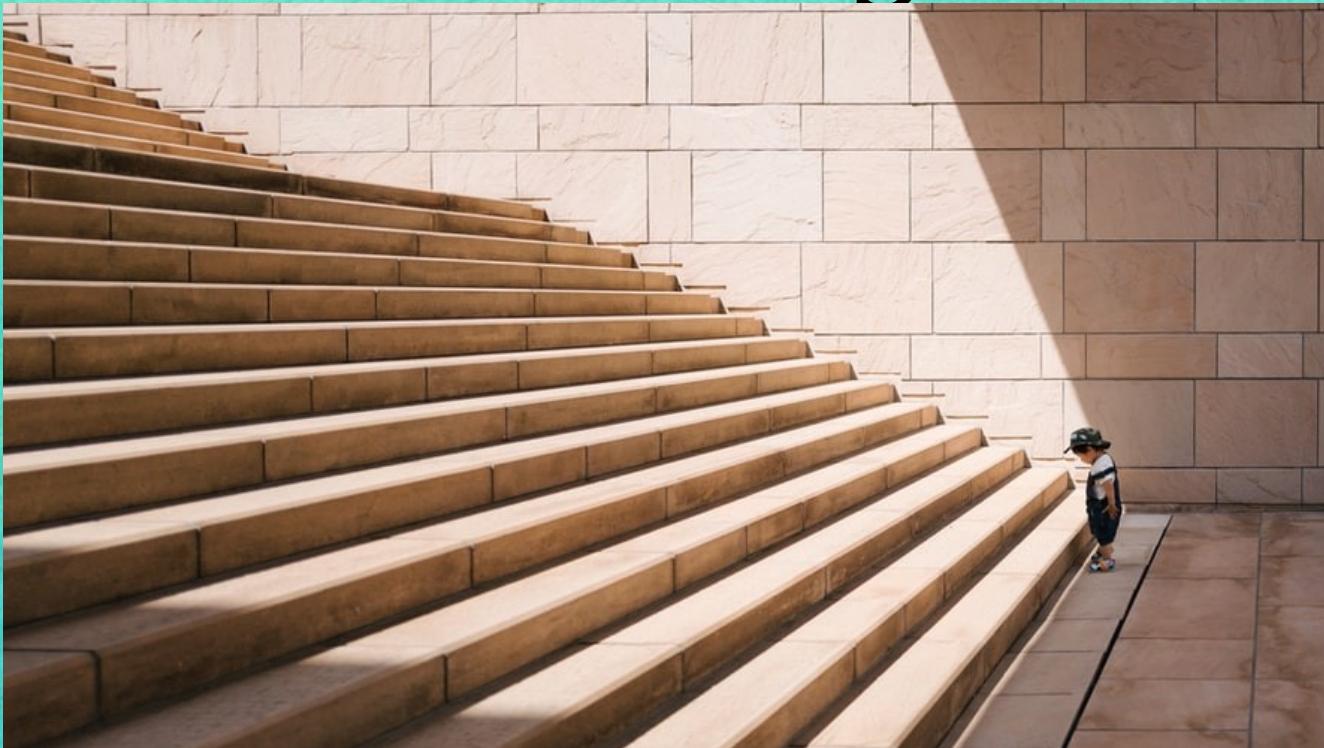


Infants, Children, and Adolescents in Health & Illness

Week #1 August 24, 2021
Laurine Gajkowski, ND, RN, CPN

Welcome to Pediatric Nursing!



Part 1

Walk-Through
of
Fall Semester

NURS 316



WS Question #1

Why?

1. Why are you taking this course?



Laurine's 3 Big Ideas



- Students will provide support, education, and guidance to children and families from diverse communities and backgrounds to **promote optimal development and prevent illness.**
- Students will provide safe, knowledgeable, meticulous care to children and their families during vulnerable periods to **regain health.**
- Students will demonstrate professional growth through their experience with children which inspires them to influence public policy and seek continuous learning to **sustain optimal health.**

Week	Class Date	28hours Class	text chapter	21hours Lab activities	98 hours Clinical focus	Outcome Evaluation
1	8/24/21	Intro to the course Pediatric Nursing	1,2	Frontloading simulations in HEC Intro to Pediatric math	Orientation to Hospital & Unit, pediatric V.S. norms	All oriented to their clinical site
2	8/31	Nutrition F/E Balance	14, 18	Math safety stations, Med math test	Pediatric medication guidelines, math calculations for Essentials Card	Math test Kaplan Peds A due
3	9/7	Pediatric Assessment Respiratory	5,20	RSV simulation	No Monday clinical	Canvas Quiz#1 due Friday 9/10
4	9/14	Growth & Development Health Promotion	4,6,7, 8,9		Primary Care	
5	9/21					Kaplan B Focused Review remediation
6	9/28					Midterm clinical evaluation
7	10/5	Midterm Exam				Midterm Exam
8	10/12 10/19 is fall break					
9	10/26					NCP due according to instructor
10	11/2					Canvas Quiz #2
11	11/9					
12	11/16					Kaplan Peds C
13	11/23				Thanksgiving is 11/25	Final clinical evaluation
14	11/30	Kaplan Secured Test				Kaplan Integrated Exam Kaplan remediation
	12/15	Final Exam		08:00-11:00		Comprehensive Final Exam

Learning Activity	%Weight	Description
Medication math safety	6	Pediatric math skills will be assessed.
Lab proficiency	4	Pediatric skills will be assessed in lab.
Nursing Care Plan (NCP)	14	2 NCP will be completed based on care provided during outpatient & inpatient clinical.
Participation Points (PP)	4	A minimum of 2 contributions to class discussions and documented by student in Canvas.
Health Alteration Presentation (HAP)	7	Students will work in groups to present a chosen pediatric case study during class .
Pre-class or In-class Worksheets (WS)	5	When a pre-class WS is assigned it is due prior to the start of class. When an in-class WS is assigned it is due at the end of class.
Canvas Quizzes (CQ)	10	3 timed, open-book quizzes will be posted on Canvas after Tuesday class & will be due on that Friday evening.
Midterm exam	20	Knowledge of class and lab content up to 9/28 will be assessed.
Comprehensive final exam	30	Knowledge of class, lab, and clinical content over the full 14 weeks will be assessed.
Kaplan testing	P/NP	Peds Math, Focused Review (3) and Integrated (1) tests with remediation will be completed.
Clinical papers	P/NP	Daily Essentials Card, clinical reflection papers, or others as assigned will be submitted to the student's clinical instructor.
Clinical evaluation	P/NP	Clinical performance will be assessed at midterm and after completion of clinical hours.
Total	100	

WS Question #2

How many?

