UNIT I

Overview of Pediatric Nursing Care

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CHAPTER 1

Introduction to Children's Health Care

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LEARNING OBJECTIVES

1. Analyze how contemporary issues in children's health may be encountered in pediatric nursing practice.
2. Identify and apply the components of "Bright Futures" created by the American Academy of Pediatrics.
3. Identify how the concept of "new morbidity" for children in urban rural and suburban environments may affect nursing practice.
4. Analyze models of critical thinking that can be applied to the complexities of pediatric nursing.
5. Analyze the care needs of families of diverse constellations (teen parents, single parents, parenting by grandparents, extended families, blended families, and culturally diverse families).
6. Apply the philosophy of family-centered care to common pediatric staff–family encounters.

KEY TERMS

Anticipatory guidance
Binuclear family
Clinical judgment
Climate change
Concept-based learning
COVID-19
Critical thinking
Empowerment
Enabling
Extended family
Family-centered care
Family strengths
Food insecurity
Morbidity
Mortality
New morbidity
Pandemic
Periodicity schedule

Introduction: Contemporary Issues in Children's Health

Providing comprehensive well-child and health restoration nursing care for children across the developmental period is a complex endeavor. Children are part of families, and families are unique in their composition, strengths, and needs. Children progress from total dependence on caregivers as babies to independence as young adults. This time period—from birth to young adulthood—is dynamic and can be challenging. Pediatric nurses must be prepared to provide support, education, and meticulous care to children from diverse cultural, racial, and ethnic backgrounds, and from diverse family structures. Some families are able to provide for their children's basic needs such as health care, whereas others experience stressors that adversely influence their children's health and well-being (**Figure 1-1**). Contemporary times have brought both economic and health challenges that can greatly influence a pediatric nurse's experiences in caring for children and their families.

In today's world, any given child may experience many socioeconomic factors that influence his or her health. Current research shows that large numbers of families in the United States and elsewhere are experiencing unemployment, frequent moves, **food insecurity**, the impact of **climate change**, **pandemic** stressors, and lack of consistent health care and insurance. Hunger—a basic human experience—has been documented as a national problem with adverse health and cognitive consequences, affecting physical, academic, family choices of where to place resources, and social functioning during childhood (Coleman-Jensen et al., 2021a; Gregory & Singh, 2015a, 2015b; Kushel et al., 2006; Melchior et al., 2012; Weinreb et al., 2002) and contributing to long-term mental health issues from adolescence into adulthood (McIntyre et al., 2013). Food insecurity, defined as being without sufficient quality and reliable access to nutritional and affordable food affects one in nine Americans (Feedingamerican.org, 2021b). A comprehensive plan for a child's health should include early assessments and screenings, immunizations, disease prevention, acute care for illness and injuries, and, if needed, chronic care for lifelong conditions that first present in childhood. The term **anticipatory guidance** is used to denote the process of preparing parents, guardians, or caregivers for what to expect as the child grows, develops, and matures (**Figure 1-2**). Nurses have a large role in identifying and providing anticipatory guidance as this education and support reduces **mortality** (causes of death), **morbidity** (causes of illness and accidents), and child neglect.

FAMILY EDUCATION

Definitions of Anticipatory Guidance

Anticipatory guidance is a phrase used to define information provided to parents so they can expect, plan for, and cope with actual or potential problems associated with normal growth and development of a child before those problems arise. As a child progresses from infancy to adolescence, particular points along the developmental path require preparation. Anticipatory guidance gives the healthcare team the opportunity to teach parents or caregivers about what to expect. For instance, teaching about the increasing mobility of infants, which progresses from rolling over to crawling to walking, will help parents plan for a safe environment and prevent falls or other accidents. Teaching parents about toddlers' needs for constant supervision and their inherent clumsiness can help parents plan to prevent accidents and injuries.

Figure 1-1

Figure 1-2

Pediatric nurses must be committed to viewing their patients and families in a holistic and comprehensive light. The key to understanding the complexity of providing pediatric nursing care is to understand the important role that childhood plays in a developing person. Child health is one of the most influential factors in adult health and well-being, so it should be focused on the prevention of illness, injury, and development of chronic conditions. High priority must be given to performing comprehensive assessments, promoting good health, fostering family life, and creating support systems and safe home/school/neighborhood environments to help children grow, play, learn, and become healthy and productive adults.

RESEARCH EVIDENCE

Poverty and War

With globalization and immigration, pediatric healthcare teams must be aware of international child health concerns. One major concern that arises on an international scale is poverty. Currently, approximately 20% of U.S. families are living in poverty. On a global scale, poverty affects approximately 50% of the world's pediatric population. There are currently 2.2 billion children in the world, 1 billion of whom live in poverty (Shah, 2013).

