Pediatric training

Child Development

How child plays, learns, speaks, acts, and moves offers important clues about child's development. Developmental milestones are things most children (75% or more) can do by a certain age. Psychological changes develop in the mind as well as in child's behavior.

Everyone will go through the same stages of development during their lives, but no two children are alike, the rate at which one develops is individual.

Development stages

INFANCY (BIRTH TO 12 MONTHS)



- Infants grow and develop quickly
- Development is from head down (infants gain control of the muscle neck before lower extremities)

Development stages

TODDLERHOOD (AGES 1 TO 3)

- Formerly dependent, now gains independence and body control
- Learns to speak, gains coordination, bladder and bowel control
- May have tantrums or whine to get their way

Childproof the house for safety!!



Development stages

PRESCHOOL YEARS (AGES 3 TO 5)



- Increases interest in social relationships.
- Plays cooperatively and learns language.
- Learns right from wrong.

Developmental Stage

SCHOOL-AGE CHILDREN (AGES 5 TO 10)

- Cognitive development (thinking and learning).
- Builds relationships with others in peer groups.
- Develops conscience and self-esteem.



Development stages

PREADOLESCENCE (AGES 10 TO 12)

- Girls may reach ***puberty** in later years of this stage.
- Grow sense of identity.
- Strongly identifies with peers.
- Relatively calm period.
- Imaginary fears give way to fears based in real world.

***Puberty**- when a person develops secondary sex characteristics, such as body hair, breasts and hips

Development stages

ADOLESCENCE (AGES 12 TO 18)

- Boys usually reach puberty during this stage.
- Concern for body image and peer acceptance.
- Unstable moods.
- Need to express themselves socially and sexually.





Common disorders

Infancy

Common infancy disorders:

Premature-babies that are born before 37 weeks of gestation

Low Birth Weight-a full term babies weighting less than 5lb are usually cared for the same way as for premature babies.



Toddler, Pre school, School-Age



Common Childhood disorders:

Chickenpox-highly contagious viral or bacteria infection that can affect immunocompromise adults as well. The spread of infection can be prevented with vaccination.

Measles, mumps, rubella, diphtheria, smallpox, whooping cough, and polio are no longer common due to vaccines.

Leukemia-a form of cancer which enables white blood cells to fight diseases.

Cognitive disorders- are disorders related to thinking and learning

More pronounced in a school-aged child.

Infancy

Birth Defect –a physical or structural defect that affects an infant from birth. Can be inherited, gestational disease or injury during pregnancy. Examples: Cystic fibrosis, Down Syndrome.

Viral or **Bacterial infections**

Sudden Infant Death Syndrome (SIDS)- when a baby stops breathing and dies for no reason. Common contribution to SIDS is smoking at home, premature and low birth weight babies.

To decrease chances of (SIDS)- ***PLACE THE BABY ON THE BACK TO SLEEP.***

Adolescence



Anorexia- eating disorder where one does not eat or exercise excessively to lose weight.

Bulimia, Binges-eating a huge amount of food or very fattening foods and then **Purge** or eliminate the food by vomiting, using laxative or over exercising.

Sexually Transmitted Disease (STD) -condoms can reduce spread of diseases and prevent Teenage Pregnancy. Teenagers that are sexually active, should be educated on contraceptives.

Teenage pregnancy can cause terrible consequences for adolescent, family, and the baby. It is common for teenage mother's to give birth to premature babies due to their own undeveloped bodies.