2. How many canvas quizzes are planned ?

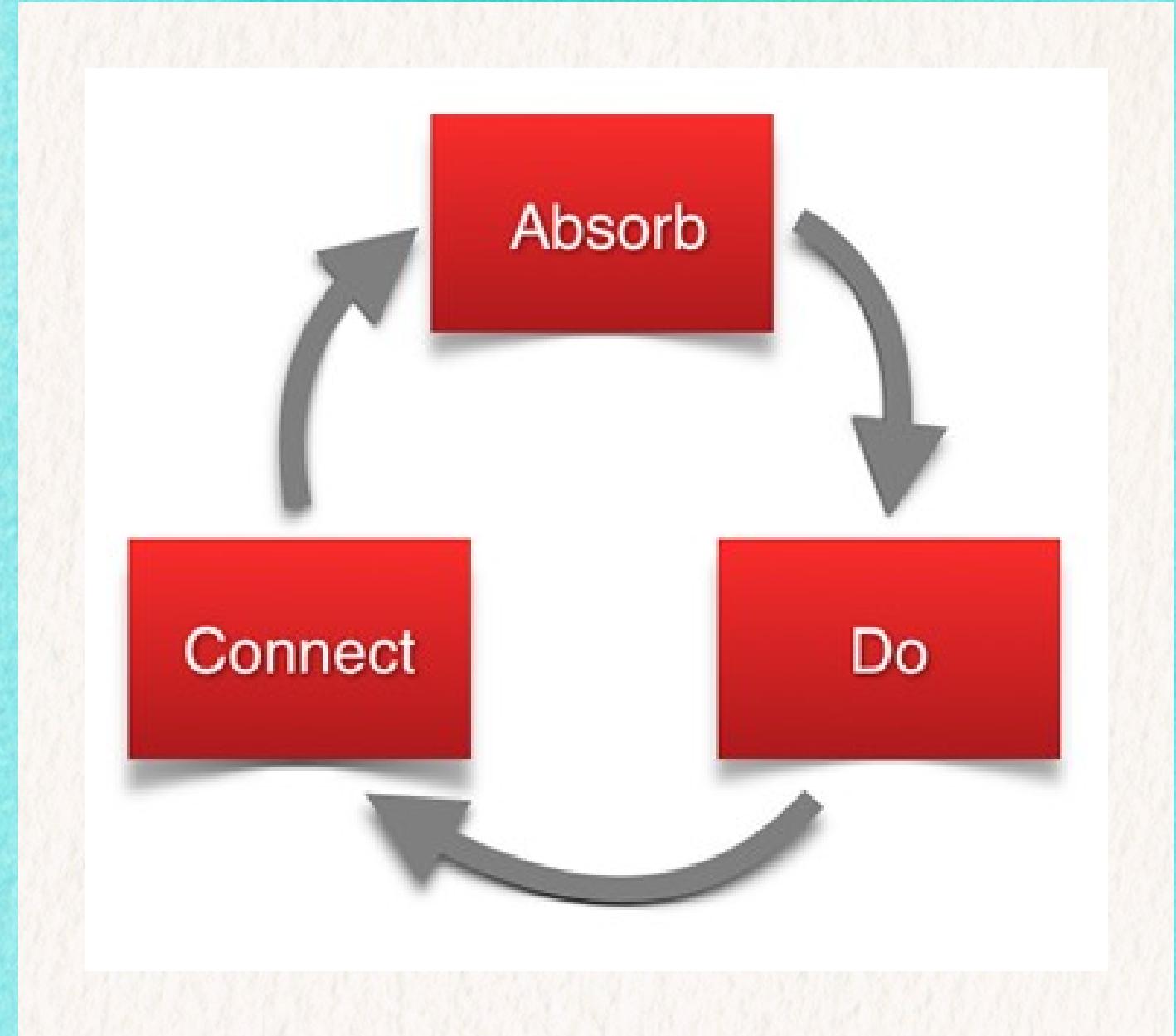


Part II

Guiding Images



Learning Model



Better Way to Reach your Learning Destination

Bus



Bike



The Bindler-Ball Healthcare Model:

A paradigm for health promotion



Reprinted by permission from Ball, J. & Bindler, R. (2006). *Child health nursing: Partnering with children & families*. Upper Saddle River, NJ: Prentice Hall Health, p. 5.

