SKIN: Acne Vulgaris

- **Definition:** Inflammation of the sebaceous glands & hair follicles

- **Types**
  - Comedones: blackheads or whiteheads
  - Inflamed lesions: scarring

**TREATMENT**

- **Noninflammatory**
  - Use of cleansing soaps, astringents, and lotions
  - No squeezing

- **Inflammatory**
  - Use of oral tetracycline or erythromycin
  - I&D of cysts
  - Dermabrasion
  - Oral use of high-dose vitamin A (Accutane), which is highly teratogenic and not prescribed during pregnancy
SKIN: Nursing Care

- Impaired skin integrity related to inflammation and infection of lesions
- Disturbed body image related to change in appearance secondary to skin lesions and scarring
- Explain rationale for skin cleansing procedures, healthy dietary practices, and risk for infection.

Hematologic System

- Infectious mononucleosis
  - Presence of a herpes-type Epstein-Barr virus occurring in persons from 17 to 25 years of age
  - Positive Monospot test
  - May be transmitted through fomites contaminated with saliva
  - Incubation is 1 to 2 months

Treatment and Nursing Care

- Because it is self-limiting, supportive treatment is indicated.
- Medications
- Initial rest with restricted activities
- Saline gargles or throat lozenges for pharyngitis
- Adequate fluid intake of bland, cool liquids
- Monitor for secondary infection
- Treatment for splenomegaly
Lymphatic System

- Hodgkin's disease
  - Malignancy of the lymphatic system involving nodes
  - Metastasis to spleen, liver, bone marrow, lungs, or other systems visualized with CAT scan or MRI
  - Presence of Reed-Sternberg cells on microscopic exam of lymph node tissue
  - Rare before 10 years of age but increases during adolescence
  - More common in boys

Treatment

- Staging from I to IV will determine treatment.
- Both low-dose radiation therapy and chemotherapy use are contingent on staging results.
- In accordance with the clinical stage of the disease, remission is favorable.
- Cure is related to the stage of the disease at diagnosis

Nursing Care

- Educate child and family concerning:
  - The risk for infection; monitor temperature and contact physician if elevated*
  - Malaise and irritability
  - Sensitive skin and protection from sunlight*
  - Diarrhea with abdominal radiation therapy
  - A stress-relieving activity to vent anger, which adolescent may need due to cognitive level
Gastrointestinal System

• Obesity
  – Over nutrition with accumulation of excess body fat
  – High risk for future heart disease and type 2 diabetes mellitus
  – Obese children have a body mass index (BMI) over 95th percentile (CDC) for age
  – At-risk children have a BMI of 85th to 95th percentile for age

Treatment and Nursing Care

• Treatment for Obesity
• Education *
  – Good nutrition, proper food choices, and importance of regular moderate exercise
  – No diet pills
  – No fad diets

Anorexia Nervosa*

• Defined in the DSM-IV as “an eating disorder characterized by self-imposed starvation, extreme weight loss or failure to gain expected weight for growth, and body image disturbance”
  – Morbid fear of being fat
  – May be preoccupied with food
  – Physical symptoms
  – Feels helpless, lack of control, lack of self-esteem, and depression.
Treatment

• Complex treatment may include hospitalization to correct electrolyte imbalance, establish minimal restoration of nutrients, and stabilize weight.
• Therapies include medical stabilization, psychotherapy, behavioral therapy, drug therapy, and family therapy.
• Nasogastric feeding and TPN may be used when other methods fail.

