



Clinical Update

Atrium Medical Corporation

5 Wentworth Drive, Hudson, New Hampshire 03051

Phone (603)880-1433 Fax (603)880-6718

www.atriummed.com

Age Appropriate Competencies: Caring for Children

Not only does JCAHO look for age-related competencies, but reviewing them never hurts. Here's a quick review of key points when caring for children.

Toddlers: Exploring the World Around Them

Toddlers, one to three years of age, are experiencing a stage of rapid physical and psychosocial development. Their thinking is concrete, and they interpret words literally. They have not yet learned to share and if you say, "I'm going to take your temperature," they will often react negatively, thinking you are taking something away from them. Separation from caregivers is very stressful, and this dependency will increase during times of illness. Allow the parent or guardian to stay with the child during care; ideally, provide care while the child sits on a familiar caregiver's lap. Toddlers value their newly developed mobility, so avoid holding a toddler down unless absolutely necessary for safety.

Use simple terms, such as saying, "Your lungs are sick and need medicine," before applying a nasal cannula. Similarly, if you need to give instructions, give one direction at a time such as, "Sit up," rather than "Sit up so I can listen to your lungs." Be playful whenever possible so as to be less threatening to the child. But don't bother telling a toddler care "will only take five more minutes," because most toddlers don't yet understand time.

Preschoolers: Transition to Independence

Preschoolers, three to five years old, are in a transitional phase in which they retain many of the toddler's characteristics while becoming more independent and self-sufficient. Preschoolers are still concrete thinkers and this often leads to misunderstandings when adults use words and phrases that can easily be misinterpreted by the child. When a nurse says the child will be put on a stretcher, the child thinks it's a device that will stretch his body. If you talk about a CAT scan, preschoolers may worry about felines. Or they may interpret the term I.V. as a leafy, green plant. It's easy to overestimate a preschooler's comprehension because their verbal skills are good and they ask lots of questions.

Preschoolers are also magical thinkers and believe they can make things happen by wishing. This can be terrifying if they wished their parent or sibling would "go away" the day before the family is in an auto accident. They may also believe that an injury or illness is punishment for something they did or thought about doing. Tell him your care is not a punishment. Ask a child if she feels happy or sad, scared or mad, and praise her when she tries to cooperate. Try to avoid using the word "bad" because children

of this age will have a hard time understanding that a "bad cough" does not mean they are themselves a "bad" person.

Bandages are very important to preschoolers because they typically think any break in the skin can allow their "insides to leak out." Bandages are seen as protective and are very comforting. Thus, when you can, focus on applying an adhesive bandage after a procedure or treatment even if it is not necessary. Preschoolers respond well to games and care that incorporates play. For five-year-old Emily, who was just admitted to the pediatric unit after having heart surgery, try this approach "I brought this pin-wheel with me. See how pretty it is when I blow on it? Now I want you to make it spin."

Provide explanations in terms of the child's senses, such as, "You'll feel this medicine like a feather on your face, and it will make a funny noise," before a nebulizer treatment. Offer choices when you can, but don't accept unnecessary delays of more than two minutes if a preschooler stalls for time.

School-Age Children: A Sense of Accomplishment

School-age children, ages six to 11 years, are developing a sense of accomplishment as they master new skills. Experiencing success helps children develop a sense of self-esteem. At about age seven, children move from the magical thinking of preschoolers to more logical thought. They no longer see illness or injury as punishment and can begin to understand cause and effect, such as, "If you take your medicine every morning, your heart will stay healthy."

School-age children understand time after having their days scheduled in school. Be sure to tell a child how much time is left in a procedure or treatment, and offer to count the time down. These children can also understand longer-term consequences of illness and for the first time, they understand that death is irreversible.

At this age, children are afraid of losing control, of being separated from others their age, and of becoming more dependent on parents again. You can offer them the choice of having a caregiver present when you are with them; being able to take a treatment without a parent present may be important for a child's self-esteem. You can also support school-age children by asking them to be your helper, such as holding the thermometer while you check blood pressure.

A quick review of age-appropriate approaches will help improve outcomes and reduce anxiety — for both the child and the nurse.

A quick reference chart is available on the Atrium Web site in PDF format at: <http://www.atriummed.com/ClinicalUpdate>. Electronic subscribers get this value added feature delivered to their Inbox. If you're still receiving the print version, sign up on this page to start your electronic subscription.

Check Your Knowledge...

Q.

What is the formula for calculating the volume of a bolus for fluid resuscitation in pediatrics?

Answer on other side

Clinical Update is an educational newsletter provided by Atrium Medical Corporation and is edited by Patricia Carroll, RN,BC, CEN, RRT, MS.