On a global scale, poverty disproportionally affects children representing approximately half of those living on $1.90 per day. The **COVID-19** pandemic has had a powerful impact on childhood poverty, affecting an additional 150 million children who have become impoverished (Unicef.org, 2021a). One billion children have been identified as being "multidimensionally poor," meaning they have no clean water, housing, education, sanitation, access to health care, and inadequate nutrition (Unicef.org, 2021a).

Research shows that "persistent poverty" has more detrimental effects on a child's socioemotional functioning, IQ, and school achievement than "transient poverty." Poor children experience less home-based cognitive stimulation, have lower teacher expectations, inconsistent parenting, and poorer academic-readiness skills—all factors that can slow their development (Kursmark & Weitzman, 2009).

It has been widely documented that national and international war greatly impacts the well-being of children. The United National Security Council identified six "grave violations" occurring to children during times of war and conflict: (Unicef.org, 2021b)

1. Physical maiming and killing of infants and children
2. Attacks on hospitals and schools
3. Sexual assault and rape
4. Recruitment or abduction into armed forces
5. Denial of access to humanitarian relief such as food, water, and sanitation facilities
6. General abduction, sometimes for ransom

Frameworks of Pediatric Health

The care of children is oriented toward the child's developmental stage, rather than chronological age. Nevertheless, for classification purposes, childhood is divided into eight developmental stages corresponding with average age groupings (**Figure 1-3**):

- Preterm infant: Born prior to 36 weeks' gestation
- Neonate: First 28–30 days of life
- Young Infant: One month to sixth months of age
- Older Infant: Sixth month to the end of the first year
- Toddler: One year old through second year of life
- Preschooler: Third birthday through fifth year of life
- School-age child: Sixth birthday through 12th year of life
- Adolescence: 13th birthday up to 18th birthday

New Morbidity

The term **new morbidity** was coined in the 1980s by pediatrician Robert Haggerty to denote concerns brought about by current environmental and social issues that decrease quality of life, as distinguished from issues of the past centuries such as infectious disease (Haggerty, 1995). Attention difficulties, adolescent mood and anxiety disorders, suicide, homicide, access to firearms, school bullying and violence, and the effects of media on obesity, sexual activity, and violence are all considered contemporary issues that create concerns about health

Figure 1-3

and injury and, therefore, are called new morbidities. Contemporary scholars and practitioners have since added to Haggerty's list and incorporated evidence-based best practices to address these issues, leading to a revised set of "New Morbidities 2.0" (Giardino & Sanborn, 2013). Four general categories of concerns related to these new morbidities have been identified (Giardino & Sanborn, 2013; Lucey, 2001; Robinson et al., 2017):

- Physical and environmental factors affecting behavior and risk taking, such as access to drugs and illegal substances, cigarettes, and alcohol
- Variations of behavior and emotional development: helping parents adapt to the unexpected and learn the uniqueness of each child's development
- Child behaviors affecting physical risk, such as smoking, drug use, and medical adherence
- Severe behavioral deviations and their management needs
- Omnipresent risk of poverty, homelessness, malnutrition, and new infections
- Mood disorders in both childhood and adolescence
- Effects of various forms of media on obesity, sexual activity, and violence
- Vulnerability of children and teens from socioeconomically disadvantaged environments

Nurses, as part of their roles in caring for children, are in a good position to assess for morbidity concerns and provide direction, support, referrals, and counseling. See the following table on the impact of climate change on children's health and **Box 1-1** on adverse childhood experiences (ACEs) for more information on national and global impacts on children's health (new morbidities).

Healthy People 2030

Healthy People 2030 is a federal initiative that promotes a set of national goals and objectives for improving the health of all people living in the United States over a 10-year period. The current series is divided into what is called "intuitive topics" that represent the goals and objectives of the decade to come. These objectives are divided into broad topics including health conditions,

Impact of Climate Change on Children's Well-being: Global Warming and Health	Increased greenhouse gases in atmosphere: higher temperature, increased intensity of storms, and worsening fires are showing a significant impact on children's health outcomes
General Concerns	› Worsening allergies › Creation of food insecurities › Increasing issues with mental health › Increased presence of mold in areas where homes face floods › Two- to seven-fold increase in heat waves and extreme climate events occurring for children now (Thiery et al., 2021)
Diseases	› Warmer climates causing blacklegged ticks (Lyme disease carriers) to expand range as temperatures increase › Expanding range of mosquitoes carrying malaria, zika, and dengue fever › Increased diarrheal episodes with contaminated flood waters
Air Quality Issues	› Connection between neonatal deaths (accounts for 20%) and air pollution (Harvard School of Public Health, 2021) › Premature deaths in children under five years of age due to respiratory issues brought about by fossil fuel burning and air pollution in general › Increased carbon dioxide leading to greater pollen production › Dry, hot, drought-ridden areas have increased fires and toxic smoke
Mental Health	› Children suffer trauma from experiences of fire, flood, poor air quality, and increased respiratory illnesses
Premature Births	› Both heat exposure and increased air pollution are associated with premature birth, stillbirth, and low birth weights (Bekkar et al., 2020)

