

# **CURRENT PRINCIPLES, PRACTICES & TRENDS IN PEDIATRIC NURSING**

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## **TRENDS IN PEDIATRICS AND PEDIATRIC NURSING**

- Child Health Care has changed dramatically in recent years due to advances in medical knowledge and understanding of emotional response of children.
- Health exists when an individual meets minimum physical, physiological, intellectual, psychological and social aspects to function appropriately for their age and sex level.

- Illness is the situations when individual experiences a disturbance in any of these areas that prevents functioning at appropriate level.
- Modern concept of child health emphasizes on continuous care of “whole child”.

## **TRENDS IN PEDIATRICS AND PEDIATRIC NURSING**

- According to UNICEF, assistance for meeting the needs of children should no longer be restricted to one aspect like nutrition, but it should be broad based and geared to their long term personal development ensuring holistic health care of children.

# **TRENDS IN PEDIATRICS AND PEDIATRIC NURSING**

- ✓ At present, in child health care more emphasis is given on preventive approach rather than on curative care only.
- ✓ Primary Health Care concept with team approach and multidisciplinary collaboration are adopted for child care.
- ✓ The challenge of this time is to study child health in relation to community, to social values and social policy.
- ✓ Increased public awareness, consumerism and family participation in child care are newer trends.
- ✓ Family health, a new concept is accepted for the care of children in their families and families in society.
- ✓ Need based, problem oriented, risk approach is practiced for better child health.

# TRENDS IN PEDIATRICS AND PEDIATRIC NURSING

- ✓ In developed countries, child health care extended up to adolescence, whereas in developing countries and in India, child care is extended up to 10-12 yrs of age. Recently, special emphasis is given on adolescent health through RCH package services in our country.
- ✓ Special attention is given on the children at risk like orphans, destitute, pavement dwellers, slum dwellers, child labors and handicapped children.
- ✓ Movements against gender bias, female foeticide, child abuse and neglect and maltreatment are in highlight at present.

# **TRENDS IN PEDIATRICS AND PEDIATRIC NURSING**

- ✓ Interest of political leaders and understanding the importance of child health, constitution of national health policy for children and implementation of various health programmes for improvement of child health are great achievements for children.
- ✓ Population control and family welfare approach, improvement of educational status especially women education and women empowerment, involvement of government and non government organizations, and special budgetary allocation for child health activities, international guidance by WHO, UNICEF and other child welfare organizations for improvement of child health are promising aspects towards survival, health and wellbeing of children.

## TRENDS IN PEDIATRICS AND PEDIATRIC NURSING

- ✓ Growth of sub specialities for the super-specialised care of children is the recent trend. The sub areas are neonatology, perinatology, pediatric surgery, pediatric cardiology etc.
- ✓ Medical science is advancing in every moment. So child health will also progress by various movements towards the aim to improve the survival and well being of all children.



## CHANGING ROLE OF PEDIATRIC NURSE

	<b>SHIFT FROM</b>	<b>FOCUS ON</b>
1.	Disease centered care	Child centered care
2.	That of discouraging the families on neglect of the female child.	Taking special care of the female child as she is the future mother. Immunization of all girls for tetanus and rubella before marriage.
3.	Starting care for the woman after she becomes pregnant.	Health education on planned parenthood and guarding the maternal health before conception.
4.	Special care during last trimester and the post natal period to the child born with congenital anomalies and hereditary disorders.	Early identification and family counseling based on biochemical screening and chromosomal studies to prevent congenital anomalies and hereditary disorders in children.
5.	Only caring for child after birth of child.	Guarding the health of child from day of conception.
6.	Only care to the sick children in hospital.	The participation in prevention of illness, health promotion activities.
7.	Caring of the physical condition of child in isolation.	Comprehensive care of child in relation to his home and the community in which he lives and providing emotional support to the family.