Child Abuse

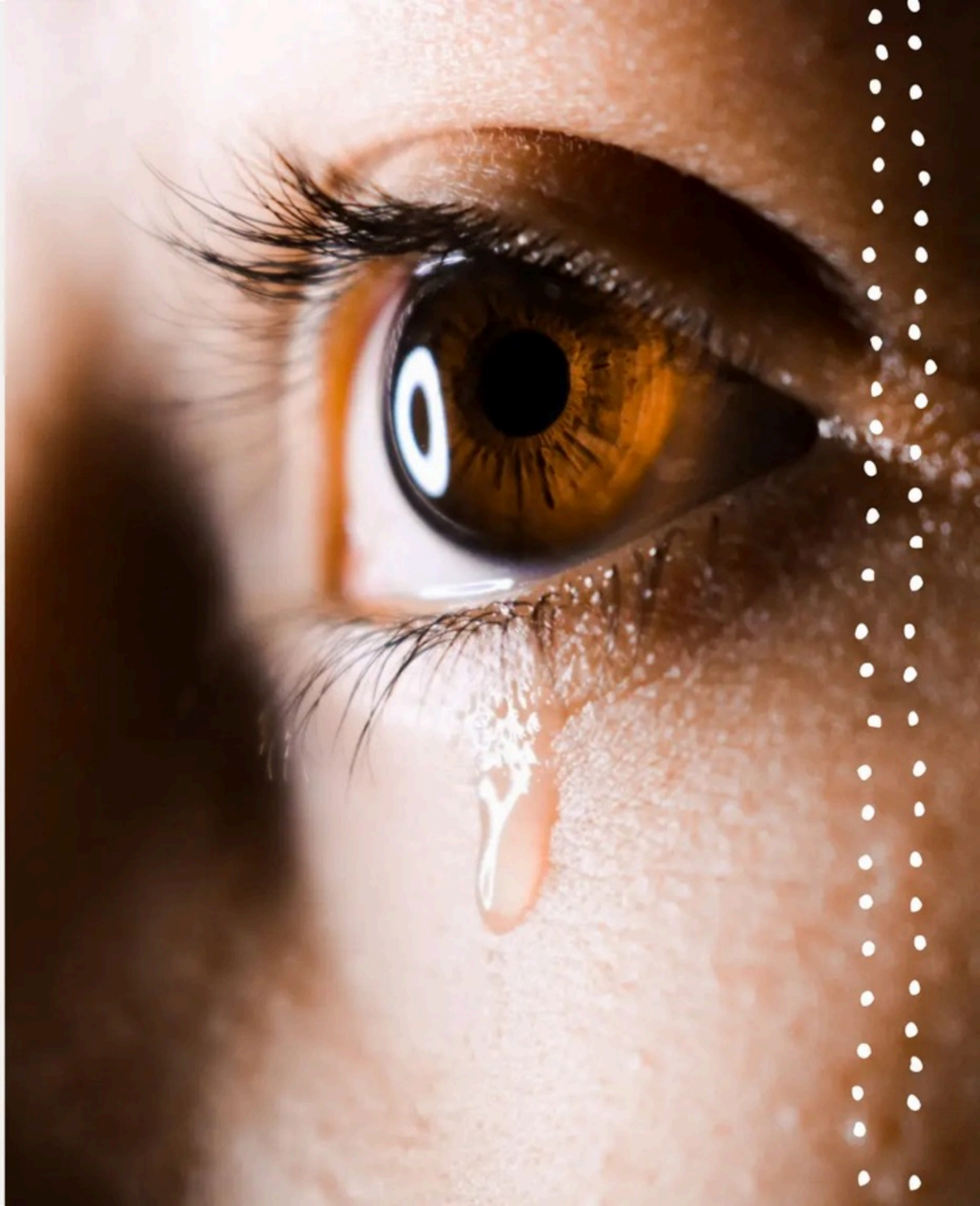
Child Abuse-refers to a physical emotional and sexual mistreatment.

Child Neglect- is not providing enough food, clothing, or support.

ALL Health care personnel are responsible by law to immediately report suspected abuse to the supervisor and state agency (**Mandatory Reporter**).

TO REPORT ABUSE :

1-800-342-3720 or 911



Child Abuse Symptoms

Child has burns, cuts, bruises abrasion or fractured bones.

Child stares vacantly or watches intensely.

Child is extremely quiet.