BOX 1-1 Adverse Childhood Experiences (ACEs)

Definition: Adverse childhood experiences are preventable traumatic events that take place during childhood that have a tremendous impact on a child's future. ACEs are closely associated with lifelong health issues and future violence perpetration and victimization (Centers for Disease Control and Prevention [CDC], n.d.-a). Examples include child abuse and neglect, violence in the home or community, witnessing violence against others, the suicides or murders of family members, feelings of unsafe and unstable living environments, households with mental health issues, substance use, jailed family members, and other high-risk, high-emotional-impact experiences (CDC, n.d.-b).

Impact of ACEs on Children's Health:

- Chronic health issues across the child's life, such as diabetes and cancers
- Increased injuries and illnesses, such as fractures, traumatic brain injuries, unsafe sex, and sexually transmitted infections (STIs) and HIV
- Substance use issues, opioid misuse and episodes of overdose (CDC, 2020)
- Toxic stress leading to changes in brain development (attention span, responses to future stress, learning and decision making)
- Difficulty forming long meaningful and nurturing relationships
- Impacted employment, job opportunities, and earning potential
- Mental health illnesses across the life span, including anxiety and depression
- Higher-risk impact on women and ethnic minorities (esp. when four or more ACE events have occurred) and those who identify as bisexual, gay, lesbian, or transgender (Johns et al., 2019)
- Unintended pregnancy, pregnancy complications, and fetal death
- High impact on cost to society, families, and individuals who experience ACEs

What Nurses Can Do: (CDC, 2020)

- Encourage family-friendly work policies
- Promote strong starts for infants and children
- Encourage counseling for children across the developmental period and promote healthy mentoring programs and afterschool programs
- Teach about healthy relationships, dating
- Provide education for new parents about safe and effective parenting skills, child developmental theory, and family dynamics
- Promote stress reduction and skills to handle severe stress/emotions

TABLE 1-1 *Healthy People 2030:* Children's Health Concerns and Goals

Healthy People 2030 Overarching Goals	› Attain healthy, thriving lives and well-being free from preventable disease, disability, injury, and premature death › Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all › Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all › Promote healthy development, healthy behavior, and well-being across all life stages › Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all

Reproduced from Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2030; Healthy People 2030 framework*. Retrieved October 4, 2021, from https://health.gov/healthypeople/about/healthy-people-2030-framework

health behaviors, setting and systems, population health, and social determinants of health. There are many that represent the goals and objectives of improving infant, maternal, child, and adolescent health (**Table 1-1**). The objectives reflect health indicators that encourage prioritization of key health issues and actions to be taken toward achieving maximal health for the entire population. Unique to the *Healthy People 2030* initiative is the

division of the objectives into three main categories: social determinants of health highlighting how environmental, financial, and personal factors impact health across the life span; leading health indicators that subdivide goals into high-priority foci; and overall health and well-being measures that focus on both a national and global vision.

Goals for Maternal, Infant, and Child Health

Nurses, as the largest workforce in health care, can be highly influential in developing and evaluating programs that address the identified healthcare concerns over each 10-year span of time covered by the *Healthy People* initiative. Top priorities for pediatric nurses include education and interventions for children before birth through young adulthood.

Bright Futures

The American Academy of Pediatrics has developed a national health promotion and disease prevention program addressing the healthcare needs of children, known as Bright Futures (https://brightfutures.aap.org/Pages/default.aspx). This program provides direction in the context of both family and community. It includes tools, principles, and guidelines intended to strengthen the ties and interactions between local, regional, and state programs. The Bright Futures tool and resource kit provides a variety of assessment forms and screening tools to identify high-risk behaviors, all of which can be used during child/family healthcare encounters. Pediatric nurses can benefit from reviewing the Bright Futures visit forms that offer guidance on assessments, health screenings, and interviews of families with children in infancy, early childhood, middle childhood, and adolescence. Components of the tool kit, which can enhance the quality and thoroughness of a healthcare visit, include educational handouts, screening/assessment tools, ideas for preventive care, and instructions on how to develop linkages between families and community resources. One important tool provided by Bright Futures is a research-based schedule to promote preventative care for children across the developmental period. Called the Bright Future/American Academy of Pediatrics (AAP) Recommendations for Preventative Care, also known as the "Childhood **Periodicity Schedule**," it provides clinical recommendations for every well-child and well-teen health visit. Go to downloads.aap.org/AAP/PDF/periodocity-schedule.pdf for a printable copy that can be used to determine assessments and interventions regarding the health of patients throughout childhood.

