

## **Nursing Assistant Care for Infants and Children: Information for the Respite Worker**

**Satellite Conference and Live Webcast  
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## **Faculty**

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### **General Objectives**

- **Discuss common conditions for infants and children needing respite care**
- **Discuss basic nursing assistant care for infants and children including developmental milestones, feeding practices, and safety**

### **General Objectives**

- **Know general vital signs for infants and children**
- **Be aware of common infection control practices**
- **Be aware of the importance of age appropriate immunizations**

### **Some Conditions Which Might Require Respite Care**

- **Developmental delay conditions**
- **Neural tube defects**
  - **Can occur anywhere along the base of the skull or spine**
- **Failure to thrive**
- **Medically complex diseases**

### **Developmental Delay Conditions**

- **Mental retardation**
- **Cerebral Palsy**
- **Autism Spectrum Disorder**
- **Learning disabilities**
- **Attention Deficit Disorder**
- **Hearing or vision loss**

### **Developmental Delay Conditions**

- All of these persons may have input when there is a concern about developmental delay:
  - Parents, grandparents, relatives
  - Health care providers- Physicians/Nurses/Nursing Assistants

### **Developmental Delay Conditions**

- Social service workers
- Preschool educators
- Others

### **Screening for Developmental Delay**

- History and physical by health care provider
- Developmental check lists
- Formal screening tools

### **Some Causes of Developmental Delay Conditions**

- Congenital
  - Malformations/genetic conditions
- Neurologic
  - Cerebral Palsy
- Metabolic
  - Reduced because of newborn screening

### **Some Causes of Developmental Delay Conditions**

- Sensory
  - Hearing/vision
    - Required newborn hearing screening in Alabama has reduced delay in diagnosis of hearing problems

### **Causes of Developmental Delay Conditions**

- Mental retardation
  - May have unknown causes
- Prematurity/low birth weight
- Maternal alcohol and/or drugs
- Autism

### **Mental Retardation**

- Intelligence quotient of the average population (IQ)-100
- Intelligence quotient for mental retardation (IQ)-75 or below
- Patients may have other delays including speech and learning
- Diagnosed about 3 - 4 years of age

### **Cerebral Palsy**

- Group of motor syndromes resulting from problems with early brain development
- Diagnosed about 10 months of age

### **Some Findings in Cerebral Palsy**

- Rolling over before 3 months of age
  - Because baby is stiff
- Not holding head up
- Not losing “infant reflexes”
- Stiff or floppy
- Not sitting up on time
- Not standing or walking on time

### **Other Findings that May Be Seen in Cerebral Palsy**

- Seizures
- Speech problems
- Bladder/bowel problems
- Problems with movement of the tongue

### **Autism Spectrum Disorder**

- A neurodevelopmental disorder (neurologic and developmental) with behavioral problems with language, communication, play, and social interaction
- The causes are unknown at this time
- Diagnosed about 3 years of age

### **Some Findings in Autism Spectrum Disorder**

- Speech delay
- Not listening
- Not looking at people
- Repetitive gestures
  - For example, rocking back and forth/continuously shaking hands

### **Some Findings in Autism Spectrum Disorder**

- Not playing with others
- Behavior problems
- Going back to infant behaviors
  - For example, not being potty trained anymore

### **Other Conditions Which Might Require Respite Care**

- Neural tube defects
- Failure to thrive
- Medically complex conditions

### **Neural Tube Defects**

- Improved outcome because of prenatal diagnosis
- Reduced numbers of neural tube defects because of attention to women of child bearing age taking folic acid

### **Neural Tube Defects**

- Can be caused by other problems during the third or fourth week of pregnancy when the neural tube does not close properly

### **Failure to Thrive**

- Organic
  - An underlying medical condition that is known
- Non-organic
  - No known medical condition causing the failure to thrive

### **Failure to Thrive**

- Poor physical growth on standard growth charts (taking into account child's family and ethnic background) or change in previously stable growth pattern

### **Other Medically Complex Diseases**

- Prematurity with complications
  - Bowel surgery
- Congenital heart disease
  - Transposition of the great vessels
- Congenital lung diseases
  - Cystic fibrosis

### **Other Medically Complex Diseases**

- Acquired infections
  - Meningitis, osteomyelitis
- Childhood cancer
  - Leukemia

### **All Children Need**

- Love
- Attention
- Basic needs
  - Food, clothing, shelter, cleanliness
- Safety
- Immunizations
- Health care
- Education