WS Question #3

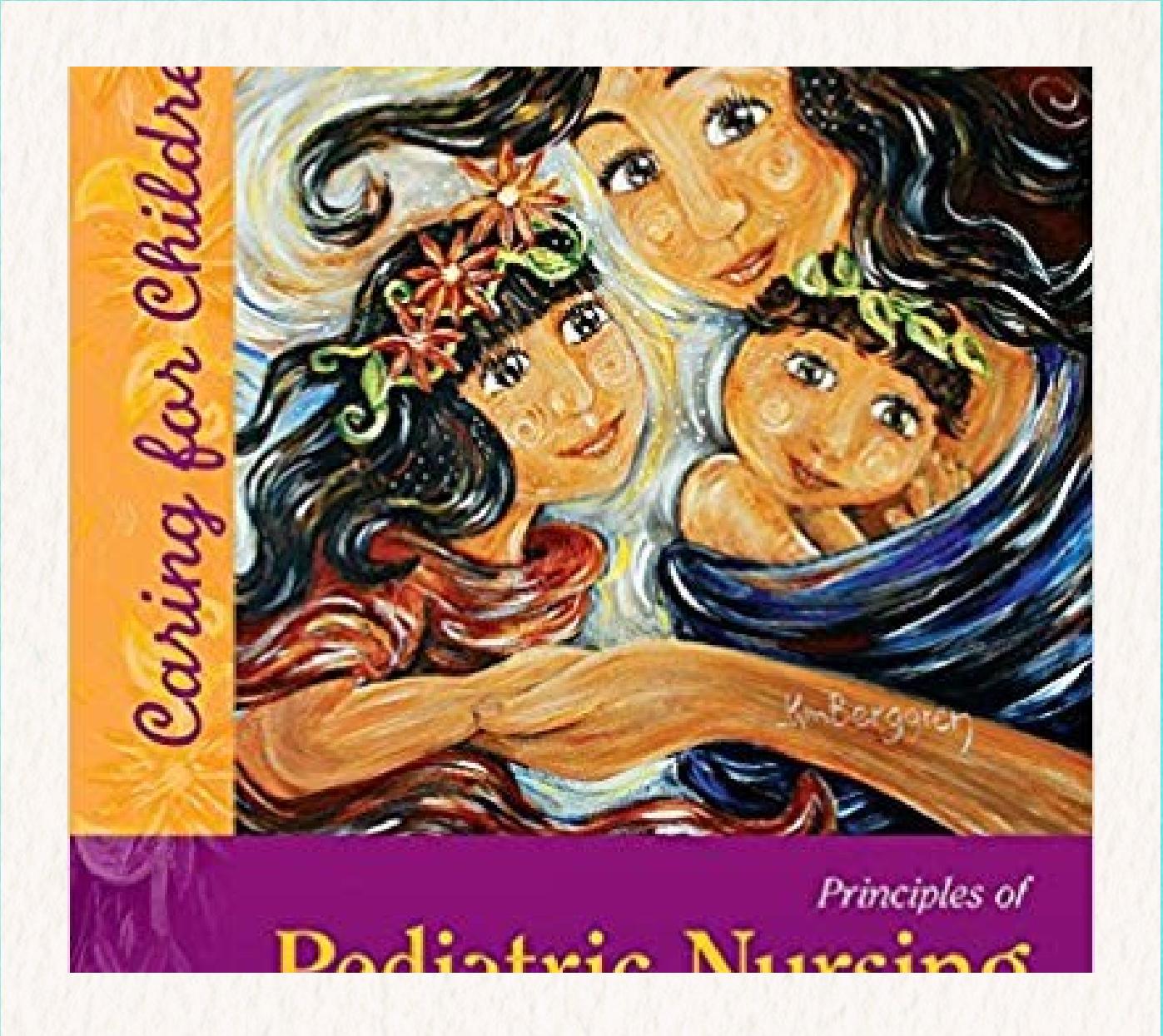
Bus or Bike?

3. Will you learn better by sitting on the bus or pedaling your own bike?



Part III

Chapters One and Two



Chapter 1

Nurse's Role in Care of the Child: Hospital, Community, and Home

Learning Outcomes

1. Compare roles of pediatric nurses
2. Analyze societal trends that influence child health care
3. Report child health statistics
4. Examine unique legal and ethical issues

Role of the RN in Pediatric Nursing

- Direct Inpatient Acute Care
- Primary Care (outpatient settings)
- Patient Education
- Patient Advocacy
- Case Management
- Research

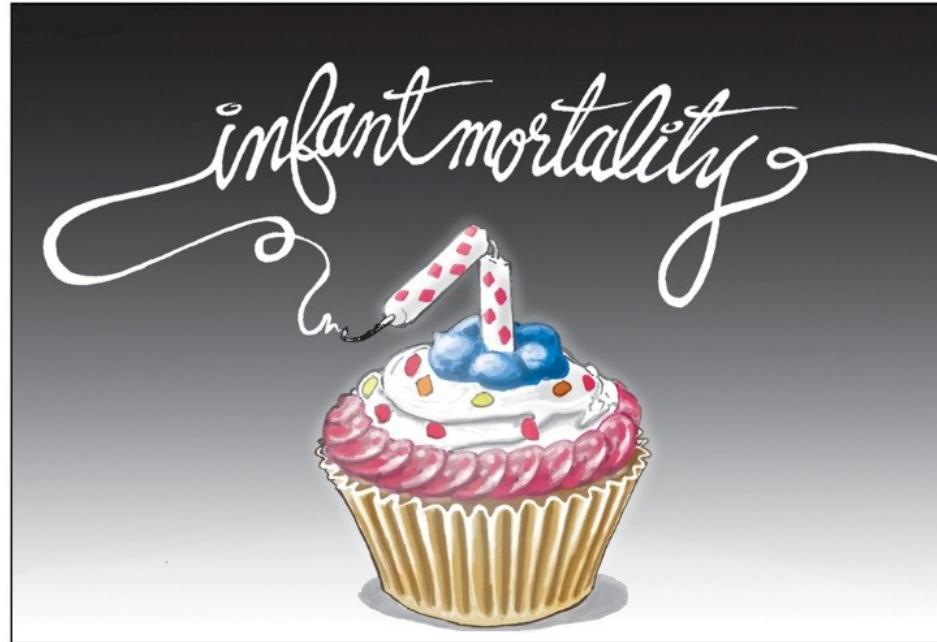
Societal Trends in Children's Healthcare

Restricted visitation
Prolonged hospitalization



Growing Racial & Ethnic Diversity
Family-Centered Care
Culturally Sensitive Care
Interprofessional Collaboration
Quality and Safety
Evidence Based Practice
Patient Experience
Expanded Use of Technology
Assessing the SDOH