## CHANGING ROLE OF PEDIATRIC NURSE

	<b>SHIFT FROM</b>	<b>FOCUS ON</b>
8.	Not allowing the parents to be with the child in the hospital and rigid visiting hours.	Ensuring the children must have one parent stay with them in the hospital and participate in care. Flexible visiting hours in children wards.
9.	One of illness oriented.	One that is health oriented.
10.	Only cleanliness and treatment oriented.	Warmth and love oriented. Providing tactile stimulation to the infants.
11.	Only curative and rehabilitative to the children in hospitals.	Health promotion activities by ensuring environmental stimulation and intelligent manipulation of the environment. Adequate play activities. Services related to fertility, sex education and counseling.
12.	The concept of pediatrics as infant feeding and care of a few diseases of children.	The comprehensive care of child in its totality from conception to maturity within the framework of his family and community.
13.	Adapting indifferent attitude to child neglect and abuse by family and society.	Safeguarding and protection of children's rights by health providing cultural practices

# GOBI FFF

Currently UNICEF is promoting following ways of child health revolution by a campaign known as **GOBI FFF**.

- **G** - for growth charts to monitor child development.
- **O** – for oral rehydration to treat mild and moderate dehydration.
- **B** – for breast feeding, and
- **I** – for immunization against 6 killer diseases e.g. measles, diphtheria, polio, pertusis, tetanus and tuberculosis.
- **FFF** – Family Welfare, Female Child, Food and Nutrition.

# CHANGING TRENDS IN PEDIATRIC HOSPITAL CARE

# **CHANGING TRENDS IN HOSPITAL CARE: PREVENTIVE, PROMOTIVE AND CURATIVE ASPECTS OF CHILD HEALTH.**

- The increasing complexity of medical and nursing techniques has created a need for special area of the child care.
- In earlier days, present medical techniques were treating both adults and child as same. Now child care has prime importance, as mortality and morbidity are higher in this group.
- The reasons for development of pediatrics are:
  - ✓ High infant mortality
  - ✓ Low birth weight
  - ✓ Child mortality
  - ✓ Immunization rates.

# INTRODUCTION

- Historically, the concept of pediatrics was limited to the curative aspects of diseases peculiar to children.
- ***Hippocrates (460-370 B.C.)*** made many significant observations on diseases found in children and devoted a great part of his treatise to children.
- ***Galen of Rome (1200 – 1300 A.D.)*** wrote on the care of infants and children.
- ***Rhazes of Arab (850-923 A.D.)*** devoted much of his treatise to the subject of childhood illnesses.

# INTRODUCTION

- The first printed book on pediatrics was in Italian (1472) by Bagallarder's named "***Little book on disease in children***".
- The first English book on children's disease was "***Book of children***" written by Thomas Phaer (1545 AD).
- The ***world's first pediatricians*** were two Indians Kashyapa and Jeevaka, of 6<sup>th</sup> century B.C.
- Sushruta, also wrote on many aspects of child rearing.
- Charaka wrote about care and management of newborn.

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- In developed countries, child health care is extended up to adolescence, whereas in developing countries and in India, child care is extended up to 10-12 yrs of age.
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# INTRODUCTION

- The hospitals are necessary places for providing the health care to ill children.
- Modern trend/concepts of child health include:

# INSTITUTIONAL CARE

- ✓ Sick children are cared in hospitals.
- ✓ Isolation is practiced to prevent spread of nosocomial infections.
- ✓ Children are ambulated as soon as possible.
- ✓ Children are made to visit the play room where they can be with other children.
- ✓ The nurses are specially trained and experienced in child care.

# 1. VISITING

- ✓ In earlier days, the visiting hours were very strict. Eg. Parents were allowed to visit the hospitalized child only 1-2 hrs/day. Children were deprived from parental love.
- ✓ Today, hospitals have flexible unlimited visiting from early in morning to bed time.
- ✓ If parents are unable to visit the child frequently, grand parents, aunts, uncles or baby sitters may visit instead.
- ✓ Some hospitals permit visiting by siblings above 2 yrs of age at specific timings.
- ✓ Parents, siblings or relatives are not permitted to visit if they have been exposed to an infectious disease or have cold or other infections.

# 1. VISITING

- If child's room is restricted, some hospitals have a closed-circuit television or telephone video system that allows two way visit between the child and visitors of all ages.
- If parents, family members are not able to visit hospital because of difficulty in travelling or any other reason, tape recordings can be made and played to the child to maintain some contact with the home, thus reducing separation anxiety.
- Topics such as favorite story or song, a letter from classmates or friends or a conversation with the child can done for distraction.