BEST PRACTICES

Bright Futures Toolkit

Pediatric nurses do not need to develop educational materials and screening forms from scratch. They can find multiple holistic, comprehensive, and validated tools at the American Academy of Pediatrics' Bright Futures website at https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/default.aspx.

Caring for Families

The definition of a family can be a complex one. Many potential constellations exist, including nuclear, group, extended, blended, adoptive, foster, single-parent, same-sex parents, LGBTQ+ parents, and untraditional, such as reconstituted or communal. Given today's high rates of marital separation and divorce, growing up in a **binuclear family**, in which a child's living time is divided between two or more households, is not uncommon. The most important consideration when assessing the structure of a child's family is highlighted by a commonly used phrase: A family is who they say they are.

BEST PRACTICES

Determining the Family's Primary Care Decision Maker

One aspect of caring for families is determining who the decision maker is. This person may not always be one of the child's parents or the direct care provider. Cultural sensitivity is important when making this determination, as compliance and adherence may be based on engaging and showing respect toward the primary care decision maker of the family.

Family Strengths

Every family is unique. As a family grows, interacts, and has experiences, the formation of **family strengths** provides a foundation for growth. These assets provide an optimal support system for individuals within the family, as well as for the family as a whole (**Figure 1-4**). Family strengths include the following characteristics (Sittner, Hudson, and Defrain, 2007; Oregonstate.edu, 2018):

- Affection and appreciation
- Commitment

Figure 1-4

- Ability to cope with stress and crisis
- Positive communication
- Time spent together as a unit
- Spiritual well-being

Nurses can be instrumental in assisting families who are experiencing a crisis. A child with a new diagnosis of chronic illness, acute illness, or injury can be supported by assisting family members to develop or demonstrate components of the family strengths model. Identifying and supporting existing family strengths components, and helping the family to implement those strengths, will help the family identify and achieve goals for their child (Feeley & Gottlieb, 2000).

RESEARCH EVIDENCE

Family Strengths

One quality associated with family strength is positive communication. Communication that is respectful and uses active conversation and listening skills to process and talk about important issues, without attacking others, is considered a key family strength (Sittner et al., 2007).

Family-Centered Care

In recent decades, health institutions across the United States have begun to recognize the importance of family-centered care and adopt the principles of this model. Based on the premise that the family is a key constant in the child's life, the **family-centered care** model suggests recognizing that all family members are affected by the injury, illness, hospitalization, or healthcare need that the child is experiencing. Providing support based on encouragement, enhancement of strengths, competence, and collaboration provides the foundation for interactions and successful outcomes.

The principles of the family-centered care model promote a partnership approach in which the family and healthcare team work together to identify the best way to provide care for the child (Kuo et al., 2012). Issues are prioritized based on the family's identified critical issues, and the team provides support based on what the family identifies as most important. For example, if the child has a chronic illness and the family cares for the child, the family will know the details of what the child needs and how to best respond to these needs. Family-centered care provides a structure to support the strengths of the family through a families-as-partners approach, while providing for the child's medical and nursing needs.

Although different variations of a family-centered care approach exist, they all rely on five main principles (Kuo et al., 2012):

- Information sharing
- Respecting and honoring differences
- Partnership and collaboration
- Negotiation
- Care in context of family and community

These principles are exemplified by two key ideas: enabling and empowerment. **Enabling** a family and child means that the professional healthcare team provides opportunities for the family to gain and show mastery of the care required by the child. Learning required skills such as suctioning, catheterizing, changing dressings, providing enteric nutrition, and organizing needed supplies are examples. The pediatric team should provide the time, supplies, support, and education that build the family's sense of enabling. **Empowerment** suggests that the family feels competent to provide care for their child as a result of the support, education, and trust built through interacting with the team. For example, one healthcare institution successfully incorporated family-centered care into its pediatric unit through an emphasis on hope, engaged care, and love, with the family's skills and interactions being supported and strengthened. This model allowed for the development of a collaborative partnership between care providers and family members (Frost et al., 2010). Family-centered care can be implemented regardless of the clinical setting or environment.

Siblings and **extended family** members should be invited to interact and provide care for the child (**Figure 1-5**). The family should be supported with respect

Figure 1-5

to its constellation, ability, presence (many care providers have to continue to work and may be absent for periods of time), economic status, and family functioning, without care providers making judgments based on these aspects. Child life specialists (professionals whose focus is to support a child's development) should be involved with the assessment of the family's needs and available to assist with medical play, education, and guidance for all family members. Reaching out beyond the clinical settings is also important to family-centered care, with schools, primary providers, and community resources being identified and engaged as necessary.