### **Basic Developmental Information in Pediatrics**

- Infant
  - 0 to 1 year old
- Toddler
  - 1 to 3 years of age
- Preschool child
  - 3 to 5 years of age

### **Basic Developmental Information in Pediatrics**

- Child
  - 5 to 12 years of age
- Teenager
  - 12 to 18 years of age

### **Four Guidelines for Speech**

- One year of age
  - One word
- Two years of age
  - Two word sentences
- Three years of age
  - Three word sentences
- Four years of age
  - Four or more word sentences

### **Infants**

- **Rapidly reach common milestones**
  - Born sucking, rooting, lifts head briefly, other reflexes
  - Cooing and smiling, holding head up at about 2 months
  - Rolling over at about 4 months
  - Bringing hands to face, sitting at about 6 months, babbling

### **Infants**

- **Crawling at about 9 months**
- **Walking at about 12 months, gestures, understands**

### **Toddlers**

- **Walking, running about 12-18 months**
- **Knows body parts by about 18 months, follows commands**
- **Talking and learning about 50 individual words by about 2 years**
- **Making 2 word sentences by about 2 years**
  - Follows two commands
- **Do not like strangers**

### **Preschool Children**

- **Saying three word sentences by about 3 years**
  - Four word sentences by about 4 years
- **Knows more about social skills such as playing with other children, saying first and last name**
- **Riding tricycle**
- **Dressing self and tying shoes**

### **School Age Children**

- **Measured success in classroom**
- **Wants to be confident**
- **Wants to have friends**
- **Wants to please parents**

### **Teenagers**

- **Continued academic measurement**
- **Life goals**
- **Wants to be in groups**
- **Wants to be independent**
- **Wants to get away from parents, guardians, caregivers**
- **Interest in sexuality**

### **Measure Vital Signs and Interpreting Age-Appropriate Variations**

- Temperature
  - Can use tympanic thermometers and void invasive techniques such as rectal thermometers past the newborn, early infant stage

### **Measure Vital Signs and Interpreting Age-Appropriate Variations**

- Pulse
  - Apical less than 2 years old/count for one minute
- Respiratory Rate
  - Count for one minute and be aware of periodic and abdominal breathing in infants

### **A Word About Blood Pressure Measurement**

- Select a cuff with a width that covers 2/3 of the upper arm and a length of the bladder that encircles 100% of the arm without overlap
- Know age appropriate normal readings

### **Respiratory Rates**

- If possible measure in sleeping infants
- Be aware that fever or crying will elevate the rate significantly
  - Premature infants: 40 - 60
  - Newborns: 30 - 50
  - Toddlers: 20 - 30

### **Respiratory Rates**

- School age children: 15 - 25
- Adolescents: 12 - 20

### **Blood Pressure Parameters**

- Specific charts are available in references such as the Harriet Lane Handbook of Pediatrics, NIH guidelines and other authoritative sources

### Blood Pressure Parameters

- **General guidelines**
  - Newborn: 50 - 70 mmHg
  - Infant: 70 - 100 mmHg
  - Toddler to 5 years: 80 - 100 mmHg
  - Elementary school: 80 - 120 mmHg
  - Adolescent (13 years and above): 110 - 120 mmHg

### Heart Rate

Age	Range of Rate
Birth	70 - 190
0 - 6 months	130
6 - 12 months	115
1 - 2 years	110
2 - 6 years	80 - 130
6 - 10 years	75 - 115
10 - 14 years	70 - 110
14 and above	65 - 100

### General Information About Nutrition for Infants

- Breastfeeding has been proven to be the best nutrition for infants
- Formula feeding is an alternative to breastfeeding
- Infants do not need solid foods until 6 months of age
  - Introduce them to one food group at a time over three to four days

### General Information About Nutrition for Infants

- If formula feeding, get rid of the bottle by one year for the sake of the baby's teeth
- Follow the guidelines of the Women, Infant and Children's Program (WIC)

### General Information for Nutrition in Toddlers

- Toddlers are picky eaters
- One tablespoon per year of age is a serving
- Like pick-up foods

### General Information for Nutrition in Toddlers

- Use caution with foods that are round or smooth
  - Always be cautious of choking
  - Cut food in small pieces
- Follow WIC guidelines

### **General Nutrition for Preschool**

- Like to pick their own food
- Will not starve if they eat the same thing everyday
- Do not bribe to eat by using “junk food”
- Follow WIC guidelines

