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Pediatric Nursing (Quickstudy: Academic)

REVELSTOKE QUICK REFERENCE GUIDE
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Pediatric Nursing

major theories of child development

- Nurture theory: emphasizes the child's environment: stage for design, communication, appropriate teaching, care, and promote the child's further development
- Child development is a complex set of stages moving from basic to more complex levels of behavior
- Major developmental theories have conceptualized development as a progression of sequential stages
- See page 10 for more information on child development

vital signs

• Indicators of the body's physiologic status

• Vital signs are different for children because of their smaller size, faster metabolism, rate of growth and development

• Respiratory rate: decreases with age while blood pressure increases with age

• Temperature: affects the body's core temperature

• Oral temperature measurement is appropriate for children \geq 3 years

• A 10-degree elevation of temperature causes a 20% increase in oxygen consumption per minute and increase oxygen need by 7%

• The most accurate way to record the heart rate is using a stethoscope and taking the apical pulse

• The rate should be counted for a full minute to evaluate any changes in rhythm and to count the rate

• Nasal respiration: use the diaphragm as the primary mechanism of breathing

• Observe the rate and tell of the rhythm. No count required in children under 6 years of age

• If the blood pressure is measured in the lower extremities, remember it will be slightly higher than the pressure in the arms

vital signs by age

Age	Normal Pulse	Normal Respiratory Rate	Normal Blood Pressure
Infant (0-6 mo)	60-100	20-40	WNL
1 yr	80-100	20-40	WNL
2 yrs	80-100	20-40	WNL
4 yrs	80-120	20-25	WNL
6 yrs	80-120	20-25	WNL
8 yrs	80-120	20-25	WNL
10 yrs	80-100	20-25	WNL

pain assessment in children

• Pain words often the patient says it does not feel pain. Children do not have the ability to express pain. It was thought that children do not feel pain in the same way as adults

• Research has shown that children feel and remember pain

• Children are more cooperative, participative, their voice taken to a location where they can express their pain

• Recognize that children often do not complain of pain because they are afraid the injection to relieve the pain will hurt more

• A variety of factors can affect a child's response to pain, including:

- Culture
- Developmental level
- Previous experiences with pain
- Presence of the caregiver
- Fear and apprehension
- Teaching or preparation

• Clinical manifestations of pain in children can be communicated as the ABC's of pain:

- Appearance: facial expression. Pain stimulates the adrenocortical nervous system, causing a stress response as evidenced by tachycardia, tachypnoea, tachycardia, increase in pupil, pallor, and increased respiration
- Behavioral indicators: Pain related behaviors may include signs of fear and anxiety in the child, commonly observed behaviors include crying, clinging, clinging, hyperventilation, short attention span, irritability, facial grimacing, pinching and biting of lips, guarding or painful area

• Consequences of pain: Unrelieved pain is stressful and a prolonged stress response can physiologically stimulate, resulting in elevation, decreased oxygen saturation, and retention of pulmonary secretions; neurological changes resulting in changes in sleep patterns, tachycardia, tachypnoea, and metabolic changes, leading to increased fluid and electrolyte losses

• A child may not be able to verbalize the source of pain

• Careful, comprehensive assessment by the nurse is imperative

• The goal of pain assessment is to collect accurate data about the location and intensity of pain and its effect on the child's functioning

• Important questions to consider during the data collection process include:

- What is happening to cause pain?
- What medical factors could be causing pain?
- Is the child exhibiting any acute physiologic or behavioral indicators of pain?
- How is the child responding to the pain?
- How does the child or parent rate the pain?

• A child's response, verbal description and understanding of pain vary by developmental stage

• pain assessment in children

Developmental Stage	Behavioral Response	Verbal Description	Understanding
Infant	Crying, irritability, withdrawn or clinging, sleep-disruption, poor feeding, fussing.	Cries	No apparent understanding, verbal expression is dependent upon verbal expression by healthcare provider, may be able to identify pain.
Toddler	Shrinking away and intense expressive behavior, including whining, crying, tears, clutching, holding body parts, pulling face, head shaking, and pulling away from painful procedures.	Cry and anxiety, difficulty describing intensity or type of pain	Diminishing loss of painful awareness, can respond with "no" or "Ouch" for pain
Pre Schoolers	Waking up from nap, difficulty falling asleep, clinging, withdrawal, when hurt, has trouble sleep, "fearful" quiet	May believe pain is temporary, difficulty describing intensity or type of pain	May be afraid of pain, may think pain is punishment for bad behavior or thoughts
School Age	Resists examination, clinging, tears, holding body parts, pulling face, head shaking, pulling away from painful procedures, withdraws, may have an tantrum	Can describe pain location, intensity, and duration, can identify source of pain, can identify emotional components	Understands relationship between pain and illness, can identify source of pain, can identify physical and emotional pain and relate to others' pain
Adolescents	May show signs of control, may refuse to let others know they are in pain, may require medical intervention before seeking help, may withdraw in social situations, may feel embarrassed	Verbalizes pain, description of pain, emotional	Can describe pain, verbalizes understanding of the source of physical and emotional pain and relate to others' pain

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Synopsis

6-page laminated chart includes:  Major theories of child development  Vital signs
 Pain assessment in children  Lab values and nursing care of children  Pediatric tips for practice
 Mnemonics for practice  Medication administration  children and procedures
 Fluid balance  Level of consciousness  Childhood immunizations  Child abuse and neglect  Growth and development  Communicating with children  Play

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Customer Reviews

Nice summary of pediatric info

Had some stuff I look at regularly.. Other things less frequently.. Usually these are great.. I have most of them.. Good to add to your set. But not a life saver.

Helpful

Great study tool! Love it

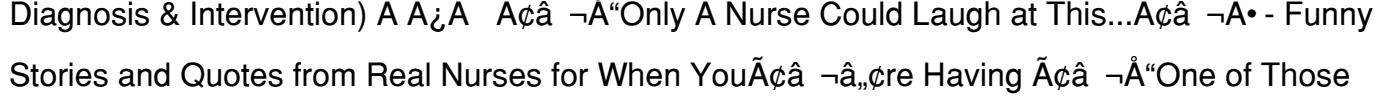
I collected most of this, very helpful for my review!! (which I am glad I did) good material to study or just to keep as reference!

Well made and informative. The third I've purchased by Quickstudy.

Excellent source for my nursing pediatric rotation!

I'm an LPN student. I have used the quickly study guides since I joined the Army and went through AIT. I have lost a set in the travels to Iraq and Afghanistan and still re purchased all if not more that I had. Great for clinical rotations and the nursing editions are very helpful.

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