WHO ARE CHILD LIFE SPECIALISTS?

- Trained professionals on the healthcare team who have expertise in helping children, siblings, and parents overcome challenging events across multiple medical settings
- Those who provide emotional support, promote family coping, and encourage education on medical jargon and procedures
- Those who provide pre-procedural or pre-operative medical play and developmentally appropriate education and support to reduce anxiety
- Those who provide assistance for families who have a child with a chronic illness making sure children are on track for developmental growth
- Those who adhere to the Child Life Council's child life specialist certification and have at least a bachelor's or master's degree, have at least 480 hours of clinical internship under a certified child life specialist, and who pass a national certification examination

Data from Webster, H. (2014, July 7). *7 facts about child life specialists*. https://www.childlife.org/docs/default-source/Press-Room-News/7-facts-about-child-life-specialists-_-health-wellness-_-us-news.pdf?sfvrsn=14a2a34d_4

In a family-centered care model, the nursing staff will recognize that a child-friendly environment is a crucial component of pediatric care. Play areas, brightly colored walls and decorations, and avenues for distraction and developmental growth are all essential.

BEST PRACTICES

Pediatric healthcare team members should adhere to the following guidelines when delivering family-centered care:

- The family is the constant in the child's life.
- The family is one unit and should be treated as such.
- The family caring for a child with a chronic illness knows what the child needs and should be encouraged to demonstrate the best-care practices with which they are familiar.
- The family should be assisted to develop or continue to grow in both empowerment (competence and confidence) and enabling (provision of sound care).
- The family should be provided with education and educational materials; information sharing is a priority.
- The family and providers are collegial care team members and should be treated with dignity, respect, and collaboration.
- The family should be encouraged to take on decision-making roles.
- The family should be provided support to live with normalcy and should be given information about outside resources, community support networks, and education.
- Siblings and extended family members should be included in care and planning.

Data from American Hospital Association. (2015). *Resources: Strategies for leadership: Patient and family-centered care*. http://www.aha.org/advocacy-issues/quality/strategies-patientcentered.shtml; Institute for Family-Centered Care. (2015). *Patient- and family-centered care*. http://www.ipfcc.org; Institute for Healthcare Improvement. (2016). Person- and family-centered care. http://www.ihi.org/topics/pfcc/pages /default.aspx

Concept-Based Care in Pediatrics

Historically, the education of nurses has been based on highly structured theory courses that use memorization, linear thinking, and theoretical application. More recently, concept-based nursing has gained great respect and interest as an alternative to traditional nursing

TABLE 1-2 Concept Versus Traditional Learning

Example of Content	Traditional Learning	Concept-Based Learning
Issues with respiratory system	Disease-based content such as asthma, cystic fibrosis, bronchiolitis, and epiglottitis, and their associated symptoms, treatments, and nursing care	Ventilation Oxygenation Perfusion Safety Infection control Comfort
Skin diseases	Disease-based content such as rashes, contact dermatitis, poison ivy, pressure ulcers, and acne, and their associated symptoms, treatments, and nursing care	Skin integrity Infection control Comfort Symptom management

education and learning. **Concept-based learning** uses a dynamic approach to the ever-growing body of scientific nursing knowledge; it focuses on key concepts that can be applied to various situations and settings. The understanding of interrelated concepts helps with the mental organization of large amounts of information, and in turns makes learning logical. An example of concept-based learning is presented in **Table 1-2**.

Critical Thinking in Pediatrics

The complexity of pediatric nursing is such that the application of a mode of thinking clearly and efficiently to complex child/family clinical presentations helps to solve problems. **Critical thinking**, in general, is a problem-solving means of thinking through a complex situation and drawing conclusions that will best help a child and their family. Critical thinking in pediatric nursing is used to separate what is known from what is unknown while helping a team of concerned healthcare providers devise a plan to assist a child in need. According to Papathanasiou et al. (2014), critical thinking is a method of problem solving that combines creativity with a specific set of cognitive skills—specifically, critical analysis (e.g., the Socratic method), inference, and concluding justification—to assess and evaluate information. By using a critical thinking mode of problem solving, pediatric nurses can identify problems early and devise systems and interventions to assist a child in need. **Table 1-3** summarizes the components of the Papathanasiou et al. critical thinking model.

Sometimes critical thinking is considered a program outcome. In Staib's (2003) interactive model of critical thinking, the basic structures of thought are what create sound thinking and effective problem solving. Staid describes eight essential components of thinking that are needed in the development of a program with distinct outcomes:

- Raise questions.
- Generate a purpose.
- Use information.
- Utilize concepts.
- Make inferences.
- Make assumptions.
- Generate implications.
- Embody a point of view.