- **Death of a baby before his/her first birthday**
- The loss of a baby takes a serious toll on the health and well-being of the family, community, and nation.
- The IMR is an indicator of the overall health of a population.
- IMR = number of infant deaths per 1,000 live births

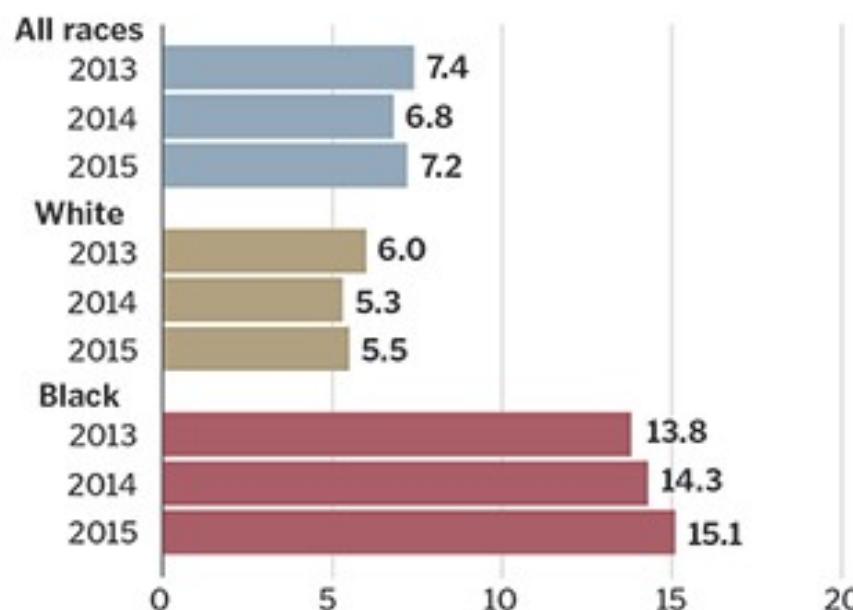
The HEALTHY PEOPLE 2030 Objective is to lower IMR to **5.0**

- USA IMR for 2019 recorded as **5.8**
- Ohio's rate (**7.3**) is worse than the nation's (**5.8**)
- Mississippi's IMR was the worst in the nation at **8.3**
- In the first quarter of 2019 the rate for Cuyahoga County rose to **10**
- Cleveland's Glenville neighborhood had rate of **15**

Health Disparity in IMR

Ohio infant mortality rate

Number of deaths per 1,000 live births, 2013-2015



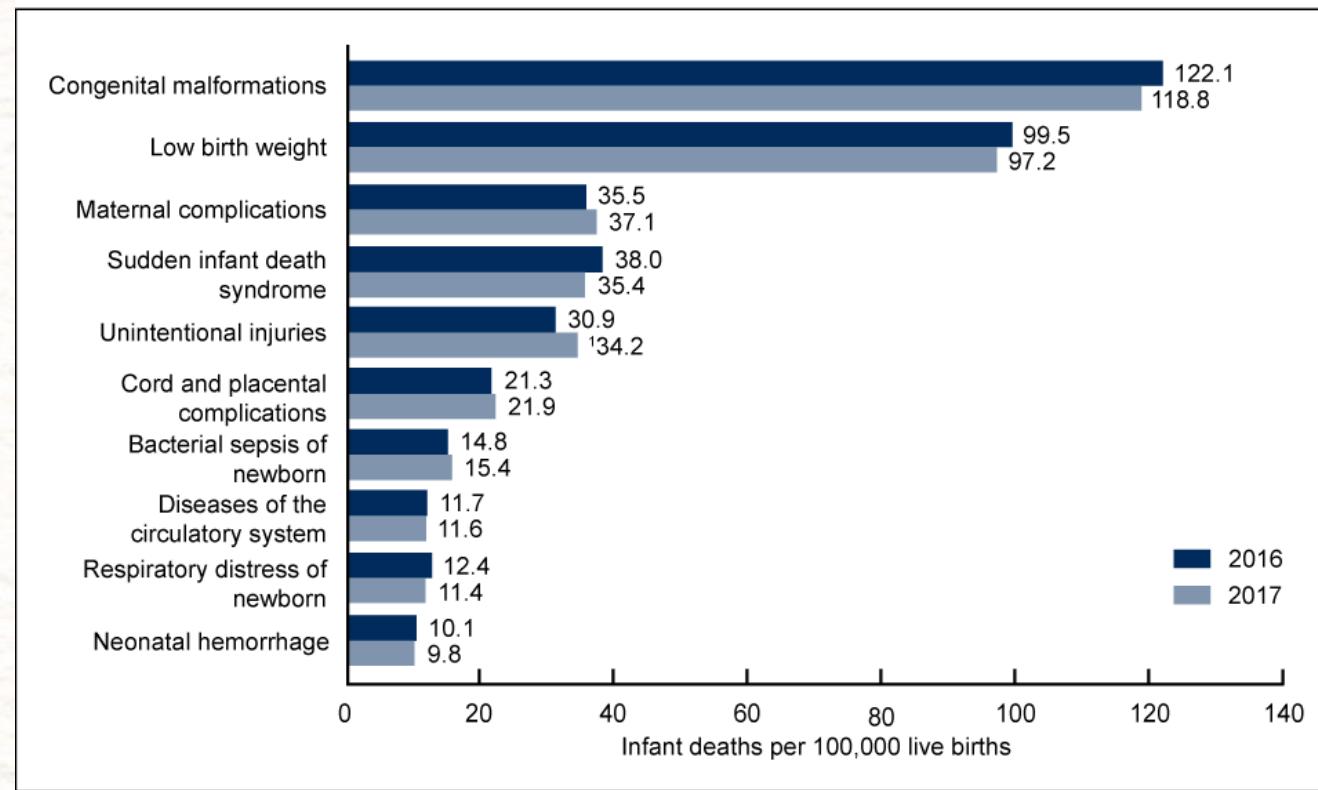
SOURCE: Ohio Department of Health

PLAIN DEALER GRAPHICS

- Ohio ranks 47th in the US for IMR among black infants
- Discuss FYC infographic
- In Cuyahoga County, black infants are almost three times more likely to die than white infants.
- <https://www.wksu.org/health-science/2019-12-26/cuyahoga-county-infant-mortality-rate-drops-but-racial-disparities-persist>
- <https://www.youtube.com/watch?v=csCuG9rme1Q&t=1s&authuser=0>