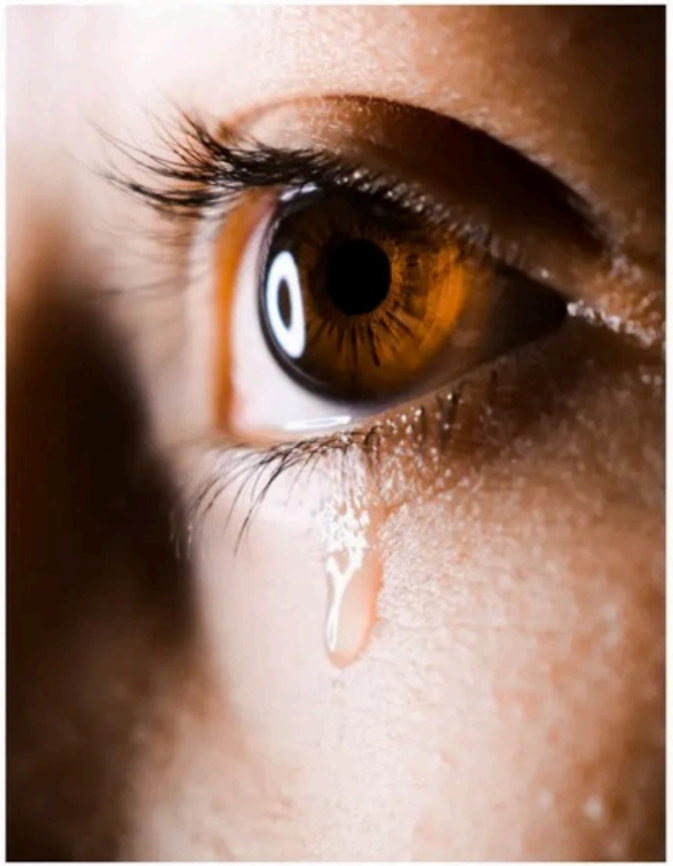
Child avoids eye contact. However, in some cultures, it is norm to costumery not to an eye contact.

Child is afraid of adults.

Child behaves aggressively.

Child exhibits excessive activity or hyperactivity.

Child tells you that someone is abusing him or her.



Intellectual Disability

The most common developmental disability.

Children develop at a below-average rate and have below-average mental functioning.

Causes difficulty in learning, communicating, moving, and may cause problems with social interactions

To work with disabled, caregiver should:

- Positive behavior should be praised and encouraged often.
- Encourage child to perform ADLs (activity of daily living) by dividing tasks into smaller units.
- Encourage social interaction.
- Repeat yourself to make sure child understands.
- Be patient.

Cerebral Palsy

Cause by damage to the fetal or infant brain

Neurological disorder affecting motor and developmental skills. Childe can struggle with muscle tone, balance, and coordination of movement.

Treatment includes many types of therapies (behavioral, speech, physical, occupational) that should be started early and must be tailored to the child condition.

Child may take longer time to adjust their position due to pain be gentle and patient.

Child may be nonverbal, but they can hear. Communicate clearly and positively

Down Syndrome



Condition associated with intellectual distality characteristic physical appearance and weak muscle tone

Children with down syndrome have physical and intellectual disabilities, poor immune function and developmental delay.

Unclear speech, attention problems, stubbornness or tantrums. Be patient and positive



Spinal Bifida

Various health issues . Mobility could be affected, skin problems, allergy to latex and rubber .

Physical activity is important.

Be a positive role model for the family and child. Assist with skin care physical exercise and promote health habits.

Autism Spectrum Disorder

Cause: unknown, but genetics may be a factor

It appears in early childhood, usually by age 3.

Treatment includes many types of therapies (behavioral, speech, and occupational therapies) that should be started early and must be tailored to the child.

Lacking social skills. Inability to communicate using words, being withdrawn. Inability to make eye contact. Intense tantrums, aggression, short attention span and repetitive body movements.

Important Observation to Report

When caring for a sick child, caregiver must pay attention to

Infant’s daily patterns of eating, sleeping, and diaper changes.