Clinical Judgment

Clinical judgment is a term that is sometimes considered interchangeable with "problem solving," "decision making," and "critical thinking." It comprises the analysis, interpretation, and drawing of conclusions about a patient's condition, including the patient's holistic needs, concerns, health problems, and areas of needed action or intervention (Tanner, 2006). According to Dr. Patricia Benner (2010), "Clinical judgment refers to the ways in which nurses come to understand the problems, issues, or concerns of clients/patients, to attend to salient information, and to respond in concerned and involved ways" (Benner et al., 2010). The National Council of State Boards of Nursing (NCSBN) now uses a Clinical Judgement Model for NCLEX (nursing licensure exam) that was created by NCSBN researchers. The model provides a framework

TABLE 1-3 Components of Papathanasiou et al. Model of Critical Thinking

Recognize Assumptions
› Separate fact from opinion; use a Socratic question-and-answer method to distinguish knowledge from assumptions.
› Do not assume information is true; notice, question, reveal, and identify gaps or unfounded logic.
› When listening, do not assume information is reliable; look for real evidence.
› Seek common ground with patient in basic assumptions about values.
Critical Thinking Enhancement Behaviors
› Seek to maintain impartiality, integrity, and independence of thought.
› Maintain awareness of limitations of knowledge and personal prejudices.
› Use perseverance and spiritual courage in seeking solutions.
Problem Solving
› Approach issues using empirical methods, the research process, and the scientific method.
› The value of intuition is greater with longer nursing experience.
› In making decisions, prioritize patients' multiple needs.
› Use worded, rational, and systematic approach to problem solving.
Stages of Decision Making
› Recognition of objective or purpose
› Definition of criteria
› Exploration and consideration of alternative solutions

Data from Papathanasiou, I. V., Kleisiaris, C. F., Fradelos, E. C., Kakou, K., & Kourkouta, L. (2014). Critical thinking: The development of an essential skill for nursing students. *Acta Informatica Medica, 22*(4), 283–286.

QUALITY AND SAFETY

Critical Thinking for Safety

Critical thinking can be applied to safety in pediatric nursing. For example, if a pediatric nurse is caring for a child with complicated family dynamics, a diagnosis of severe cerebral palsy and failure to thrive, and possible evidence of abuse and neglect, using components of critical thinking can help to formulate a plan for safety.

- *Recognize assumptions.* Children with severe cerebral palsy may be considered vulnerable to child abuse because they are dependent, often nonverbal, sometimes technology dependent, skills demanding, and seen as "different." Care providers may not be able to provide for their complex needs. The failure to thrive may be assumed to be based on neglect, the most common form of child maltreatment.
- *Evaluate arguments.* Does evidence exist that the child is at risk for poor care? Does evidence exist that the child has been neglected? Do the complications of the family dynamics place the child at risk for neglect? Are the basic care needs of this child being met at home?
- *Draw conclusions.* The child's safety is paramount. The physical and emotional needs of the child must be met. Supportive resources such as nutrition, warmth, rest, appropriate clothes, medicine and medical care, play and distraction, and safe supervision must be secured. If the family cannot provide for the child with severe cerebral palsy and complex medical needs, then reporting the evidence of child abuse/neglect is warranted.

for testing which is comprised of the following steps: (NCSBN, n.d.)

- Recognize cues (collecting relevant client data, potential complications the patient is at risk for, and subjective and objective assessments)
- Analyze cues (determining priorities of the assessments and data collected)
- Prioritize hypothesis (prioritizing finds that need immediate action compared to those that can be delayed)

- Generate solutions (determining goals and interventions to assist the patient's prioritized needs)
- Take actions (implementing nursing actions and interventions to assist with the prioritized hypothesis)
- Evaluate outcomes (determining the effects of the actions taken)

Pediatric nurses must use sound clinical judgment to provide high-level holistic care. Nurses' clinical judgment is influenced by their experience, expertise, relationships with patients and families, and working as a team member. According to Tanner (2006), five conclusions can be drawn about the use and application of clinical judgment:

- Clinical judgments are more strongly influenced by what nurses bring to the situation than by the data (objective) collected concerning the situation.
- Clinical judgments about patients are highly influenced by the situational context and the culture of the nursing environment.
- Knowledge of both the patient and the patient's typical pattern of responses, complemented by engagement with the patient and family, have the greatest influence on sound clinical judgment.
- Improved clinical reasoning and the development of clinical knowledge follow from reflection upon one's practice.
- Nurses make clinical judgments based on a variety of single or combined reasoning patterns.