Leading Causes of Infant Death

Figure 5. Infant mortality rates for the 10 leading causes of infant death in 2017: United States, 2016 and 2017



¹Statistically significant increase in mortality rate from 2016 to 2017 ($p < 0.05$).

NOTES: A total of 22,335 deaths occurred in children under age 1 year in the United States in 2017, with an infant mortality rate of 579.3 infant deaths per 100,000 live births. The 10 leading causes of infant death in 2017 accounted for 67.8% of all infant deaths in the United States. A total of 23,161 infant deaths occurred in 2016, with an infant mortality rate of 587.0 infant deaths per 100,000 live births. Causes of death are ranked according to number of deaths. Rankings for 2016 data are not shown. Data table for Figure 5 includes the number of deaths under age 1 year for leading causes of infant death. Access data table for Figure 5 at: https://www.cdc.gov/nchs/data/databriefs/db328_table-508.pdf#5.

SOURCE: NCHS, National Vital Statistics System, Mortality.

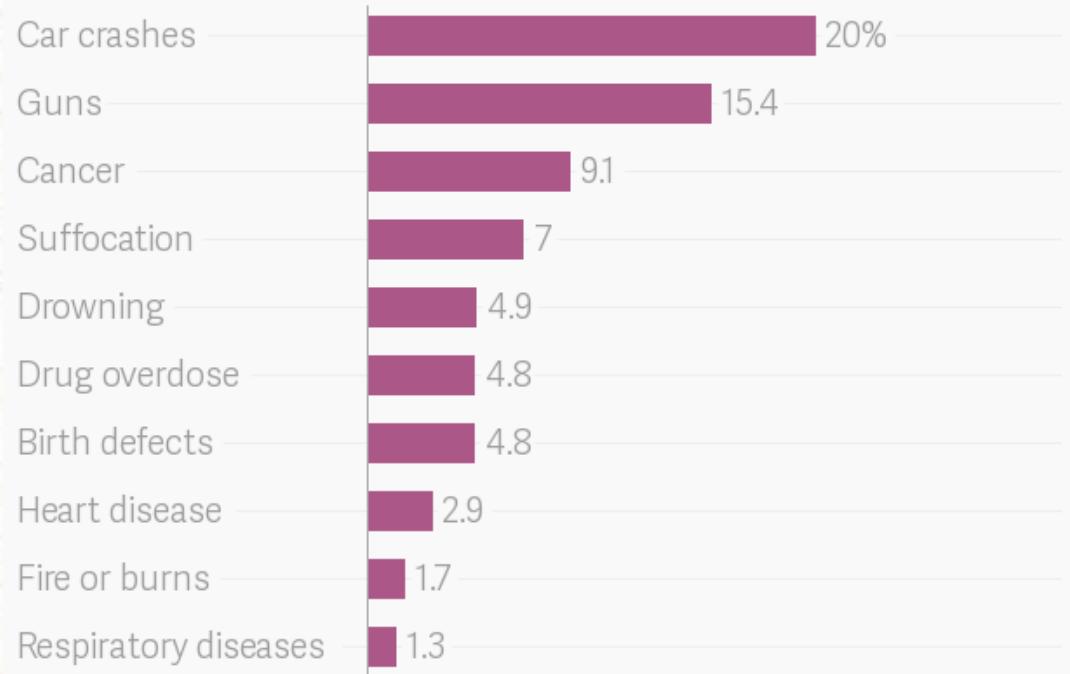
- 1. Birth Defects
- 2. Prematurity
- 3. Sleep Related Deaths

Child Mortality

- Number of deaths among **children ages 1 to 19 per 100,000 children**
- This rate decreased by half between 1980 and 2002.
- Last century the leading cause of child mortality was infectious disease.
- Now the major cause of death is **unintentional injury**.
 - Motor vehicle crashes, Guns, Suffocation, Drowning, burns, poisoning
 - Motor vehicle crash deaths are decreasing but drug overdose deaths and suicides have increased.