Bulimia*

• Binge eating *(DSM-IV) separate from anorexia nervosa
• Characterized by:
  – Regular, multiple episodes over short period of time, occurring twice a week for at least 3 months
  – Purging (self-induced vomiting), laxatives, ipecac, diuretics, and enemas
  – Expressions of dissatisfaction with body size or weight
• Treatment *

Musculoskeletal System

• Scoliosis
  – Common childhood deformity of spine exhibited by lateral curvature and rotation of spine
  – Most cases are idiopathic although a familial tendency has been noted.
  – Signs & Symptoms  *

[Images of normal and deformed spine]
**Screening**

*The Scoliometer is an objective tool to measure the angle of trunk rotation that accompanies scoliosis. Useful for school and office screening.*

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**Treatment**

- **Medical treatment**
  - Braces
  - Spinal fusion with application of internal fixation device (maintain until growth is complete)

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**Nursing Care**

- **Braces**
  - Assess for proper fit of appliance and include skin assessment for irritation.

- **Surgery (spinal fusion w/ fixation)**
  - Pre-operative Care*
    - Perform neuromuscular / neurological assessments for baseline to compare post-op
  - Post-operative Care*
    - Educate child and family on use of PCA, NGT, Chest tubes, etc.
    - Perform neurological assessments
    - Encourage & assist with active & passive ROM while in bed
    - Use “log rolling” to turn child, assist to sitting position
    - Encourage self-care ASAP
Sports Injuries

• Injury(s) occurring during participation in athletic activities either solo or as a group
• Cause damage in a skeletally immature child’s growth plate
• Sports Physicals
  – Family history and orthopedic screening are important in identifying risk factors
• Prevention*
  – Do not ignore pain

Treatment and Nursing Care

• RICE*
  – Rest
  – Ice
  – Compression
  – Elevation
• Physical therapy, muscle strengthening exercises, and weight work
• Some may require casting or surgical intervention
• Female Athletes*

Genitourinary System

• Dysmenorrhea* – painful menstruation
  – Primary:
  – Secondary:
  – Can include nausea, vomiting, dizziness, diarrhea, backache, and headache
  – Graded mild to severe
• Mittelschmerz
• PMS
• Treatment & Care*
  – Should be evaluated
  – NSAIDs
  – Heat
  – Oral contraceptives
Adolescent Pregnancy

• Teenagers giving birth has decreased over the last decade.
• Teen Mothers are at higher risk for:
  – School dropout
  – Unemployment
  – Dependent on welfare system
  – Pregnancy complications
  – Poor diet
  – Irregular or no prenatal care
  – Another teen pregnancy
• The infants are at higher risk for:
  – Low birth rate
  – Prematurity
  – Complications associated with prematurity
  – Poor health
  – School problems

Suicide

• Very high incident among 15 to 19 year olds.
• More common among boys than girls, however, girls attempt more often (just not completed).
• Risk increases: plan, means, no support
• Firearms most common means.
• Cluster Suicide

Depression & Suicide

• Low self-esteem
• Inability to make decisions
• Sleep/eating disturbances
• Drop in grades
• Forms of acting out
• Alcohol/drugs major contributor
SUICIDE

• NEVER IGNORE A TEENAGER WHO THREATENS TO COMMIT SUICIDE. ASSUME THE TEENAGER IS SERIOUS AND ACT ACCORDINGLY!!!!!!

Treatment for depression & Suicide*

• Therapy
• Remain open and available
• Physical Exercise
• Teenager must be able to trust you. Keep your emotions in check.
• Do not add to their guilt

Substance Abuse

• Remains a significant problem to date.
• Teenagers whose parents talk to them regularly about the dangers of drugs are 42% less likely to use drugs than those whose parents don’t, yet only 1 in 4 teens reports having these conversations.
Substance Abuse

• Definition:
  – Substance use interferes with normal activities
  – Use of substances when performing hazardous activities
  – Substance-related legal problems
  – Continued use despite problems caused

• Dependence
• Tolerance
• Withdrawal

Substance Abuse Statistics

• Alcohol is the most commonly used drug among young people.
• Alcohol kills 6½ times more youth than all other illicit drugs combined.
• 65% of the youth who drink alcohol report that they get the alcohol they drink from family and friends.
• By the 8th grade, 52% of adolescents have consumed alcohol, 41% have smoked cigarettes, and 20% have used marijuana.