This new addition to the Fast Facts series delivers the core information for orienting novice nurses or nursing students to the challenging field of pediatric nursing. Pocket-sized and formatted for quick access to the knowledge a pediatric nurse needs daily, it is packed with concise information on both disease processes and well child care, and offers the clinical advice that comes from years of experience. A particularly helpful feature is frequently used terminology that is referenced in the index for rapid access of crucial information. Importantly, the guide offers valuable suggestions for how to best communicate and work with children using age-appropriate techniques. Seasoned pediatric nurses describe how to assist compassionately and efficiently with painful procedures that can be emotionally taxing for all involved. They share proven and time-tested tips for easing trauma for both child and parent. Chapters feature an introduction and key chapter objectives, followed by short paragraphs and bulleted information organized according to body systems. They focus on the most commonly seen illnesses within each system and include, for each diagnosis, an easy-to-understand description, disease manifestations, diagnostic criteria, and interventions. Fast Facts in a Nutshell provide highlighted, critical information and key clinical tips that can be put to work immediately. Key Features:

• Provides current, evidence-based information for new pediatric nurses in a concise, easy-to-access bulleted format
• Packed with information about commonly seen disease processes and well child care along with sound clinical advice
• Includes age-appropriate techniques for working specifically with children
• Key words from each chapter are referenced in the index for ease of information retrieval
• Highlights important information in Fast Facts in a Nutshell boxes that also include clinical tips

Diana Rupert & Kathleen Young
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FAST FACTS
FOR THE PEDIATRIC NURSE
Diana Rupert, PhD, RN, CNE, has worked in pediatric nursing since she began her nursing career in 1990. She is the administrator of the Indiana County Technology Center, School of Practical Nursing, Indiana, Pennsylvania, and assistant professor at Indiana University of Pennsylvania, Indiana, Pennsylvania, where she is currently teaching pediatric clinical. Dr. Rupert also authors books on NCLEX preparation for registered nurses and licensed practical nurses. She has facilitated webinars and workshops on NCLEX preparation and item writing. Dr. Rupert enjoys seeing the transformation in the student over the course of the nursing program.

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FAST FACTS FOR THE PEDIATRIC NURSE

An Orientation Guide in a Nutshell

Diana Rupert, PhD, RN, CNE
Kathleen Young, MSN, RN, CNE

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NEW YORK

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I would like to dedicate the writing of this book to:

My husband Cliff for his continued love and support.
It has been a great dance!
My children, Jeff and Amy, Mike and Amy, and Patrick and Taylor.
You are the best and I appreciate our family time.
Each one of you makes me so proud!
My grandson, Connor Clifford Rupert, and others to come.
It will be such a joy to watch you grow.

I would also like to thank my mentor, Mrs. Beverly Rossiter, RN, MSN, CPNP, for her years of tutelage and continued support.
It is wonderful to work with you today.
—Diana

I would like to dedicate the writing of this book to:

My husband Dennis, who loves and supports me when no one else can.
My grown children, Erika, Jennifer, and Christopher, who taught me that family always comes first.
And last, but certainly not least, my granddaughter, Penelope Joy Fisher, and all grandchildren to come.
—Kathleen
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Preface

Fast Facts for the Pediatric Nurse: An Orientation Guide in a Nutshell is designed for nurses who are beginning to work in the rewarding, yet sometimes challenging, field of pediatrics. The book can be a great asset to the novice nurse who is orienting to the unit, or even to the student nurse who is beginning a clinical rotation in the specialized area of pediatric nursing. This book was written by real nurses who presently care for, and teach the care of, children in times of health as well as illness.

Since children are not little adults, the nursing care of children is much different than medical–surgical nursing care of adults. A toddler who does not understand the need for care may kick, scream, and even bite in an effort to get away from the nurse. Learning how to assist with painful procedures that result in tears for the child and parents can be difficult and emotionally taxing for everyone involved. After all, caring for a crying child is intimidating and can upset even the seasoned nurse. This book presents suggestions on how to communicate and work with children using age-appropriate techniques. The authors share time-tested and proven tips to assist the new nurse in transition to becoming a pediatric nurse.

This book is formatted to allow for quick access to information. The frequently used terminology that is referenced in the index includes diseases and illnesses in childhood. In addition, the book is filled with must-know information on disease processes and clinical advice that come from years of experience.

Each chapter begins with a brief introduction and key chapter objectives. The content is arranged according to body systems and
contains details of the most common illnesses within each system. The list of diagnoses includes descriptions, manifestations, diagnostic criteria, and interventions, each clearly listed and easy to understand. The Fast Facts in a Nutshell boxes are highlighted and provide focused, key clinical tips within each chapter. The information in this book is compiled from basic pediatric knowledge, and the sources are believed to be reliable and reflective of the most current evidence-based practice.

To be successful in pediatric nursing, the nurse must possess a fondness for children and a caring attitude. Yes, attitude is everything! No one expects the nurse to know everything, as nurses are human. Even when the nurse is falling to pieces on the inside, it's important to keep the parents calm, for calmness is catching. Rely on a preceptor or mentor that you trust, and always, always ask questions. Before long, you, the novice nurse, will become a mentor to another pediatric-minded nurse!

Diana Rupert
Kathleen Young
We would like to thank God for providing us with the opportunity and resources to nurse and teach.

A special thank you to our editor, Elizabeth Nieginski, and the staff at Springer Publishing Company.