Top ten causes of death for US children age 1 to 19

Share of total childhood deaths, 2016



ATLAS

| Data: Cunningham et al, NEJM 2018, with data from the CDC

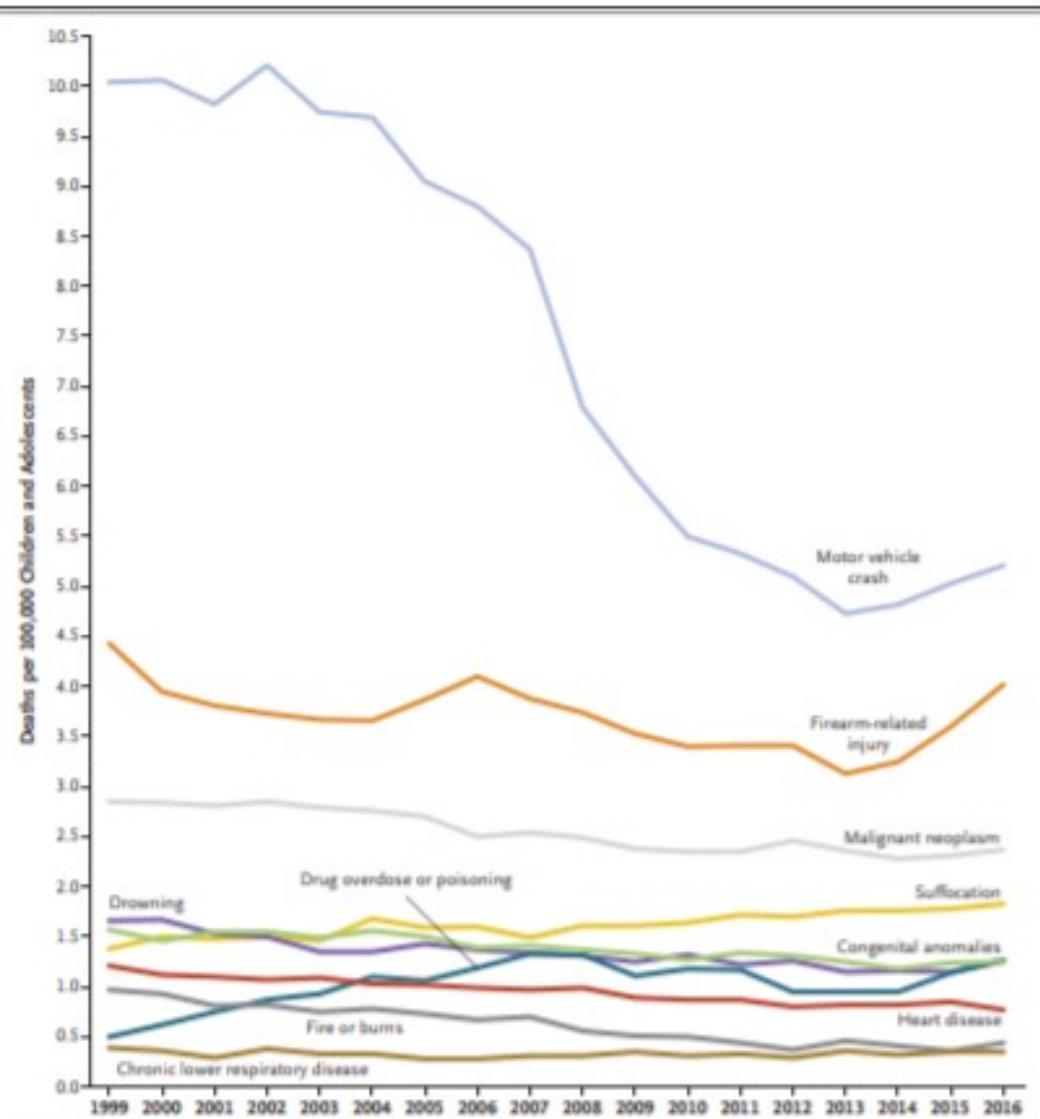


Figure 1. Mortality Rates (Deaths per 100,000 Children and Adolescents) for the 10 Leading Causes of Death in the United States from 1999 to 2016.

Data were obtained from the Wide-ranging Online Data for Epidemiologic Research (WONDER) system of the Centers for Disease Control and Prevention (CDC), known as CDC WONDER,² according to the codes of the International Classification of Diseases, 10th Revision (ICD-10),³ for the leading causes of death among children and adolescents. Age was restricted to children and adolescents 1 to 19 years of age.

Morbidity

- An illness or injury that limits activity, requires medical attention or hospitalization, or results in a chronic condition.
- Causes:
 - Mood disorders
 - Pneumonia
 - Asthma
 - Appendicitis
 - Epilepsy
 - Others

WS Question #4

IMR

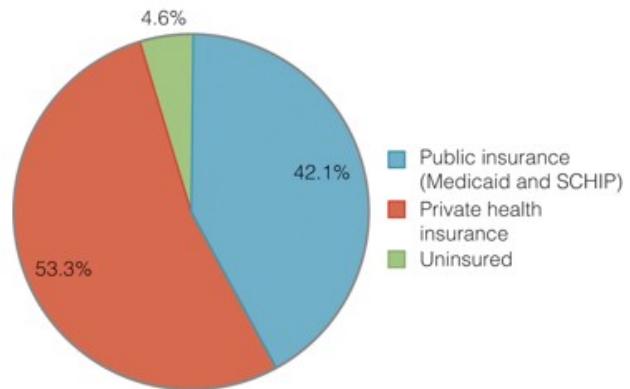
4. Which actions would reduce the IMR in Cleveland?

- A. Teach parents about safe sleep
- B. Address extreme prematurity
- C. Reduce structural racism
- D. All of the above



Pediatric Healthcare Issues

Finance



Source: Data from Martinez, M., & Cohen, R. A. (2015). **Health insurance coverage: Early release of estimates from the National Health Interview Survey, January–September 2014**. National Center for Health Statistics. Retrieved from <http://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201503.pdf>

Technology



Legal & Ethical Issues



Informed Consent

- The duty of the health care provider to discuss the risk/benefits of a treatment or procedure with the individual prior to giving care.
- A provider that treats an individual without proper consent may be charged with assault.
- While children are entitled to informed **assent**, the child's legal guardian usually gives informed **consent**.
- Obtain legal advice for complex family issues related to guardianship, divorced parents disagreeing over care, or a caregiver who isn't legal guardian.
- Proxy consent can be granted in writing by the parent to another adult.

Consider the *Rule of Sevens*

Assent

- The child has been informed about what will happen during the treatment and is willing to permit the health care provider to perform the care.
- Assent from the child may improve the outcome of the treatment and minimize trauma to the child.

Consent considerations by age

- Age < 7 years: Unable to understand concrete explanations
- Age 8-14 years: Some understanding and reasoning
- Age >14 years : Can weigh options and make decisions. The **age of majority** is the age at which a person is considered to have all the legal rights and responsibilities of an adult.
- In most states in the USA a **minor** is a person under the age of 18.





