Nursing Management of the Preschool Child and Family:
Growth and Development, Caring, Communication, Health Promotion, Wellness and Illness, Teaching and Learning, and Consumer Education

Lecture Objectives:
1. Identify the major biologic, psychosocial, cognitive, moral, spiritual, and social developments that occur during the preschool years.
2. Recognize and utilize nursing interventions and approaches that are appropriate for the preschooler.
3. Discuss nursing interventions that can prepare preschoolers for preschool or day care experience.
4. Provide parents with guidelines for sex education.
5. Provide parents with guidelines for dealing with a child's fears, stresses, aggression, and sleep problems.
6. Recognize feeding patterns of preschoolers.
7. Provide anticipatory guidance to parents regarding injury prevention based on the preschooler’s developmental achievements.
8. Apply the nursing process to the care of a child with suspected child abuse.

Lecture Objectives: (cont.)
7. Recognize the causes of stuttering during the preschool years.
8. Offer parents suggestions for preventing speech problems.
9. Recognize feeding patterns of preschoolers.
10. Provide anticipatory guidance to parents regarding injury prevention based on the preschooler’s developmental achievements.
11. Apply the nursing process to the care of a child with suspected child abuse.
Reading Assignment:


The Preschooler

- Ages 3-5
- Physical growth
- Emotional and social development
- Cognitive development
- Language development
- Sensory and motor development

Physical Growth

- Physical growth slows and stabilizes
- Average weight gain remains about 5 lb/year
- Average height increases 2½" to 3"/year
- Appearance more slender and sturdy
- Stature erect and agile
Gross Motor Behavior: Age 3
- Walks, runs, jumps and climbs well
- Rides tricycle
- Walks on tiptoe
- Balances on one foot for a few seconds
- Broad jumps

Gross Motor Behavior: Age 4
- Skips and hops on 1 foot
- Catches a ball

Gross Motor Behavior: Age 5
- Skips on alternate feet
- Jumps rope
- Begins to Skate
- Learn to Swim
Fine Motor Behavior

- Drawing
- Dressing
- Writing alphabet letters

Major Task: Going to School

- Control of bodily functions
- Experience brief and prolonged separation
- Ability to interact cooperatively
- Increased use of language
- Increased attention span and memory

Psychosocial Development
Erikson: Initiative VS Guilt

- Child initiates activities independently
- Feelings of guilt, anxiety, and fear may result from thoughts that differ from expected behavior
- Development of superego (conscience)
- Learning right from wrong/moral development
Cognitive Development

• Definition: Thinking skills that include language use, calculation, perception, memory, awareness, reasoning, judgment, learning, intellect, social skills, and imagination.

Piaget: Preoperational Phase

Jean Piaget – Swiss philosopher and psychologist
1896-1980

• Spans 2 to 7 years
• Divided into two stages
  • Preconceptual —ages 2 to 4
  • Intuitive thought —ages 4 to 7
Piaget: Preconceptual Phase

• Ages 2 to 4
• Egocentric thought
• Transductive thought

Piaget: Intuitive Thought Phase

• Perception versus Logic
• Shifting from egocentric thought to social awareness
• Able to consider other viewpoints

Cognitive Tasks

• Language
• Causality
• Concept of time
• “Magical thinking”
• Literal thinking
Moral Development

- Basic level of moral judgment
- Punishment and obedience orientation
- Naive instrumental orientation—actions to satisfy own needs and less concern of needs of others
- Very concrete sense of justice and fairness

Spiritual Development

- Knowledge of faith and religion learned from significant others and religious practices
- Development of conscience is strongly linked to spiritual development
- May misinterpret illness as punishment from God

Development of Body Image

- Increasing comprehension of “desirable” appearances
- Aware of racial identity, differences in appearances, and biases
- Poorly defined body boundaries
  - Fear that if skin is “broken” all blood and “insides” can leak out
  - Intrusive experiences are frightening
Development of Sexuality

• Form strong attachment to the opposite sex parent while identifying with the same-sex parent
• Modesty becomes a concern
• Sex role limitation, “dressing up like Mommy or Daddy”
• Sexual exploration more pronounced
• Questions arise about sexual reproduction

Social Development

• Individuation-separation process is completed
• Overcome stranger anxiety and fear of separation from parents
• Still need parental security and guidance
• Security from familiar objects
• Play therapy beneficial for working through fears, anxieties, and fantasies

Language

• Major mode of communication and social interaction
• Vocabulary increases dramatically between ages 2 and 5
• Complexity of language use increases between ages 2 and 5
Personal-Social Behavior

- Self-dressing
- Willing to please
- Have internalized values and standards of family and culture
- May begin to challenge parental values

Play

- Associative play
- Imitative play
- Imaginative play—imaginative playmates
- Dramatic play

Coping with Concerns Related to Normal Growth and Development

- Preschool and kindergarten
  - Developmental screening tool to assess readiness for school
  - Importance of infection control in school setting
  - Introduction of child to school
Sex Education

- Find out what children know and think
- Be honest
- Avoid “over-answering” the question
- Sexual exploration/sexual curiosity

Fears

- Dark
- Being left alone
- Animals (snakes, large dogs, etc)
- Ghosts
- Objects or people associated with pain
- Technique of desensitization to overcome fears

Stress

- Minimum amounts of stress can be beneficial
- Parental awareness of signs of stress in child’s life
- Prevention of stress
- Schedule adequate rest
- Prepare child for upcoming changes to maximize coping strategies
Aggression

- Behavior that attempts to hurt person or destroy property
- May be influenced by biologic, sociocultural, and familiar variables
- Factors that increase aggressive behavior: gender, frustration, modeling, and reinforcement