In The Literature

Update on Treating Alcohol Withdrawal

The current issue of *Critical Care Nurse* has a thorough review of the current state of the art for managing alcohol withdrawal syndrome. Written by Mary McKinley, former AACN president, this article walks the reader through pathophysiology of alcohol intoxication, tolerance, dependence, and withdrawal, and relates these changes to clinical features, assessment tools, and pharmacological management.

Since nearly 27% of the U.S. population meets the diagnostic criteria for alcohol dependency and 1 in 5 hospitalized patients is an alcohol abuser, it's important for all nurses to stay up-to-date so alcohol withdrawal will not be overlooked or mismanaged.

Source: McKinley MG: Alcohol withdrawal: overlooked and mismanaged. *Critical Care Nurse* 2005;25(3):40-42,44-48.

Nursing Organizations

The current issue of *Dimensions of Critical Care Nursing* has a current list of 75 nursing organizations with the address, e-mail and Web site for each. Be sure to check out the Space Nursing Society!

Source: Guide to nursing organizations, 2005. *DCCN* 2005;24(3):125-130.

Is Money the Answer?

There has been much speculation about the factors that will enhance retention of experienced nurses. Research published in the current issue of the *Journal of Nursing Scholarship* discovered that the ethical climate of the workplace is the most important factor in RNs' decisions to leave their positions or the profession. The authors point out that poor staffing is actually an ethical dilemma for nurses who feel as if they cannot provide proper care and are forced to decide who gets adequate care and who does not. This is a must-read if your organization is experiencing turnover in the nursing staff.

Source: Hart SE: Hospital ethical climates and registered nurses' turnover intentions. *Journal of Nursing Scholarship* 2005;37(2):173-177.

Implementing Evidence-Based Practice

There is much in the literature about implementing evidence-based practice. Now that there is a rich body of nursing research, more and more nursing actions can be based on research that has shown one or two approaches to be superior to the others. An article in a recent issue of the *Journal of Infusion Nursing* reviews three models by Rosswum, Stetler, and Titler. With this overview, nurses can choose a model that best suits their clinical situation, and then learn more about implementing that model.

Source: Newell-Stokes G: Applying evidence-based practice. *Journal of Infusion Nursing* 2004;27(6):381-385.

Is That Really A Med Error?

Research published in the current issue of *MEDSURG Nursing* examined how nurses defined medication errors and how they made the decision to report an error. The researchers' goal was to gain a greater understanding of why nurses underreport medication errors.

Researchers discovered three themes they call: time is on our side, context counts, and reliance on systems. The first two go to professional judgment, while the third may reflect the pressure nurses feel today with regard to workload, preferring to rely on systems to assure safety.

The list of questions provided in the article allows replication of this study in any clinical setting. It can help you understand the disconnect between what appear to be clear policies, and nurses' perceptions that they can use judgment in identifying what constitutes a reportable error.

Source: Stetina P, Groves M, Pafford L: Managing medication errors: A qualitative study. *MEDSURG Nursing* 2005;14(3):174-184.

On the
World Wide
Web...



Online Pediatric Manual

From Health Canada comes the *Pediatric Clinical Practice Guidelines for Nurses in Primary Care* online. While the manual was designed for nurses caring for children in the isolated areas of Northern Canada, it's also a great resource for nurses who only occasionally care for children. Since the URL is more than 100 characters, I've shortened it for you: <http://tinyurl.com/9wvyr>

How Did You Do That?

It is so much easier to share Web addresses with friends and colleagues when you can shorten them. That's where Tiny URL comes in. When you visit the Web site, you can learn about how to set up the service so you can seamlessly use it on your browser. Create a toolbar button for Tiny URL (the site shows you how). Then, when you find a great resource on the Web, instead of passing along a lengthy address that will break when you paste it into an e-mail, you simply click on the Tiny URL button, and you'll get a new page with the shortened address. Simply copy it and paste it into documents or e-mails.

<http://tinyurl.com/>

Everyone Should Know About Sentinel Events

Sentinel Events are those patient events designated by the Joint Commission as having the potential to cause, or actually cause serious injury or death. All events must be reported by accredited organizations. Alerts are distributed when JCAHO becomes aware of a safety issue that is not institution-specific. While administrators get immediate access to these newsletters, staff nurses don't always see them. Alerts explain how an error or dangerous practice can occur, and steps to take to protect patients. All issues are online at <http://tinyurl.com/8f79t>

Check Your Knowledge...

A.

A fluid bolus is 20ml/kg in pediatrics administered over 5 to 15 minutes.