Sometimes a minor can consent for care

- In many states a child under 18 can consent to certain care without parental notification. **Mature minors** can be adolescents between 14 and 18 years of age.
 - ❖ Drug and alcohol treatment
 - ❖ Care involving pregnancy, contraception, or treatment of sexually transmitted infection
- These laws encourage children to seek help when informing their parents might lead them to avoid care.
- **Emancipated minors:** Legal recognition that a minor lives independently and is legally responsible for his/her own decision making
 - In some states, minors are automatically emancipated by marrying, joining the military, or becoming a parent.

Accountability and Risk management

There is heightened duty in caring for children. They are more vulnerable because of their communication limitations and immature physiology.

- 1. Avoid medication errors
 - ✓ Use the child's weight to confirm proper dose
 - ✓ Use caution with numerous formulations of meds and routes
 - ✓ Give accurate IV solutions
- 2. Attend to child safety
 - ✓ Prevent misidentification
 - ✓ Keep side rails up on cribs and beds
 - ✓ Monitor IV site every one hour
 - ✓ Use sterile technique for parenteral medication administration

HIPAA Confidentiality Exceptions

1. Mandatory reporting of child abuse
2. Mandatory injury reporting when client is injured by a weapon or criminal act.
3. Local health department reporting of specific communicable diseases (HIV, TB, hepatitis, and STDs)
4. Duty to warn third parties if there is a specific threat to an identifiable person.

Pediatric Ethical Issues

- Withholding/Withdrawing Treatment
- Genetic Testing
- Organ Transplantation
- Futility: a situation where treatments don't provide a clear benefit.
- Physician is not obligated to offer interventions that cause extreme pain and suffering when there is no or limited potential benefit.

WS Question #5

Assent or Consent?

5. What should the nurse consider when having **consent** forms signed for surgery and procedures on a minor **child**?

- a. Stepfathers can give consent if the biological mother isn't available to sign.
- b. Only a parent or legal guardian can give consent.
- c. Emancipated minors can only give assent.



Chapter 2

Family-Centered Care and Cultural Considerations

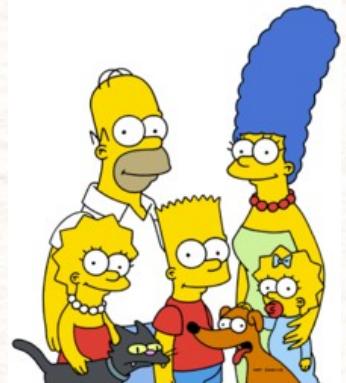
Learning Outcomes

1. Describe Family-Centered Care
2. Identify Different Types of Families
3. Contrast Parenting Styles
4. Explain the Effects of Major Family Changes on Children
5. Summarize the Advantages of Family Assessment Tool

What Is a Family?

- Self-Identified
 - Includes “honorary” members
 - Dynamic
- Share Resources
 - Emotional, physical, financial
 - Guided by common values
- None are “Typical”
- The family remains the basic social unit.
- Its definition varies but includes:

“When 2 or more persons are joined by bonds of sharing and emotional closeness and identify themselves as members of the family.” (Friedman, 2003)



Family-Centered Care

A philosophy recognizes child's family as:

- the constant in the child's life
- a partner in child's healthcare
- respected for its culture, experience, and skills

- Increases trust
- Improves outcomes
- Increases compliance with therapies
- Reduces anxiety for child and family

Family Composition

- Nuclear (considered “traditional”)
- Extended
- Extended kin network
- Single parent (strains)
- Blended/Reconstituted
- Binuclear (co-parenting)
- Gay & lesbian



Parenting

- A leadership role in the family
- Guides children to learn acceptable behaviors, beliefs, morals, and rituals
- Provides nurturing, safe, and structured



- Parent-child relationship is the strongest of all relationships
- Attachment is essential for human survival.
- Positive parenting practices result in secure attachments, self-esteem, and effective relationships with others.
- These practices include:
 - showing an unconditional positive regard,
 - responding to child's needs,
 - using active listening.

“Eat your peas”

Table 2-3 Parenting Styles by Level of Warmth and Control

Parenting Style	Warmth/Control	Behavior of Parent	Child Outcomes
<i>Authoritarian</i>	High control Low warmth	Highly controlling, issues commands and expects them to be obeyed Little communication with the child Inflexible rules Permits little independence	May become fearful, withdrawn, and unassertive Girls often passive and dependent during adolescence Boys often rebellious and aggressive
<i>Authoritative</i>	Moderately high control	Accepts and encourages growing autonomy of the child	Tends to be best-adjusted, self-reliant, self-controlled, and socially competent
	High warmth	Open communication with the child Flexible rules	Higher self-esteem Better school performance
<i>Permissive</i>	Low control High warmth	Few or no restraints Unconditional love Communication flows from child to parent Much freedom and little guidance	May become rebellious, aggressive, socially inept, self-indulgent, or impulsive May be creative, active, and outgoing
<i>Indifferent</i>	Low control Low warmth	No limit setting Lacks affection for the child Focused on stress in own life	May show a high expression of destructive impulses and delinquent behavior

Source: Adapted from Craig, G. J., & Dunn, W. L. (2013). *Understanding human development* (3rd ed., p. 206). Upper Saddle River, NJ: Pearson.

