

GUIDELINES FOR PEDIATRIC /FAMILY ASSESSMENTS

- 1) Complete the weekly pediatric clinical worksheet, including the assessment page, research section, and medications.
- 2) In addition the student will perform a family assessment sheet if the child is an adolescent or the infant/young child assessment sheet if the parent will be the primary source for the interview.
- 3) Using the information obtained from the weekly worksheet and the family assessment develop the nursing diagnoses according to the following:
 - List all applicable Nursing Diagnoses.
 - Develop the listing in priority according to Maslow's Hierarchy of Needs, stating the level of need.
 - Indicate Gordon's functional health pattern for each diagnoses (starting on Pg 131)
 - All actual nursing diagnoses must be written as a 3-part statement.
 - Further develop the top 3 nursing diagnoses.
- 3) Planning
 - For each of the top 3 nursing diagnoses state client goals/expected outcomes.
 - Goals should be specific and measurable and should include time frame(s).
- 4) Implementation
 - For each of the top 3 nursing diagnoses describe nursing interventions for translating the plan of care into action.
 - State at least 3 nursing interventions **specific to the client**, which will assist the client to meet stated goal(s). Nursing interventions will include timeframes.

- For each nursing intervention state sound rationale using facts and principle. To obtain the rational use quality nursing resources. (Cite these rationales and resources.

5) Evaluation

- Determine the client's progress toward goal achievement. Was the goal met? To what degree was the goal met?
- Determine the effectiveness of the nursing care plan; i.e. whether the nursing interventions should be terminated, continued, or changed.

6) References

- **At least one pertinent article from a nursing journal written since 2002 must be included.**

FAMILY ASSESSMENT

The 11 functional health pattern areas are also applicable to the assessment of families. Families are the primary client in pediatric nursing. In some cases a family assessment may be indicated: (1) in the care of an infant or child whose development is influenced by family health patterns or (2) when an adult has certain health problems that can be influenced by family patterns. The following guidelines provide information on family functioning. It may be necessary to probe with additional questions if indicated by the family members response.

Health-perception – health-management pattern

1.

History:

- a. How has family's general health been (in last few years)?
Any major illnesses or surgeries?
- b. Colds/illnesses in past year? Absence from work/school?
- c. Most important things do you do to keep healthy? Think these make a difference to health? (Include family folk remedies, if appropriate).
- d. Members' use of cigarettes, alcohol, drugs?
- e. Immunizations? Health-care provider? Frequency of check-ups? Accidents (home, work, school, driving)? (If appropriate: Storage of drugs, cleaning products, scatter rugs, etc.)
- f. In past, been easy to find ways to follow suggestions of doctors, nurses, social workers (if appropriate)?
- g. Things important to family's health that I could help with?

Examination:

- a. General appearance of family members.
- b. If appropriate: Discuss storage of medicines, safety in the home, location of cribs, playpens, stove, scatter rugs, hazards, and other potentially harmful objects.

2. *Nutritional-metabolic pattern*

History:

- a. Typical family meal/type of food/pattern/quantity/dietary restrictions? (Describe) Use of supplements/frequency of snacks (e.g., vitamins)?
- b. Typical family fluid intake? (Describe) Supplements: type (e.g., fruit juices, soft drinks, coffee)?
- c. Appetites?
- d. Dental problems? Skin problems? Healing problems?
- e. Dinner-time routines?
- f. Dental care? Nutritional counseling?

Examination:

- a. Height/weight of client and family members.

3. *Elimination pattern*

History:

- a. Frequency/schedule of elimination. Family use of laxatives, other aids?
- b. Problems noted with elimination?
- c. Pet animals waste disposal (indoor/outdoor)?
- d. If indicated: Problems with flies, roaches, rodents?

Examination:

- a. Assessment of fecal elimination.

4. *Activity-exercise pattern*

History:

- a. In general, does family get a lot of exercise or little exercise? Type? Frequency? Regularity
- b. Family leisure activities? Active or passive?
- c. Problems in shopping (transportation), cooking, keeping up the house, budgeting for food, clothes, housekeeping, house costs, caring for children?

Examination:

- a. Pattern of personal maintenance.