Safety of home environment

Family interactions

New mother’s mental state (postpartum depression)

Infant’s home environment (temperature, bedding)

The only safe place to leave a baby is in the crib or in adults' arms

Proper Baby Holding



- **Upright Hold** when baby is held against the chest. Babies' head, neck, and back must be supported with one hand, while keeping the other under baby bottom.



-**Football Hold** when baby's head is in one hand, supporting the baby back with the arm on the same side of the body.



-**Cardel Hold when** the baby's head and neck resting in the crook of ones' elbow and legs in the other arm.

How to lift your newborn



1. Always pay attention to your newborn's head, paying particular attention to the fontanelle (the soft spot at the top of his head). Since most newborns do not have strong neck muscles, you must always support his head and neck at all times.



2. Pick him up by gently sliding your hands under him. One hand should support his head/ neck while the other supports his bottom.



3. As soon as you are confident that you have a solid hold of him, gently scoop him up and bring him toward your chest.



4. Ensure his head is cradled against your chest, then slide the hand that supported his bottom up toward his neck.



5. Gently position him until his head lies in the crook of your arm, making sure to continue supporting his neck as you do so.



6. This position allows you to easily maintain eye contact as you talk or sing to him.



Breast Feeding

All women have different breast-feeding styles some maybe comfortable with others in the room and some are not. Provide privacy.

Change baby's diapers if needed, before giving the baby to the mother for breastfeeding

If necessary, remind the mother how to hold the nipple and areola between the thumb and forefinger to allow baby to latch. If the baby does not latch on the right way have the mother stroke the baby's cheek with her nipple

To break the suction mother must press down on the breast above the nipple and gently putting her nipples in baby's mouth

Assist with burping the baby

When baby properly leached on baby's mouth covers the whole areola.

How do I know if a newborn is eating enough ?

- Baby wets at least 5-6 and 3-4 poops
- Baby is gaining weight
- Baby is content and happy

Bottle Feeding

Baby Formula Option

Ready-to-use Formula – often sold in a bottle should not be diluted or mixed.

Concentrated Formula – sold in cans or bottles. Must be mixed with tap, sterile, or bottled water. Follow the care plan for mixing directions. Shake well after mixing.

Powdered Formula- sold in cans of various sizes. A scoop is included that is used for measuring in the container. Any formula remaining in the bottle after feeding should be discarded.

Before bottle feeding, warm the formula by placing the bottle **under warm water**. Shake the bottle and check the temperature of the formula by placing few drops on the inside of the wrist.

Never use a microwave oven for heating infant formulas or cooking the formula on a stove top. Microwaving may cause the bottle to remain cool while hot spots develop in the formula.

Bottle Cleaning Procedure

Cleaning and sterilizing bottle-feeding equipment after every feed.

Wash your hands with soapy water and dry with a clean towel.

Check teats for any cracks. Throw away any damaged teats – bacteria can grow in the cracks.

Wash all bottle-feeding equipment in hot, soapy water.

Use a bottle brush to scrub inside bottles and teats and around caps and screw top areas. This is where bacteria are most likely to grow.

Squirt water through teats to clear the hole.

Rinse everything thoroughly.

Place equipment in a pot on the stove and bring it to boil. Boil for 5 minutes.

Let everything cool in the pot until you can take it out with tongs or clean hands without scalding yourself. Shake off excess water.

There’s no need to dry the items.

Burping a Baby Positions



Rest the baby on your thigh in a sitting position. As you do this, be sure to support baby's head and neck. If you so choose, place a burp cloth over your and the baby's thighs to catch any spit. Support the baby's chest with your hands. **This position is best for babies who have breathing problems.*



Hold the baby over your shoulder. Be sure to support babies head and neck while you do this.

Bath Guidelines

Given baby a bath you can encounter body fluids, so wear disposable gloves. Gloves can make hands slippery, be careful when handling a baby during bath.

Have your supplies ready.

Give baby bath in a warm place.

Always test the water temperature on the inside of the wrist before placing the baby in the water.

Uncover only the area that you are washing. Always keep one hand on the baby.

Wipe baby’s eyes by using warm water, wipe the eyes from the inner to the outer area.

