

# Health Care Adaptations for the Child and Family

## Chapter 22

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## Admission to the Pediatric Unit—Nursing Responsibilities

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- Identification
- Consents
- Safety measures
- Procedure preparation
- Transporting and positioning



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# Restraints

## Mummy

\*Start IV's, blood draws, NG's on infants

## Elbow

\*scalp IV's, post-op cleft lip surgery, prevent scratching

**\*\*Any restraint needs to be removed at least every 2 hours for thorough skin and circulatory assessment.\*\***



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## Organizing the Infant Data Collection

- Select warm room with non stimulating environment
- Expose areas of examination one at a time to prevent heat loss
- Observe, no touch
  - Position
  - Attitude
  - Flexion
  - Color
  - Respiratory rate
  - Ability to focus
- Minimal touch, auscultate
  - Lung sounds
  - Heart sounds
  - Bowel sounds
  - Measure head, chest, abdomen, length
- Invasive touch last
  - Assess reflexes and blood pressure
- Talk softly
- Use pacifier
- Swaddle
- Parent teaching opportunity
- Document findings

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# Basic Data Collection

- Observation
- Growth and development
- Level of interaction between child and environment
- History survey



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## Physical Survey

- Vital signs
  - Apical pulse < 5 years of age
- Pain
- Weight
- Height
- Head circumference (infants, toddlers, and any child with a neurologic defect)



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## Physical Assessment

### • Respirations

- Newborn: 30-60
- Infant: (1 month to 1 year): 25-55
- Toddler: (1 year to 3 year): 20-30
- Preschool: (3 year to 6 year): 20-25
- School Age: (6 year to 12 year): 14-22
- Adolescent: (12 year to 18 Year): 12-18

### • Heart rate

- Newborn: 110-160
- Infant: 80-150
- Toddler: 70-110
- Preschooler: 65-100
- School age: 60-95
- Adolescent: 55-85

### • Temperature

- 97.5-100.4

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## Specimen Collection

### • Urine

- External collection devices
  - Used in infants
- Catheterization
- Clean catch U/A
- 24 hour collection



### • Stool

- Younger children- gather from the diaper
- Older children- "hat" in the toilet, use a bedpan or plastic cover toilet seat



**\*\* Specimen must be sent ASAP\*\***

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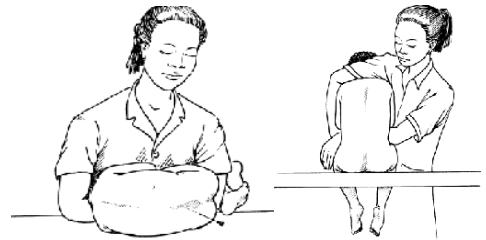
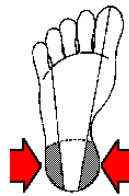
# Specimen Collection

## • Blood

- Venipuncture
- Draw from H.L.-may be difficult
- Capillary sample-finger or heelstick
- From central line
- \*\*Keep track of amount of blood drawn/discarded especially in anemic or small children\*\*

## • Lumbar Puncture

- Nurse's role:
  - Explain to family what to expect
  - Restrain appropriately
  - Label and send lab specimens



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## Considerations For Medication Administration In Children

- Gastric influences
- Intestinal influences
- Topical medications (ointments)
- Parenteral medications
- Immature liver
- Immature kidneys

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# Medications

- Check the HCP prescription
- Calculate dosage to determine safety
- Verify identity of client
- Document appropriately
- Parent teaching



# Medications

- Do not mix with formula, food or water - can use syrup or jelly
- If indicated, shake well before giving
- Older toddler/young children can assist
- Praise child
- Offer juice or popsicle after medication
- NEVER refer to medication as candy
- Infants: use an oral syringe to place the medication in the side of the mouth

# Medications

- Eye- apply in conjunctival sac
- Ear- straighten canal (down/back and up/back)
- Nose- restrain appropriately, usually mummy restraint
- Rectal- identify contraindications



Pull ear up and back

How to Instill Ear Drops in Older Children



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## EAR DROPS ADMINISTRATION



Adult  
p

Pull ear back  
and up for  
Adult

Pull ear back and down for  
a Child under 3 years

Child  
down



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# Medications

Be honest with them if they ask if it will hurt.

- SQ- rotate sites and refrain from vigorous exercise to affected site before and after injection
- IM- vastus lateralis for infants and toddlers, deltoid > 3 years old, ventrogluteal (adolescents and adults)
  - Dorsogluteal is a site not used
- IV- start as distal as possible, need to assess hourly for signs of infiltration

Strick I/O's

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## Needle Size and Maximum Volume for IM Administration

- SQ injections
  - 23-25 gauge, 5/8 inch needle
- IM injections
  - 22-25 gauge, ½ to 1 inch needle
- Infant: 0.5 mL
  - Vastus lateralis
- Toddler: 1 mL
  - Vastus lateralis
- School-aged child or adolescent:
  - Deltoid: 1 mL
  - Vastus lateralis: 2 mL

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## Medications

### NG Tube or G Button

- Check for proper placement
- Flush tube with water (before and after)
- Chart on I/O sheet

## Medication Dosing

Problem:

Child weighs 37 lbs

The order reads: Give Tegretol 2.1mg TID

Directions on Tegretol reads 0.5-1mg/kg/day

Is this a safe dose?

Is this dose therapeutic?

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# Nutrition, Digestion, and Elimination

## Enema

- Use isotonic solution only
- Insert tube 1 to 4 inches
- 50 mL, 500-750 mL of solution

## Gavage feeding/Gastrostomy

- Tube or button
- \*\*Report vomiting or abdominal distention\*\*



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## Oxygen Therapy

- Isolette
- Nasal cannula/Mask
- Oxyhood (mostly in NICU)
- Tent
- Oximeter
- Oxygen therapy is usually regulated by RT, but the nurse must be aware of early signs of distress

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# Airway Obstruction

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## Infant

Conscious: back blows/chest thrusts - 5 each

Unconscious: 30 compressions, look and remove, 2 breaths

## Older child

Conscious: back blows/abdominal thrusts - 6 to 10 each

Unconscious: 30 compressions, look and remove, 2 breaths

**\*\*Review CPR guidelines\*\***

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# Surgery

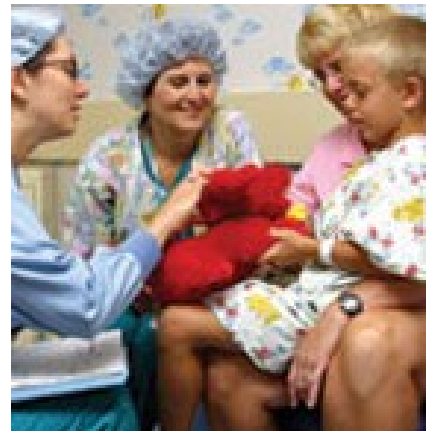
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## Preop

- Prepare the child physically and emotionally
- Infants should not be kept NPO for more than 4-6 hours
- Provide infants with pacifier
- Encourage and allow parents to stay with child

## Postop

- The same as adults, just involve the family



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## Which approach is best when administering an oral medication to a young child?

- A. "Would you please take you medication now, David?"
- B. "Look how good Johnny took his medication. Can you do that too, David?"
- C. "you must take you medicine now if you want to get better."
- D. "It's time for you medication, David. Would you like water or juice after it?"

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The HCP orders 10 mg of Demerol for a client after surgery. If the label reads 50mg/mL, the nurse would administer:

- A. 2 mL
- B. 0.8 mL
- C. 0.5 mL
- D. 0.2 mL

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