Discipline



- Reasoning
- Behavior modification
- Experiencing consequences
- Corporal punishment
- Scolding or yelling

Special Family Considerations

- Divorce
 - Disruption linked to academic and behavior problems
 - Fear of abandonment
- Step parenting
 - Blended families negotiate new traditions & routines
 - Legal issues when obtaining consent
- Foster Care
- Adoption
 - Birth parents relinquish legal rights prior to adoption
 - Child's response varies through the years

Table 2-4

Potential Effects of Divorce on Children of Different Ages

Age (Years)	Behavior*	Age (Years)	Behavior*
3–5	Fear, anxiety, worry Sorrow and grief Anger Regression Searching and questioning Temper tantrums Increased crankiness and aggression Self-blame Loneliness, unhappiness, depression	11–13	Panic Fear Depression Guilt Risk taking Fear of loneliness and abandonment Denial Anger
6–8	Worry, anxiety, depression Sadness Insecurity Fantasy Guilt Self-blame Inability to concentrate on schoolwork Regression Confusion Grief Anger and aggression Resentment Behavioral problems at school and home	14–17	Struggle with morality Loneliness Sadness Anger Fear Depression Guilt Aggressiveness Truancy, use of drugs and alcohol Sexual acting out
9–10	Anger Anxiety and depression Grief Manipulation of parents Withdrawal from friends and activities Resentment Behavioral problems at school and home Loneliness Fear		

*This table lists some of the behaviors that could potentially be seen with different age groups and is not all-inclusive. Many other behaviors could be present as well, depending on the individual child.

Source: Data from Wallerstein, J. S., & Blakeslee, S. (2004). *What about the kids? Raising your children before, during, and after divorce*. New York: Hyperion; Douglas, E. (2006). *The effects of divorce on children*. University of New Hampshire Cooperative Extension. Retrieved from <http://ceinfo.unh.edu>; Craig, G. J., and Dunn, W. L. (2013). *Understanding human development*. (3rd ed.). Upper Saddle River, NJ: Pearson; Portnoy, S. M. (2008). The psychology of divorce: A lawyer's primer, Part 2: The effects of divorce on children. *American Journal of Family Law*, 21(4), 126–134; Weston, F. (2009). Effects of divorce or parental separation on children. *British Journal of School Nursing*, 4(5), 237–243.

Family Theories

- Family Development
- Family Systems
 - Open or closed family
- Family Stress

Duvall's Family Development Theory

Table 2-5 Eight-Stage Family Life Cycle

Stages	Characteristics
<i>Stage I</i>	Beginning family, newly married couples*
<i>Stage II</i>	Childbearing family (oldest child is an infant through 30 months of age)
<i>Stage III</i>	Families with preschool children (oldest child is between 2.5 and 6 years of age)
<i>Stage IV</i>	Families with school-age children (oldest child is between 6 and 13 years of age)
<i>Stage V</i>	Families with teenagers (oldest child is between 13 and 20 years of age)
<i>Stage VI</i>	Families launching young adults (all children leave home)
<i>Stage VII</i>	Middle-aged parents (empty nest through retirement)
<i>Stage VIII</i>	Family in retirement and old age (retirement to death of both spouses)

*Keep in mind that this was the norm at the time the model was developed, but today families form through many different types of relationships.

Source: Adapted from Duvall, E. M. (1977). *Marriage and family development* (5th ed.). Philadelphia: Lippincott; Duvall, E. M., & Miller, B. C. (1985). *Marriage and family development* (6th ed.). New York: HarperCollins; Gedaly-Duff, V., Nielsen, A., Heims, M. L., & Pate, M. D. (2010). Family child health nursing. In J. R. Kaakinen, V. Gedaly-Duff, D. P. Coehlo, & S. M. H. Hanson, *Family health care nursing: Theory, practice and research* (4th ed., pp. 332–378). Philadelphia: F.A. Davis.

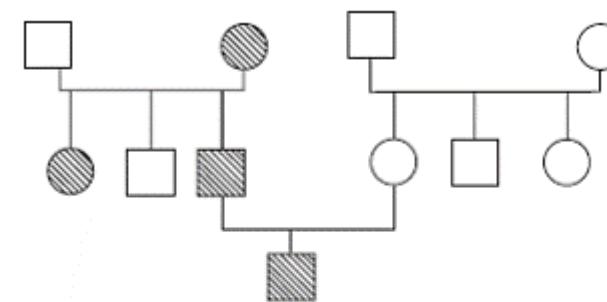
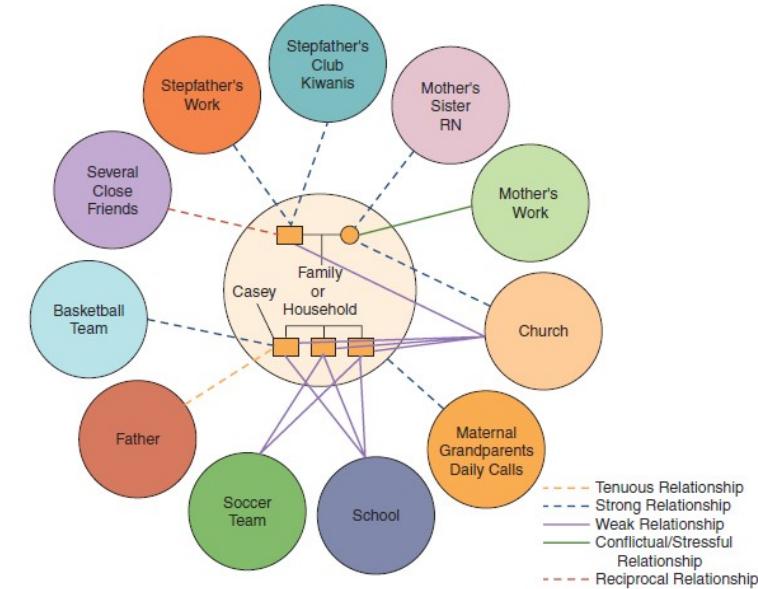
Family Assessment

- Family Stressors
- Family Strengths
 - Traits, such as Optimism or Resilience
 - Assets, such as Finances
 - Skills and Competencies, such as Problem Solving
 - Motivation
- Collecting and Illustrating Data

Family Assessment Tools

- Genogram
- Family Ecomap
- Home Observation for Measurement of the Environment (HOME)

Ecomap of Casey's Family



WS Question #6

Eat your peas!

6. List the characteristics of a child raised by parents using the “Authoritarian” parenting style.





Welcome to Pediatric Nursing!



We can do this
together!