According to research by van Graan, Williams, and Koen (2016), clinical judgment is different in the field of nursing as nurses rely on the nursing process to provide care and make decisions (assessment, diagnosis, goal setting, implementation, and evaluation). With the growing complexity of health care environments, higher levels of cognitive thinking skills are essential for excellence and quality patient care. Through exploratory qualitative research, findings demonstrated thematic disclosures that clinical judgment includes "love and passion for the work . . . integrity . . . identify problems . . . to walk the extra mile . . . use your brain . . . your intellect . . . where theory and practice meet . . . listening to the patient through patient interactions . . ." (pg. 283).

Professional Pediatric Nursing Care

Pediatric nurses care for both the child and the family. Nurses who care for children with complex health conditions understand the need for professional care based on concepts, theory, and skills specific to children. While applying care to sick children, the nurse also applies a knowledge base that focuses on the promotion of normal growth and development.

Many professional organizations provide education, best practices information, and collegial support for pediatric nurses. The Society of Pediatric Nurses (SPN) is an internationally focused, U.S.-based organization that provides a multitude of opportunities for mentoring, education, research, and scholarly development. SPN publishes *Journal of Pediatric Nursing*, which provides state-of-the-science research and best practices information on caring for children and families and they host an annual conference to disseminate state-of-the-science information based on evidence-based practice and research. Other professional nursing organizations have focus groups or specialty practice subgroups that provide support for pediatric nurses.

Because most hospitalized patients are adults, pediatric nurses are fewer in number and often practice in isolation, such as in pediatric clinics or pediatric units, contributing to the need for collaboration among the profession as a whole. It is imperative that these nurses become aware of national initiatives, research endeavors, and best practices projects to move the profession of pediatric nursing forward. **Table 1-4** lists selected organizations that support the profession of pediatric nursing.

TABLE 1-4 Selected Professional Organizations that Support Pediatric Nursing

Society of Pediatric Nurses (www.pedsnurses.org)
Sigma Theta Tau International Nursing Honor Society (www.nursingsociety.org)
Association for Vascular Access (www.avainfo.org)
Association of Pediatric Hematology/Oncology Nurses (www.aphon.org)
American Academy of Pediatrics (www.aap.org)
Pediatric Nursing Certification Board (www.pncb.org)
Transcultural Nursing Society (www.tcns.org)
National League for Nursing (www.nln.org)
Emergency Nurses Association (www.ena.org)
Association of Camp Nurses (www.acn.org)
American Nurses Association (www.nursingworld.org)
National Association of Pediatric Nurse Practitioners (www.napnap.org)

Case Study

Zack, a 3-month-old infant, has been admitted to the pediatric unit from the emergency department (ED) of a community hospital. Zack has a recent history of poor feeding, weight loss, irritability, low-grade fevers, and intermittent periods of shortness of breath and tachypnea. The family brought Zack to the emergency department after he vomited four times in one day and subsequently became listless. The ED staff evaluated Zack and found him to be anemic, with an abdominal mass and organic failure to thrive. The on-call pediatric oncologist was called and immediately admitted Zack into the ward. After diagnostic imaging, the child was given a diagnosis of neuroblastoma, stage 2B, with unfavorable histology and neurotrophin (nerve growth factor) receptor positive. The family was stunned, very emotional, and frightened. The team immediately began to prepare Zack for placement of a central line and evaluation for cancer treatment.

Case Study Questions

1. How can the staff use the principles of family-centered care to provide support for Zack and his family?
2. Which team members should be involved with the delivery of family-centered care?
3. What does the family need during the first 24 to 48 hours after admission to the pediatric ward?
4. How would the nurse explain the medical diagnosis to the family? (See Cancer.org, 2021, Neuroblastoma Stages and Prognostic Markers.)
5. What is the role of the child life specialist in the early diagnosis of the infant and the continuing care the infant will require?

As the Case Evolves. . .

Zack has been admitted and evaluated by a pediatric oncologist. His parents, a working-class East African immigrant couple in their early 20s, are meeting with an oncology nurse-practitioner to discuss the next steps in their son's care. It quickly becomes apparent that although both speak English fluently, the parents are having difficulty understanding what is wrong with Zack and how treatment usually progresses in neuroblastoma. The father, who is self-employed and runs the family's restaurant, asks if delaying treatment until he can save up extra money and bring his mother from his home country to help is an option.

