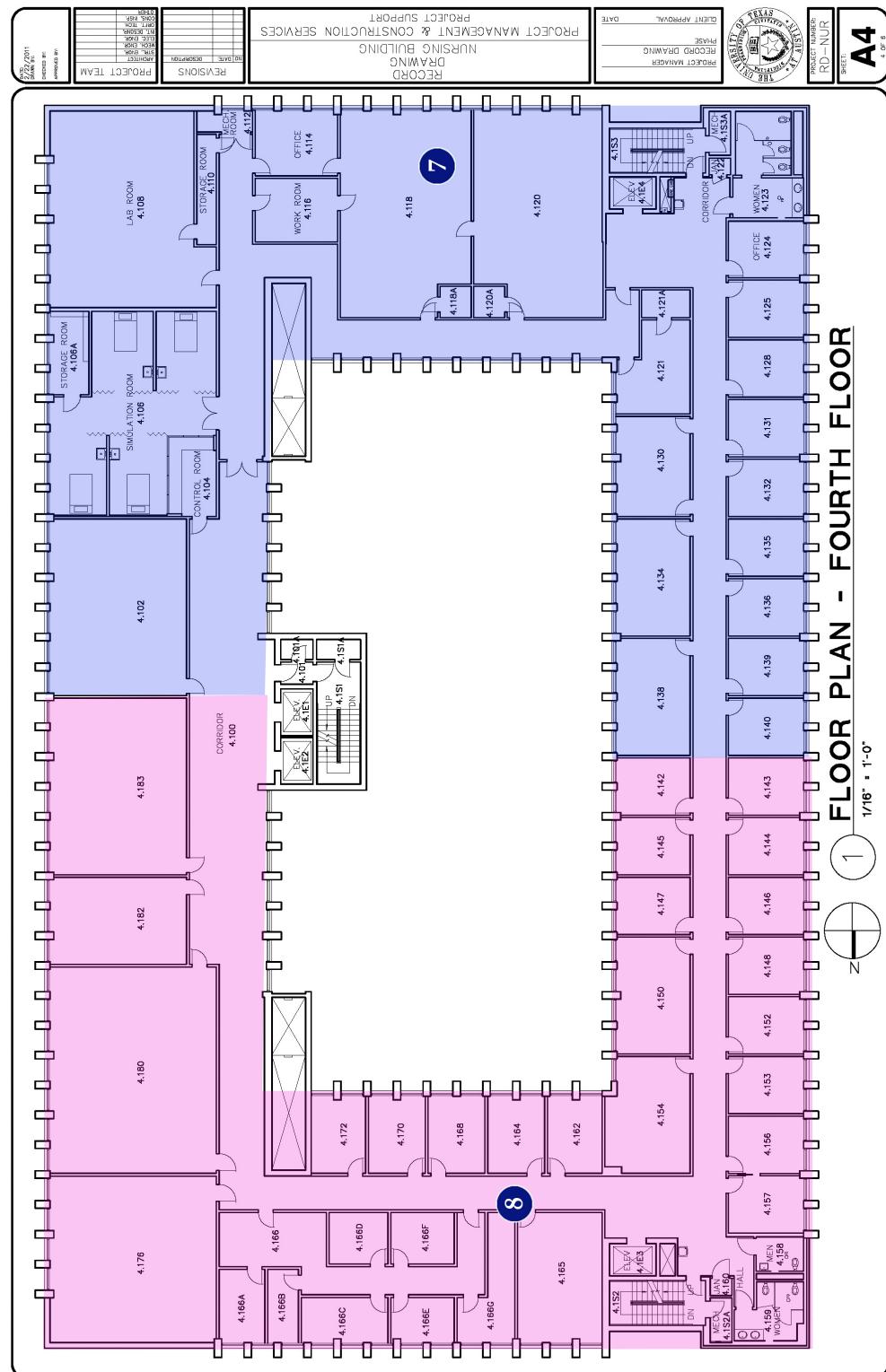
1. Building Manager/Emergency Manager	Margaret Hill	512.471.9906
2. Communications Coordinator	Charla Carrington	512.471.2062
3. Floor Manager/Floor 1	Michelle Voss (P)	512.471.2628
	Andria Brannon (P)	512.471.5237
	Vacant (A)	512.xxx.xxxx
4. Floor Manager/Floor 2	Alan McKendree (P)	512.471.7929
	Sara Hearin (P)	512.471.7924
	Christina Jarvis (A)	512.232.4799
	Vacant (P)	512.232.4760
5. Floor Manager/Floor 3	Vicki Kullberg (P)	512.471.9077
	Vacant (A)	512.xxx.xxxx
6. Floor Manager/Floor 4	Meredith Granholm (P)	512.471.9062
	Scott Hudson (P)	512.471.9062
	Vacant (A)	512.471.9910
7. Floor Manager/Floor 5	Ruth Brady (P)	512.232.4727
	Prati Rijal-Tribble (P)	512.471.1359
	Jeremy Pawlowski (A)	512.471.7961

* P=primary; A=alternate









Assembly Areas