## 2. ROOMING IN

- ✓ Parents should not be prohibited to stay at the child's bed side, if they desire so.
- ✓ Some hospitals provide a lounge or a waiting room, where the parents can relax.
- ✓ Meals can be served to parents in child's room, so that they can eat with their child or they may eat in the hospital cafeteria or coffee shop according to the situation.
- ✓ Food may be brought from home for the child if there are no dietary restrictions and if the policy of institution permits.
- ✓ Play room should be available for child.
- ✓ The parents may sleep on a chair, a cot, a folding bed, or a convertible chair in the child's room if it is large enough.

### 3. CARE BY PARENT UNITS

- Some hospitals have care by parent unit or family participation unit with the child. In this the whole family is involved in the care of the sick children.
- In this system, the child gets attention when its needed each day from a familiar person, under supervision of the nurse.
- When the parents are near, children can continue to learn and grow throughout the hospital experience.
- In these units, parents are also prepared naturally and effectively for care of their child, which will be needed at home.
- In the family unit, nurse can observe the parents, their skills, attitudes and techniques and any problems.

## 4. PARENT SUPPORT GROUPS

- Many support groups meet the parents outside the hospital as well as in the hospital.
- Such groups may be conducted by the nurses, play therapist or by child life programme staff.
- In these groups, a non threatening environment is provided, where parents may feel comfortable enough to move away from the hospital routine and ventilate their feelings and concerns to relieve their anxiety and stress.

## 5. SELF CARE

- ✓ By the self care framework, nurses have responsibility of assessing the abilities of the hospitalized child and then helping the child to learn self care skills.
- ✓ The time and methods used in teaching these skills depend on child's cognitive abilities, emotional state and readiness to learn.

## **6. HOSPITAL BASED & FREE STANDING FACILITIES FOR MINOR SURGICAL CARE.**

- ✓ The advantage of care given in an ambulatory setting is that the child does not have to remain away from home for more than few hours, resulting in less trauma and family disturbance and less chance of infection from seriously ill children in the inpatient hospital setting.
- ✓ Parents must assume responsibility for the routine pre-operative routine preparation usually carried out by nurses in hospital, including post operative care.

## 7. PEDIATRIC UNIT

- Hospitalized children are usually segregated by care requirement or by age or by both.
- Needs of hospitalized children are: adequate care, protection from physical danger and psychologically threatening environment.
- In pediatric unit, the surroundings should be home like and cheerful.

## 8. PEDIATRIC NEW BORN UNIT & PICU

- ✓ For care of critically ill new born.

## 9. INTERMEDIATE CARE UNIT

- Children who have been in ICU can be moved here, if their condition have improved. These children may still be too ill for care in a standard pediatric unit.

## 10. PEDIATRIC RESEARCH CENTRE

- Some hospitals have pediatric research centers where little understood diseases are under investigation.
- These centers give opportunities to provide comprehensive care to children.

## 11. OUT PATIENT DEPARTMENT'S OF HOSPITAL

- Increasing number of private physicians use the OPD for children with problems requiring careful diagnosis and treatment, such as complex medical or surgical problems or psychological difficulties.
- Because of awareness of the need to avoid the possible trauma of hospitalization and the possibility of cross infection, more children are treated on an OPD basis, if there is a responsible adult in home to provide care.
- One of the newer functions of the staff in OPD is to provide genetic counseling.
- One of the function of nurses is to provide health teaching for parents. This can be done in OPD also.
- A play area is essential in OPD, so that child's attention can be diverted & parents can have time for a conference with nurse.



## **FAMILY CENTRED CARE**

- ✓ The caregiver realizes that the family, community, society surrounding the child have a particular way of culture. Their health is influenced by these & other factors.
- ✓ So culture specific care is provided and family is involved in care for the child during hospitalisation.

## **OTHER INNOVATIVE CHILD CARE PROGRAMS**

- Many pediatric hospitals have home care program for child illness like leukemia, hemophilia etc.
- By hospitalization, child's condition is monitored at home for continuing care.
- Pediatric nurse practitioner (PNP) is prepared for specialized care to provide basic & primary health care to family & children.
- They provide consultant services & offer day to day assessment & care.

A close-up photograph of a light pink rose in full bloom, centered in the frame. The petals are layered and show a subtle gradient from pale pink to a slightly deeper shade. The rose is surrounded by vibrant green leaves. The background consists of a wooden lattice or trellis structure, with the warm tones of the wood providing a rustic contrast to the soft colors of the flower.

**THANK YOU**