### **Nutrition for School Age and Adolescent**

- Offer nutritious food with plenty of fruits and vegetables
- Limit snack food
- Limit trips to the fast food restaurants
- Engage children and teens in food preparation

### **Nutrition for School Age and Adolescent**

- Prepare for busy days and irregular schedules
- In teens, especially girls, be alert to eating disorders

### **Common Infection Control Practices**

- Hand washing
- Alcohol gel/hand sanitizers
- Gloves as indicated
- Disposal of contaminated items
- Blood and body fluid precautions
- Cover cough appropriately

### **Common Infection Control Practices**

- Stay home when ill
- Report any conditions of concern to the patient’s nurse

### **Other Infection Control Information**

- Follow the Alabama Department of Public Health’s Infection Control Guidelines

### **General Information About Immunizations**

- Immunization guidelines are provided each year by the Centers for Disease Control, The American Academy of Pediatrics, and other expert groups
- Immunizations are important to reducing illnesses in infants and children

### **General Information About Immunizations**

- Immunizations should be up-to-date according to current guidelines
- Age specific immunization schedules can be found at [www.adph.org](http://www.adph.org)

### **General Safety Information in Pediatrics**

- Safety guidelines are important for all age groups (infant through adolescent)
- There are universal guidelines for **BACK to SLEEP** in infants because this has been proven to reduce the incidence of SIDS (Sudden Infant Death Syndrome)

### **Automobile Safety Guidelines in Pediatrics**

- There are universal guidelines for the use of car restraints: infant car seats, toddler and child car seats, and seat belt usage in older children and adolescents

### **Automobile Safety Guidelines in Pediatrics**

- As adults, we have a tremendous influence on our children about safety measures such as operating a car, using a seat belt, and not talking on the phone or texting while driving

### **Other Important Information About Safety in Pediatrics**

- Age appropriate concerns
  - Smothering in infants due to heavy bedding/blankets/bumper pads/sleeping with adults who might roll over on the infant
  - Crib safety measures including not using old or broken cribs
  - Falls from surfaces

### **More About Safety**

- **Choking hazards in infants, toddlers, and children:**
  - Toys
  - Buttons
  - Household items
  - Batteries
  - Hard candies

### **More About Safety**

- **Poisons**
  - Have the number for poison control posted
  - Keep medicines locked up
  - Do not call medicines candy
  - Be aware of poisonous plants
  - Keep household and yard chemicals locked up

### **More About Safety**

- **Electrical shock hazards**
  - Uncovered plugs
- **Strangulation hazards**
  - Dangling cords
- **Burn hazards**
  - Hot liquids, cookware, curling irons, clothing irons

### **More About Safety**

- **Drowning hazards**
  - Mop buckets, swimming pools, toilets
- **Falls from windows**

### **More About Safety**

- **Fires, carbon monoxide**
- **Running out in front of vehicles**
- **Drinking left over alcohol from parties or getting into parents' alcohol**
- **Many other safety concerns**
  - Infants do not know better and older children/adolescents have no fear!

### **Basic Information on Child Abuse for the Respite Worker**

### **Signs and Symptoms of Child Abuse**

- Child abuse is not a new problem
- Children rely on adults to protect them
- There are laws against child abuse

### **Physical Abuse**

- Some people consider physical punishment to be an acceptable way to discipline a child but it is not!
- Be aware of burns, bite marks, bruises that do not occur with normal play, broken bones, facial bruising

### **Physical Abuse**

- Be concerned about fear of adults
- Be concerned about frequent injuries
  - “He/she is always getting hurt!”

### **Sexual Abuse**

- One of the most misunderstood types of abuse because people think the child has to have physical signs of sexual abuse
- Usually starts out with inappropriate touching, not sexual intercourse
- Can happen to males and females

### **Sexual Abuse**

- Child can have a lot more knowledge about sexuality than is expected for age
  - Example: playing with dolls in a sexual manner
- Pregnancy or sexually transmitted disease in minor child

### **Emotional Abuse**

- Another misunderstood form abuse because people think they can talk to their children in a harsh, threatening manner
- Emotionally abused children may be aggressive toward other children or be overly compliant

### **Emotional Abuse**

- **Suicide risk for older children and teenagers**
- **Withdrawn from parents**

### **A Final Word**

***“Children are deserving of the best we can give them whether as a parent, guardian, or health care provider. Thank you for your care of the children!”***

**–Karen Landers, MD, FAAP**