5. *Sleep-rest pattern*

History:

- a. Generally, family members seem to be well rested and ready for school/work? Number of hours of sleep each night?
- b. Difficulties in getting to sleep? Staying asleep? Nightmares?
- c. Nighttime routines of children / family?
- d. Family finds time to relax? Relaxing activities?

Examination:

- a. Sleeping space if available.

6. *Cognitive-perceptual pattern*

History:

- a. Visual or hearing problems? Speech problems? Mobility difficulties? How managed?
- b. Any big decisions family has had to make? How are decisions made?

Examination:

- a. If indicated: Language spoken at home.

- b. Grasp of ideas and questions (abstract or concrete).
- c. Vocabulary level.

7. *Self-perception – self-concept pattern*

History:

- a. Most of time family feels good (not so good) about themselves as a family?
- b. General mood of family? Happy? Anxious? Depressed? What helps family mood?

Examination:

- a. General mood state: nervous (5) or relaxed (1); rate from 1 to 5.
- b. Members generally assertive (5) or passive (1); rate from 1 to 5.

8. *Role-relationship pattern*

History:

- a. Family (or household) members? Member age and family structure (diagram). Head of household?
- a. Any family problems that are difficult to handle (nuclear/extended)? Child rearing? Difficulty dealing with anger? If appropriate: Spouse ever gets rough with you? The children?
- c. Relationships good (not so good) among family members? Siblings? Support each other?
- d. If appropriate: Income sufficient for needs?
- e. Feel part of (or isolated from) community? Neighbors?

Examination:

- a. Interaction among family members (if present).
- b. Observed family leadership roles.

9. *Sexually-reproductive pattern*

History:

- a. If appropriate (sexual partner within household or situation): Sexual relations satisfying? Changes? Problems?
- b. Use of family planning? Contraceptives? Problems?
- c. If appropriate (to age of children): Feel comfortable in explaining/discussing sexual subjects?

Examination:

- A. None

10. Coping – stress-tolerance pattern

History:

- a. Any big changes within family in last few years?
- b. Family tense or relaxed most of time? When tense, what helps? Anyone use medicines, drug, and alcohol to decrease tension?
- c. When (if) family problems, how handled?
- d. Most of the time is this way(s) successful?

Examination:

None

11. Value-belief pattern

History:

- a. Generally, family gets things they want out of life?
- b. Important things for the future?
- c. Any “rules” in the family that everyone believes are important?
- d. Religion important in family? Does this help when difficulties arise?

Examination:

None

INFANT AND YOUNG CHILD ASSESSMENT:

A comprehensive assessment is done to establish a data base for developmental assessment and for nursing diagnosis and treatment. Information is needed on (1) the development of each functional pattern and anatomical growth, (2) current health patterns, and (3) family health and the home environment in which the infant or child is developing. The questions/items listed below can be used selectively for problem screening. Questions should be directed to the primary care giver.

NURSING HISTORY

1. *Health-perception – health management pattern*

Parents' report of:

- a. Mother's pregnancy/labor/delivery history (of this infant, of others)?
- b. Infant's health status since birth?
- c. Adherence to routine health checks for the infant/child? Immunizations?
- d. Infections/illnesses in the infant/child? Child's absences from school/day care?
- e. If applicable: Infant's/child's medical problems, treatment, and prognosis?
- f. If applicable: Actions taken by parents when signs and/or symptoms were perceived?
- g. If appropriate: Has it been easy to follow doctors' or nurses' suggestions?
- h. Preventive health practices (e.g., diaper change, clean clothes, hand washing)?
- i. Do parents smoke? Around children?
- j. Accidents? Types? Frequency?
- k. Infant's crib toys (safety)? Child's toys? Carrying safety? Car safety?
- l. Parents' safety practices (e.g., household products and medicines)

Parents (self):

- a. Parents'/family's general health status? Illnesses? Injuries?

2. *Nutritional-metabolic pattern*

Parents' report of the infant's/child's:

- a. Breast/bottle feeding? Intake (estimated)? Schedule? Sucking strength?
- b. Appetite? Feeding discomfort? Gas? Burping?
- c. 24-hour intake of nutrients? Supplements?
- d. Eating behavior? Food preferences? Conflicts over food?
- e. Birth weight? Current weight?
- f. Skin problems: For example, rashes, lesions, others?

