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CHILD HEALTH NURSING

Nursing Process Approach





A Padmaja



Forewords
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3rd Edition



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4 CHAPTER

Nursing Care for an Infant

LEARNING OBJECTIVES

- To understand the age specific needs of the infant.
- To establish nursing diagnosis based on the needs of the infant.
- To plan the nursing interventions for an infant.
- To evaluate the nursing interventions.

NURSING PROCESS FOR AN INFANT

1. **Nursing diagnosis:** Breastfeeding, ineffective, related to lack of exposure, misconceptions or knowledge deficit as evidenced by first baby, mother's verbalization, or nursing observations.
   Outcome identification and evaluation: Mother/infant both will experience successful breastfeeding; infant will latch on, suck and swallow at the breast; mother will not experience sore nipples.
   Interventions: Promoting effective breastfeeding.
   - Educate mother on recognition of and response to infant hunger cues to promote on-cue breastfeeding, which will establish milk supply
   - Educate mother on appropriate diet and fluid intake to ensure ability to manufacture adequate supply of breastmilk
   - Demonstrate breastfeeding position with infant at the breast (appropriate positioning increases probability of successful latch)
   - Assess infant's latch technique, sucking motion, and audible swallowing (an appropriately latch infant will take most of the areola in the mouth, suck in spurts, and demonstrate audible swallowing)
   - Assess infant voiding/stool patterns; at least six voids per day and passage of stool ranging from one or more day to one every several days is a normal pattern for breastfed infants
   - Assess infant weight gain; gain of 15–30 g per day after the second week of life indicates infant is receiving appropriate nutrition
   - Assess mother's nipples for redness or soreness; if infant appropriately leaches on nipples will not become sore.
2. **Nursing diagnosis:** Risk for altered growth pattern (risk factors: caregiver knowledge deficit, first infant, premature infant, maladaptive feeding behaviors).
   Outcome identification and evaluation: Infant will demonstrate adequate growth and appropriate feeding behaviors; steady increases in weight, length, and head circumference; infant feeds appropriately for age.
   Interventions: Promoting adequate growth.
   - Observe mother/infant dyad breastfeeding or bottle-feeding to determine need for further education or identify infant difficulties with feeding
   - Educate mother about appropriate breastfeeding or bottle-feeding, so that mother is aware of what to expect in normal feeding pattern

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- When infant is old enough, provide education about addition of solid foods, spoon and cup feeding; after 6 months of age, breast milk or formula, needs to be supplemented with a variety of foods
- Determine need for additional caloric intake if necessary (premature infants and infants with chronic illnesses or metabolic disorders often need adjustments in caloric intake to demonstrate adequate or catch-up growth)
- Obtain daily weights (if hospitalized, weekly if outpatient) and weekly length and head circumference to determine whether feeding pattern is sufficient to promote adequate growth.

3. **Nursing diagnosis:** Nutrition, altered, less than body requirements, related to possible ineffective feeding pattern or inadequate caloric intake as evidenced by failure to gain weight or by inadequate increases in weight, length, and head circumference over time.
   Outcome identification and evaluation: Infant will take adequate nutrients using effective feeding pattern; infant will demonstrate adequate weight gain (15–30 g per day) and steady increases in length and head circumference.
   Intervention: Promoting adequate nutritional intake.
   - Assess current feeding pattern and daily intake to determine area of bottle-feeding if needed to meet caloric needs
   - Increase frequency of breastfeeding or volume of bottle feeding if needed to meet caloric needs
   - Introduce solid foods on age-appropriate schedule; introducing solids at the right time improves the chances will learn to take solid foods
   - Limit juice intake or discontinue altogether (juice has little value and displaces nutrients from breast milk or formula)
   - Use human milk fortifier (if order) to increase caloric density of breast milk
   - Increase caloric density of formula (if ordered), by mixing to a more concentrated level or with additive (facts or carbohydrates) to provide increased calories need to support adequate growth
   - If an infant is taking solids already, choose high-calorie foods to maximize nutrient intake.
4. **Nursing diagnosis:** Parent/infant attachment, altered, risk for (risk factors such as premature infant with difficult temperament or medical problems).
   Outcome identification and evaluation: Parent and infant will demonstrate attachment via eye contact, parental response to infant cues, parental verbalization of caring for infant, infant response to parent's caretaking behaviors.
   Interventions: Encouraging appropriate parent-infant attachment.
   - Assess parent's response to infant cues to determine of attachment and level of parent's knowledge about infant care
   - Assess infant's response to parent's caretaking behaviors to determine degree of attachment
   - Determine infant's temperament to counsel parent effectively about responses appropriate for that type of temperament
   - Encourage face positioning for holding or feeding the young infant to encourage give-and-take response between infant and parent
   - Encourage parent to meet infant's needs promptly and with affection to promote sense of trust in the infant

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- Reinforce parent's attempts at improving attachment with infant (positive reinforcement naturally encourages appropriate behaviors).