Speech Problems

- Stuttering or Stammering
- Dyslalia: articulation problems
- Denver Articulation Screening Examination (DASE) as tool for assessing speech problems

Promoting Optimum Health During the Preschool Years

- Nutrition
  - Caloric requirements approximately 90 kcal/kg
  - Fluid requirements approximately 100 ml/kg depending on activity and climate
  - Food fads, strong tastes common
Sleep and Activity

- 12 hours sleep per night, infrequent naps
- Free play encouraged
- Emphasis on fun and safety

Sleep Problems

- Thorough assessment of sleep problems
- Nightmares
- Sleep terrors
- Encourage consistent bedtime routine

Preschooler Dental Health

Deciduous Teeth or Baby Teeth
Dental Health

• Eruption of deciduous teeth is complete
• Professional care and prophylaxis
• Fluoride supplements

Injury Prevention

• Safety education
• Development of long-term safety behaviors
  • Bike helmets

Anticipatory Guidance—Care of Families

• Child care focus shifts from protection to education
• Children begin questioning previous teachings of parents
• Children begin to prefer companionship of peers
Infectious Disorders

- Communicable diseases
  - Incidence has declined with increase of immunizations
  - Further decreased with use of antibiotics and antitoxins

Nursing Assessment in Identification of Infection

- Recent exposure to infectious agents
- Prodromal symptoms
- Immunization history
- History of having the disease

Prevent Spread of Disease

- Primary prevention of the disease
  - Immunization
- Control spread of disease to others
  - Reduce risk of cross-transmission of organisms
  - Infection control policies
  - Handwashing
Caution for Compromised Children

- Children with immunodeficiency
- Receiving steroid therapy
- Other immunosuppressive therapies
- Generalized malignancies
- Immunologic disorder

Erythema Infectiosum (Fifth Disease)

- Agent: human parvovirus
- Rash in three stages
  - “Slapped face” appearance disappears in 1 to 4 days
  - Maculopapular rash on extremities; lasts 7 days or more
  - Rash subsides but reappears if skin irritated or traumatized by heat, cold, friction, etc.

Roseola

- Agent: human herpes virus type 6
- Incubation: 5 to 15 days
- Persistent high fever for 3 or 4 days; otherwise appears well
- After fever subsides, rash appears
- Rash first on trunk, then face and extremities
Rubeola (Measles)

- Agent: virus
- Source: secretions; droplet transmission
- Incubation period: 10 to 20 days; communicability from 4 days before to 5 days after appearance of rash
- Koplik’s spots appear 2 days before rash

Mumps

- Agent: paramyxovirus
- Transmitted via droplet or direct contact
- Incubation period: 14 to 21 days
- Fever, headache, malaise, followed by parotitis
- May cause orchitis and meningoencephalitis

Pertussis (Whooping Cough)

- Agent: Bordetella pertussis
- Transmission: droplet or direct contact
- Incubation period: 6 to 20 days
- Short, rapid coughs followed by crowing or “whoop” sound
- Complications: pneumonia (usual cause of death)
Rubella (German Measles)

- Agent: rubella virus
- Transmission: direct contact or indirect contact with article freshly contaminated with nasopharyngeal secretions, blood, stool, or urine
- Incubation period: 14 to 21 days
- Complications: rare; greatest danger is teratogenic effect on fetus

Scarlet Fever

- Agent: group A hemolytic streptococci
- Transmission: droplet or direct contact
- Incubation period: 1 to 7 days
- Complications: carditis, peritonsillar abscess, glomerulonephritis

Conjunctivitis

- In newborns: chlamydia, gonorrhea, or herpes simplex virus
- In infants: may be sign of tear duct obstruction
- In children: causes are bacterial (most common), viral, allergic, or foreign body
Child Maltreatment

- Intentional physical abuse (19%) or neglect (60%)
- Emotional abuse (5%) or neglect
- Sexual abuse of children (10%)

Types of Neglect

- Physical neglect
  - Deprivation of food, clothing, shelter, supervision, medical care, and education
- Emotional neglect
  - Lack of affection, attention, and emotional nurturance
- Emotional abuse—destroy or impair child’s self-esteem

Factors Predisposing to Physical Abuse

- Parental characteristics
- Social isolation/poor support systems
- Parental low self-esteem and less adequate maternal functioning
### Child Characteristics

**Predisposing to Physical Abuse**

- Compatibility between child's and parent's temperament and parent's ability to deal with behavioral style
- Removing child victim from home may place other siblings at risk for abuse

### Environmental Characteristics

- Chronic stress
- Divorce, poverty, unemployment, poor housing, substance abuse, frequent relocation, crowded living conditions
- Child abuse can occur in any socioeconomic population

### Sexual Abuse

- Defined as: “the use, persuasion, or coercion of any child to engage in sexually explicit conduct or simulation of such conduct for producing visual depiction of such conduct, or rape, molestation, prostitution, or incest with children”
Characteristics of Abusers and Victims

- Typical abuser is male whom the victim knows, but may be anyone
- All socioeconomic backgrounds

Nursing Care of the Maltreated Child

- Identify abusive situations as early as possible
- History pertaining to the incident
- Evidence of maltreatment
  - Pattern or combination of indicators that arouse suspicion and further investigation
  - Protect child from further abuse

Suspicions of Abuse

- Physical Neglect
- Emotional Abuse and Neglect
- Physical Abuse
- Sexual Abuse
Munchausen Syndrome by Proxy

- Caregiver fabricates signs and symptoms of illness in child (the proxy) to gain attention from medical staff.
- Child may undergo needless and painful procedures and treatments—10% of cases may be fatal to the child.