We would like to acknowledge the work of Dr. Diana L. Robins for her kindness in allowing the use of her Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R/F™). What a great screening tool.
PART

Pediatric Principles
Tips for Working With Children

Even if you love children, working with the pediatric population can be tough. First and foremost, the nurse must remember that the child is an essential member of the family and nursing care will be most effective when the entire family is included in the plan of care. Next, the nurse must realize that children are not small adults but special individuals with unique needs. Some differences when working with children and their families include:

- A pregnancy and birth history, nutritional history, developmental history, habits, and family composition are documented in the assessment.
- Assessment techniques do not always progress along a head-to-toe progression; painful or traumatic areas are always assessed last.
- Children are not always able to understand why a procedure needs to be done; keep instructions simple.
- Children yell, cry, and beg when afraid; this can be difficult for novice nurses.
- Parents have anxiety and guilt related to the child’s illness and hospitalization.

For all of these reasons, it is important for the pediatric nurse to possess knowledge of normal growth and development as well as a good understanding of the disease disorders common to children. The nurse needs to be organized, calm, and fast. Pediatric nursing is a specialized branch of nursing that is filled with challenges, surprises, and rewards.
This chapter reviews:

1. Strategies on how to relate to pediatric clients
2. Methods that invoke cooperation with pediatric procedures
3. Tips to reduce anxiety in the client and family

**APPROACH AND COMMUNICATION**

The approach by a nurse when entering a pediatric client’s room and the communication that follows depend on the age of the client. The impression the nurse gives during the initial contact, whether good or bad, can impact the child’s adjustment to the hospital.

**FAST FACTS in a NUTSHELL**

The role of the pediatric nurse is threefold:

- A teacher
- A child advocate
- A preventive health provider

**GENERAL OVERVIEW FOR INITIAL CONTACT WITH A PEDIATRIC CLIENT**

- Greet the child by name.
- Introduce yourself, staff, and roommate, if applicable.
- Provide a tour of the unit or room; point out likeness of room to home, not differences.
- While performing assessment and/or treatment procedures, be matter-of-fact in giving directions.
- Do not rush; calmness is catching.
- Always project a nonjudgmental attitude; the success of the interaction between the nurse and the parents depends on it.
- Avoid discussing details around the pediatric client; step out of the room when discussing medications, treatments, or further testing for younger children.
Infant-Specific Information

- When approaching an infant, address the parent first. If the parent interacts positively with the nurse, the infant will be more accepting.
- Auscultate lungs, heart, and abdomen first; use distraction by handing the infant a block or other toy to keep the infant's attention away from what the nurse is doing.
- Ask the parent to bring in a transitional item such as a favorite toy or blanket. Playing with a familiar item may decrease stress and provide an opening to establish communication.
- Infants have little need for instruction before a procedure. Prepare all equipment before obtaining the child; use the treatment room, not the safe place of the infant's bed.
- Infants between 6 and 30 months exhibit separation anxiety, which is normal. If the infant shows signs of denial, that is a late sign of perceived abandonment.
- An infant's cry is important to note. While a lusty cry is normal, a high-pitched cry can indicate a neurological problem or pain.

FAST FACTS in a NUTSHELL

Parents know their child best. Listen to parental concerns.

Toddler-Specific Information

- The parent is the most important person to the client; keep the toddler and parent together as much as possible and allow parents to be directly involved in care.
- Use minimal contact initially; allow the parent to hold the child on his or her lap. Praise cooperation.
- Keep directions simple and straightforward; language development is limited.
- Do not ask yes or no questions; a toddler's favorite word is "No."
- Behavioral changes are common (regressing, clinging, bed-wetting); these changes are temporary and will diminish once stress levels decrease.
Preschool-Specific Information

- Preschoolers are generally able to explain how they feel; establishing a rapport is important to obtain client cooperation.
- Preschoolers are interested in nurse and doctor roles; this experience may lead to a future occupation.
- Make up a story; children become interested and forget what the nurse is doing.
- Give appropriate choices, which help the child feel a sense of control.
- Demonstrate assessment techniques or procedures on parents or dolls to decrease fear.

School-Age–Specific Information

- These clients are very curious about nursing activities and equipment; allow the client to handle equipment such as a stethoscope or blood pressure cuff and explain the rationale for procedures.
- The child is able to provide specific data on sites and feelings and is able to participate in own care.
- Allow the child to wear underpants and gown; modesty is important. Genitalia is assessed last.
- May develop a crush or look admiringly on the nurse; many children see the nurse as a role model.
- Do not assume that the child understands medical terminology; use simple and common terms (e.g., bowel movement versus poop).

Adolescent-Specific Information

- During assessment, expose only what is to be examined; maintain privacy.
- Explain procedure and rationale before doing; keep the client informed.
- Peers are most important to this age group; allow friends to call or visit, if possible.
- Greatest fear is loss of control in front of peers.
- May mask or deny pain in an effort to be discharged home more quickly.
71. **TIPS FOR WORKING WITH CHILDREN**

- Will not admit to a lack of knowledge; ask the client to restate instructions to ensure an understanding.
- Speak matter-of-factly about sexual development or when assessing for drug and alcohol use.
- Emphasize normalcy in physical development.

**SUMMARY**

The nurse should remember that when a child is hospitalized, the entire family is affected. The parents often experience quilt feelings, blaming themselves for child’s illness. The parent and child may also have fears such as the unknown, improper care, financial burden, siblings contracting the disease, and/or the child’s potential suffering. The truth is less frightening, but avoid becoming too technical and keep the information age appropriate. The hospital admission can be a distressing time but the nurse can help to make the experience a more pleasant one by being understanding to the parents and the child.

**REFERENCES AND FURTHER READING**