Parents (self):

- a. Parents'/family's nutritional status? Height/Weight? Problems?

3. Elimination pattern

Parents' report of the infant's/child's:

- a. Bowel elimination parents and children? (Describe) Frequency? Character discomfort?
- b. Diaper changes? Potty training – bowel, bladder? (Describe routine)
- c. Urinary elimination pattern? (Describe) Number of wet diapers per day? (Estimate amount) Stream (strong, dribble)?
- d. Excess perspiration? Odor?

Parents (self):

- a. Elimination pattern? Problems?

4. Activity-exercise pattern

Parents' report of:

- a. Bathing routine? (When, how, where, and what type of soap?)
- b. Dressing routine? (Clothing worn, changes inside/outside home)
- c. Typical day's activity for the infant/child (e.g., hours spent in crib, being carried, playing; type of toys used)?
- d. Infant's/child's general activity level? Tolerance?
- e. Perception of infant's/child's strength ("strong" or "fragile")?
- f. Child's self-care ability (bathing, feeding, toileting, dressing, grooming)?

Parents (self):

- a. Activity/exercise/leisure pattern? Child care? Home maintenance?

5. Sleep-rest pattern

Parents' report of:

- a. Sleep pattern of the infant/child: Estimated hours?
- b. Infant's/child's restlessness? Nightmares? Nocturia?
- c. Infant's sleep position? Body movements? Nighttime routine?

Parents (self):

- a. Sleep pattern?

6. Cognitive-perceptual pattern

Parents' report of:

- a. General responsiveness of the infant/child?
- b. Infant's response to talking? Noise? Objects? Touch?
- c. Infant's following of objects with eyes? Response to crib toys?
- d. Ability to learn (changes noted)? What is being taught to the infant/child?
- e. Noises/vocalizations? Speech pattern? Words? Sentences?

- f. Use of stimulation: For example, talking, games, what else?
- g. Vision, hearing, touch, kinesthesia of the infant/child?
- h. Child's ability to tell name, time, address, telephone number?
- i. Infant's/child's ability to identify needs (hunger, thirst, pain, discomfort)?

Parents (self):

- a. Problems with vision, hearing, touch, other senses?
- b. Difficulties making decisions? Judgments?

7. *Self-perception – self-concept pattern*

Parents' report of:

- a. Infant's/child's mood, state (irritability)?
- b. Child's sense of worth, identity, competency?

Child's report of:

- a. Mood state?
- b. Many/few friends? Liked by others?
- c. Self-perception ("good" most of time? Hard to be "good"?)
- d. Ever lonely?
- e. Fears (transient/frequent)?

Parents (self):

- a. General sense of worth, identity, competency?
- b. Self-perception as parents?

8. *Role-relationship pattern*

Parent's report of:

- a. Family/household structure?
- b. Family problems/stresses?
- c. Interactions among family members and infant (or child)?
- d. Infant's/child's response to separation?
- e. Child: Dependency?
- f. Child: Play pattern?
- g. Child: Temper tantrums? Discipline problems? School adjustment?

Parents (self):

- a. Role engagements? Satisfaction?
- b. Work/social/marital relationships?

9. *Sexually-reproductive pattern*

Parents' report of child's:

- a. Feeling of maleness/femaleness?
- b. Questions regarding sexuality? How parent responds?

Parents (self):

- a. If applicable: Reproductive history?
- b. Sexual satisfaction/problems?

10. *Coping – stress-tolerance pattern*

Parents' report of:

- a. What produces stress in child? Level of stress tolerance
- b. Child's pattern of handling problems, frustrations, anger?

Parents (self):

- a. Life stressors? Family stress?
- b. Patterns for handling problems? Stress? Anger? Support systems?

11. *Value-belief pattern*

Parents' report of:

- a. Child's moral development, choice behavior, commitments?

Parents (self):

- a. Things important in life (values, spirituality)? Desires for the future?
- b. If appropriate: Perceived impact of disease on goals?

12. *Other*

- a. Any other things that we haven't talked about that you'd like to mention? Any questions?