

Week 4 Clinical Pearl Case

Study

Clinical Pearl Issue # 1: Alcohol/ Substance Abuse

Issue-Pertinent Negative: The mother states that she takes anxiety pills around her son and will leave the pills unattended around her child. The mother also smokes in the home and often misplaces her cigarettes. She states that one time her son was chewing on one of her cigarettes. The mother took a bottle of alcohol out of her purse and is also asking for a sleeping medication to give her child.

Pertinent Positive: The mother states that she does not smoke in the child's room. She also states that the last time that her child chewed on a cigarette she called poison control; whose phone number is in her phone.

Guidelines or

Recommendations: Those who are exposed to secondhand smoke have an increased risk of lung cancer and other lung diseases. Children who are around secondhand smoke especially have it tough because it contributes to asthma as well as ear infections. Children of people

who smoke also have an increased likelihood of becoming a smoker themselves.

Reference: Section on Tobacco Control (2016). Clinical practice policy to protect children from tobacco, nicotine, and tobacco smoke. *Pediatrics*, 136(5), 1008-1017.

Professional/ Ethical

Communication by Nurse

Practitioner to Parent: “I think it is great that you have the Poison Control’s phone number readily available on your telephone, but it is important to take further steps to prevent any accidents from happening. It is important that medication bottles and any alcohol be kept out of reach from your children. Your child can potentially open up the bottles and severe adverse reactions can occur if he was to take the pills or drink the alcohol. I know you are concerned about secondhand smoke effects on your child, and you do not smoke in his room, but it is best if you do not smoke in any room in the house. Secondhand smoke can have detrimental effects on your child’s health.”

Clinical Pearl Issue #2: Sleep Routines

Category: **Sleep Routines**

Issue-Pertinent Negative: Mother stated, "Sometimes he sleeps for 10 hours, and I have to get him up. I have to push and push and get him up and It's rough. Sometimes I can't get him to sleep so if he could get some Xanax or some Benadryl or something to put him to sleep that would be great." Mother also stated: "Yeah, he watches TV every night-that's how he goes to sleep."

Pertinent Positive: Child is able to sleep in the evenings, most evenings. Child also has a bedtime routine.

Guidelines or

Recommendations: Children 1-2 years of age should sleep 11-14 hours per 24 hours (including naps) on a regular basis to promote optimal health.

In addition to these recommendations, the AAP suggests that all screens be turned off 30 minutes before bedtime and that TV, computers and other screens not be allowed in children's bedrooms.

Reference: American Academy of Sleep Medicine (6/13/2016).

"Recommended Amount of Sleep for Pediatric Populations.

Retrieved from:

<https://www.healthychildren.org/English/news/Pages/AAP-Supports-Childhood-Sleep-Guidelines.aspx>

Professional/ Ethical

Communication by

Nurse Practitioner to parent: “It is great to have a bedtime routine. I see that your child enjoys stories, therefore reading to your child instead allowing him to watch television will create a stable routine in which he is able to sleep about 11.5 hours in the evenings. It is also recommended that children this age takes about 2 naps during the day for a total of 14 hours of sleep out of a 24 hour/day. Children this age should limit screen time during the evening hours at least 1 hour prior to bedtime to reduce the brains blue light sensory input and would benefit from a structured bedtime routine. Reading together will also increase the bond between you and your child.”

Clinical Pearl Issue #3: Car Seat Safety

Category: **Car Seat Safety**

Issue Pertinent Negative: Mother stated, “No he faces forward, just like everybody else in the car. When I turn around, when I’m driving, I need to be able to see him.”

Pertinent Positive: Mother uses a car seat at this time.

Guidelines or

Recommendations: Infants and toddlers should ride in a rear-facing car seat (infant-only rear-facing car seat or rear-facing convertible car seat) until they are 2 years old or until they have reached the weight and height limits of their car seat.

Once they are 2 years old (or, regardless of age, have outgrown their rear-facing car seat) toddlers should sit in a forward-facing car seat with harness straps as long as possible and until they reach the weight and height limits of their car seat.

Reference: American Academy of Pediatrics (2020). Car Seat Guidelines.

Retrieved from: <https://www.verywellfamily.com/carseat-guidelines-2633328>

Professional-Ethical Communication By

Nurse Practitioner to Parent: "It is great that you are able to provide a car seat for your child. It would be best to change the direction of the car seat to back facing at this time or until he is either at the weight or height restrictions to be forward facing. Doing this will decrease any chances of severe injury from a car accident. Good options for observation would be to place a mirror or small camera to view the child directly. There are some with very fun features the child may find interesting to view as well."

Clinical Pearl Issue # 4: Healthy Teeth

Category: **Healthy Teeth**

Issue Pertinent Negative: Mother stated, "I brush it in the morning and at night with tap water."

Child is observed to have a bottle with a sugary drink.

Pertinent Positive: Mother has a routine for brushing child's teeth.

Guidelines or

Recommendations: Clean or brush a young child's teeth twice daily. Establish care with a pediatric dentist to ensure fluoride and routine cleaning is provided. Ensure to avoid sugary drinks during bedtime or naptime.

Reference: American Academy of Pediatrics (2020). A Pediatric Guide to Children's Oral Health. Retrieved from: https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-HealthFCpagesF2_2_1.pdf

Professional/Ethical Communication by

Nurse Practitioner to Parent: "Having a routine for brushing is essential. Great job on establishing a morning and evening routine. I would recommend to also include a fluoride toothpaste to brush gently all around

your child's teeth. In addition, establishing care with a Pediatric dentist is a great tool to keep your little one's teeth healthy and cavity free. Lastly, reducing sugary drinks and providing more water will help decrease tooth decay in the long run."

Clinical Pearl Issue # 5: Temper Tantrums and Discipline

Category: **Temper Tantrums and Discipline**

Issue-Pertinent Negative: Mother stated, "I tell him no all the time. Like no, no, don't touch that, but he still touches things.

Mother is observed screaming at child to discipline.

Pertinent Positive: Mother does not use physical force with the child.

Guidelines or

Recommendations: Guidelines from the AAP recommend: positive discipline strategies that effectively teach children to manage their behavior and keep them from harm while promoting healthy development.

Reference: American Academy of Pediatrics (2018). Effective Discipline to Raise Healthy Children. Retrieved from:

<https://pediatrics.aappublications.org/content/6/e20183112>

Professional/Ethical Communication by

Nurse Practitioner to Parent: “Discipline can be difficult with a young child, however-great job avoiding the use of force, or physical punishments. Although children this age may require repetitive discipline, using routines that are predictable and easy to understand for the child will help to ensure compliance. Lastly, at times, a good technique is to remove the child from a high sensory event to decrease their tantrums or disciplinary issues.

References

American Academy of Pediatrics (2020). A Pediatric Guide to Children's Oral Health. Retrieved from: https://www.aap.org/enus/advocacyandpolicy/aaphealthinitiatives/OralHealth/Documents/OralHealthFCpagesF2_2_1.pdf

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Pediatric Populations." Retrieved from:

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Farber, HJ, et al. (2016). Clinical practice policy to protect children from tobacco, nicotine, and tobacco smoke, *Pediatrics*; 136(5): 1008-1017.