6. Which of the following aspects of the family's background is likely to have the greatest impact on their son's care? Select all that apply.
   A. Cultural background
   B. Ethnic background
   C. Language fluency
   D. Socioeconomic background
   E. Constellation of the family
   F. Employment of the parents

After explaining to Zack's parents why his treatment cannot be delayed, the father—who until now has done all the talking—states that he cannot authorize treatment until he has conferred with Zack's grandmother. He excuses himself to make a phone call. Left alone with Zack's mother, the nurse asks if she has any questions about her son's condition and treatment, stating, "I know these treatment decisions are difficult, so anything I can tell you to help you, I'm happy to explain." The mother replies that any decisions about Zack's care will come from her husband's mother, the family matriarch.

7. According to family theory in pediatric nursing, which of the following statements would be considered correct?
   A. A family represents its cultural and/or ethnic group.
   B. A family is considered extended if multiple generations reside in the home.
   C. A family has a distinct decision maker who is easy to identify.
   D. A family is whoever they state they are.
8. Which of the following key principles are most important in implementing a family-centered care plan for Zack, given the complexities of his family situation?
   A. Empowerment and enabling
   B. Respect and independence
   C. Support and collaboration
   D. Supervision and teaching
9. The nurse assigned to Zack is not chemotherapy/biotherapy certified. Until chemotherapy is ordered, and a chemotherapy-certified nurse provides care, which professional nursing organization can the nurse use to find out more information about neuroblastoma.
10. Using the principle of anticipatory guidance, what can the child life specialist and the nurse collaborate on for education for this family?
11. Using the clinical judgment process, what data should be collected during the initial assessment (gathering cues) and what are potential hypotheses?

12. While working in a pediatric ambulatory care facility, the RN provides telehealth for a grandfather who will be caring for a 2-year-old granddaughter full time while the mother attends a rehabilitation in-patient clinic for 6 weeks. The grandfather has called to discuss the health-related paperwork required for the child to attend a toddler-care center 3 hours a day. The nurse decides to provide anticipatory guidance to the grandfather about the needs of a toddler. List eight topics the RN should discuss to help him prepare for the care of the toddler.
    A.
    B.
    C.
    D.
    E.
    F.
    G.
    H.
13. Look at the American Academy of Pediatrics' Bright Futures website and identify screening guidelines for a health visit for a 4-year-old child who will be enrolling in preschool. Describe the list of health promotion and disease prevention guidelines that should be given to the parents during the visit, regarding their child.
14. A nurse is assisting a new medical foster family who is taking a young child home from the hospital who exhibits evidence of severe neglect, as well as physical and emotional abuse. In applying the objectives of safety as promoted by *Healthy People 2030* on reducing rates of death in children, the nurse should promote which of the following: (Select all that apply.)
    A. Provide developmentally appropriate anticipatory guidance to the foster family
    B. Encourage the teen foster siblings in the family to provide child care and supervision
    C. Promote the foster home's family strengths to encourage bonding
    D. Allow the child to use play to express emotions
    E. Encourage the child to communicate with the biological parents to promote recovery
    F. Give the child time alone to foster a sense of autonomy

Chapter Summary

- Contemporary issues in children's health include a variety of concerns. Issues surrounding poverty, nutrition, education, family support, and medical adherence all influence a pediatric nurse's care foci.
- A variety of frameworks can be used to examine pediatric health care. The *Healthy People 2020* initiative sets goals for the health of all Americans, while the American Academy of Pediatrics has developed Bright Futures, a national health promotion and disease prevention program that addresses the healthcare needs of children in the context of family and community.
- The term "new morbidity" is used to denote concerns associated with current environmental and social issues. Attention difficulties, adolescent mood and anxiety disorders, suicide, homicide, access to firearms, school bullying and violence, and the effects of media on obesity, sexual activity, and violence are all considered contemporary issues that create concerns about health and injury.
- Tools, principles, and guidelines have been developed to strengthen the ties and interactions among local, regional, and state programs. For example, the Bright Futures toolkit provides a variety of assessment forms and screening tools to identify high-risk behaviors, all of which can be used during child/family healthcare encounters.
- Based on the premise that the family is the constant in the child's life, the family-centered care model suggests that all family members are affected by the injury, illness, hospitalization, or healthcare needs the child is experiencing. Providing support based on encouragement, enhancement of strengths, competence, and collaboration establishes a solid foundation for positive interactions and successful outcomes.
- Two ideas underlying the principles of the family-centered care model—empowerment and enabling—promote an approach in which the family and healthcare team work together to identify the best way to provide care for the child.
- Critical thinking can be applied to the complexities of pediatric nursing. In pediatric nursing, it is used to separate what is known from what is unknown while helping a team of concerned healthcare providers devise a plan to assist a child in need. Papathanasiou et al.'s model of critical thinking includes recognizing assumptions, enhancing critical thinking behaviors, taking a reasoned approach to problem solving, and following a four-stage decision-making process.
- Many professional organizations provide education, best practices information, and collegial support for pediatric nurses.

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