Baby ‘s head and neck must be always supported.

Dry baby’s hair immediately after washing

After bath dry the skin to prevent rash

Don’t use baby powder, it can cause breathing problems



Baby Bath Time

Diaper Change

Lay the baby down on the back and remove the used diaper. Wrap it up and stick the tapes down to seal the bundle. Toss the diaper in the diaper pail or set it aside to throw out later in the garbage can. If you're throwing the diaper into a garbage can, place it in a plastic bag first to reduce odors.

Gently clean baby's diaper area, clean baby between the folds of skin. You can use gentle diaper wipes, or a wetted washcloth.

For girls wipe from front to back and spread the labia to clean as needed.

Let air circulate on the bottom for the moment, exposure to air helps to prevent diaper rash.

Measuring Weight and Length

As part of HHA duties you may be asked to measure a baby's weight and length

WEIGHT MEASURING

Wash hands.

For accurate weight of infant remove clothing or accessors such as hats.

Use the same scale.

Place paper towel on the scale.

Place the baby on the scale protecting the sides so baby does not roll over.

Lock the weight.

Remove the baby from the scale, dress the baby.

Document the weight .

LENGTH MEASURING

Wash hands.

Place a baby on clean, firm service with a clean paper under with inch marking on it.

Always hold the baby at least with one hand.

Place a mark by the baby head

Straighten the knees and place a mark by baby's feet

Remove the baby, dress the baby.

Measure the distance between marks

Document the length .

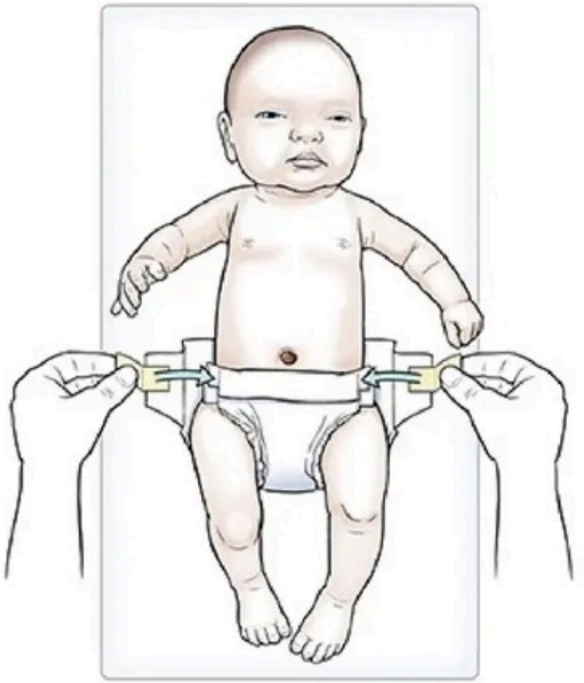
Umbilical Cord

Keep the stump or ***Umbilical Cord** dry.

Keep the front of baby's **diaper folded** down to avoid covering the stump. *This will prevent irritation.*

Stick with sponge baths. While there's no harm in getting the stump, wet sponge baths, might make it easier to keep the stump dry.

Let the stump fall off on its own. Resist the temptation to pull off the stump yourself.



***Umbilical Cord** – that connects the baby to the placenta inside mother uterus

Circumcision- is the surgical removal of the skin covering the tip of the penis. Commonly performed in male babies for religious reason or parents' choice.

HHA responsibilities does not include changing the dressing at the circumcision site.

HHA is responsible to make sure the baby is clean and dry to prevent infections and reenforce the dressing with gauze, if needed after change.

Circumcision

Baby in Distress

If the baby has oxygen equipment in the house.
HHA is not allowed to change the oxygen setting

Apnea- a state of not breathing

Guidelines for working with school-age children

Introduce yourself.

Maintain a routine.

Give comfort if the child is angry or hurt.

Offer encouragement and praise.

Do not compare to other children.

Use positive phrases such as “let's try this”.

Respond to the child.

Don’t force feed.

Encourage child to play.

Recognize individual needs.

Be non-judgmental.