5. **Nursing diagnosis:** Growth and development, altered, related to speech, motor, psychosocial or cognitive concerns as evidenced by delay in meeting expected milestones.
   Outcome identification and evaluation: Development will be maximized; infant will make continued. Progress toward attainment of development milestones.
   Interventions: Maximizing development.
   - Perform development evolution of the infant to determine infant's current level of functioning
   - Offer age-appropriate play, activates and toys to encourage further development
   - Carry out interventions as prescribed by developmental specialist, physical therapist, occupational therapist, or speech therapist (repeated exposure to the activities or exercises is needed to make developmental progress)
   - Provide support to parents of infants with developmental concerns, as developmental progress can be slow, and it is difficult for families to stay motivated and maintain hope.
6. **Nursing diagnosis:** Caregiver role stain, risk for (risk factors such as first baby, knowledge deficit about newborn care, lack of prior exposure, fatigue if premature, ill, or developmentally delayed infant).
   Outcome identification and evaluation: Parent will experience competence in role; will demonstrate appropriate caretaking behaviors and verbalize comfort in new role.
   Interventions: Preventing caregiver role stain.
   - Assess parent's knowledge of newborn/infant care and the issues that arise as a part of normal development to determine parent's needs
   - Provide education on normal newborn/infant care, so that parents have the knowledge they need to expect next and how to intervene
   - Encourage respite for parents (even a few hours away from the demands of an infant's care can rejuvenate the parents).
7. **Nursing diagnosis:** Injury, risk for (risk factors such as developmental age, infant curiosity, rapidly progressing motor abilities).
   Outcome identification and evaluation: Infant safety will be maintained; infant will remain free from injury.
   Interventions: Preventing injury.
   - Encourage car seat safety to decrease risk of injury related to motor vehicles
   - Child proof home—as infant becomes more mobile, he/she will want to explore everything, increasing risk of injury
   - Never leave an infant unattended in the sink, bathtub, or swimming pool to prevent drowning
   - Tech parents first aid measures and infant CPR to minimize consequences of injury should it occur
   - Parents should always watch the infant (no amount of childproofing can replace the watchful eye of a caring parent).

PRACTICE QUESTIONS

1. Write nursing care plan for a 4-month-old child by applying nursing process.
2. Write nursing care plan for a 9-month-old child by applying nursing process.

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MULTIPLE CHOICE QUESTIONS

1. Which of the following are essential to assess for understanding a infant's current condition?
   A. Respiration, circulation, skin, appearance
   B. Implementing, evaluating
   C. Planning, continuing, evaluating
   D. None of the above
2. A 6-month-old infant is not meeting weight milestones, appearing thin with a reduced mid-upper arm circumference. What is the most appropriate nursing diagnosis?
   A. Risk for imbalanced nutrition
   B. Imbalanced nutrition : less than body requirements
   C. Readiness for enhanced nutrition
   D. Risk for developmental delay
3. Breast milk can be stored at room temperature for how many hours?
   A. 2 hours
   B. 4 hours
   C. 6 hours
   D. 8 hours
4. The nurse evaluates that an infant's feeding plan is effective if:
   A. The infant has 1–2 wet diapers per day
   B. The infant loses 15% of birth weight
   C. The infant has 6–8 wet diapers and adequate weight gain
   D. The infant sleeps for 8 hours straight at one-month-old
5. The nurse is planning a developmental assessment. What is the main reason for frequent monitoring in infants?
   A. Infants need constant stimulation
   B. Critical period of growth and development occur during this time
   C. Child development is entirely predictable
   D. To catch up on missed vaccinations.

Answers

1. A. 2. B. 3. B. 4. C. 5. B.

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- Helps nursing educators teach effectively and prepare students for examinations.
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