

CLINICAL SPECIALTY – I

CHILD HEALTH (PAEDIATRIC) NURSING

Placement : 1st Year

Hours of Instruction
Theory 150 Hours
Practical 650 Hours
Total : 800 Hours

Course Description

This course is designed to assist students in developing expertise and in-depth understanding in the field of Pediatric Nursing. It will help students to appreciate the child as a holistic individual and develop skill to function as neonatal and pediatric nurse specialist. It will further enable the student to function as educator, manager and researcher in the field of Pediatric nursing.

Objectives :

At the end of the course the students will be able to :

1. Appreciate the history and developments in the field of pediatrics and pediatric nursing as a specialty
2. Apply the concepts of growth and development in providing care to the pediatric clients and their families.
3. Appreciate the child as a holistic individual
4. Perform physical, development, and nutritional assessment of pediatric clients
5. Apply nursing process in providing nursing care to neonates and children.
6. Integrate the concept of family centered pediatric nursing care with related areas such as genetic disorders, congenital malformations and long term illness.
7. Recognize and manage emergencies in neonates.
8. Describe various recent technologies and treatment modalities in the management of high risk neonates
9. Appreciate the legal and ethical issues pertaining to pediatric and neonatal nursing
10. Prepare a design for layout and management of neonatal units
11. Incorporate evidence based nursing practice and identify the areas of research in the field of pediatric / neonatal nursing
12. Recognize the role of pediatric nurse practitioner and as a member of the pediatric and neonatal health team
13. Teach pediatric nursing to undergraduate students and in-service nurses.

Course Content

Unit	Hours	Content
I	10	Introduction <ul style="list-style-type: none"> • Historical development of Pediatrics and Pediatric Nursing • Difference between child and adult care • Philosophy of paediatric care • Changing trends in Pediatric Nursing • Role of family in child care • Community-based nursing of the child and family • Ethical and cultural issues in pediatric care • Role of paediatric nurse • Rights of children and special laws and ordinance relating to children. • Current status of child health in India; • National goals, • Five year plans • National health programs related to child health.
II	10 hrs	Assessment of pediatric clients <ul style="list-style-type: none"> • History taking • Developmental assessment • Physical assessment • Nutritional assessment • Family assessment • Nursing process in care of children
III	5	Nursing management of the sick/ hospitalized child <ul style="list-style-type: none"> • Meaning of hospitalization of the child, preparation for hospitalization, effects of hospitalization on the child and family • Stressors and reactions related to developmental stages, play activities for ill / hospitalized child. • Nursing care of hospitalized child and family - principles and practices.
IV	10	Pre-natal Pediatrics <ul style="list-style-type: none"> • Embryological and fetal development, Prenatal factors influencing growth and development of fetus, • Genetic patterns of common pediatric disorders, chromosomal aberrations, genetic assessment and counseling legal and ethical aspects of genetic, screening and counseling • Role of nurse in genetic counseling, • Importance of prenatal care and role of pediatric nurse.
V	20	Growth and Development of children <ul style="list-style-type: none"> • Principles of growth and development, • Factors affecting growth and development • Concepts and theories of growth & development <ul style="list-style-type: none"> Biophysical Psycho-social theories Psychosexual theories Moral development theories Cognitive development theories Spiritual theories • Development tasks and special needs from infancy to adolescence, developmental milestones, • Assessment of growth and development of pediatric clients, • Growth Monitoring

Unit	Hours	Content
		<ul style="list-style-type: none"> • Role of play in growth and development of children.
VI	5	Behavioral / Social Pediatrics and Pediatric Nursing <ul style="list-style-type: none"> • Parent child relationship, • Basic behavioral pediatric principles and specific behavioral pediatric concepts/ disorders – maternal deprivation, failure to thrive, child abuse, the battered child. • Common behavioral and social problem and their management. • Child guidance clinic.
VII	30	Preventive Pediatrics and Pediatric Nursing. <ul style="list-style-type: none"> • Concept, aims and scope of preventive pediatrics, • Five year plans & National health policy for children • National health programs related to child health. • Maternal health and its influence on child health antenatal aspects of preventive pediatrics. • Mortality among children, MCH indicators. • Recent trends in MCH services • Immunization, expanded program on immunisation / universal immunization program and cold chain. • Nutrition and Nutritional requirements of children, • Fluid and electrolyte balance in children • Pattern of feeding, breast feeding, baby-friendly hospital initiative, Artificial feeding • Weaning • Nutritional Programs and welfare services. • National and international organizations related to child health • Role of pediatric nurse in the hospital and community. • Health education, nutritional education for children.
VIII	35	Neonatal Nursing <ul style="list-style-type: none"> • Neonatal resuscitation • New born baby-profile and characteristics of the new born • Assessment of the new born • Nursing care of the new born at birth, care of the new born and family, • Planning and organization of level I,II and III neonatal care units • NICU and environment • Equipment and personnel management • High risk neonate – pre term and term neonate and growth retarded babies. • Low birth weight babies. • Transport of the high risk neonate to NICU • Neonatal infections prevention and management • Identification and classification of neonates with infection HIV and AIDS, Ophthalmia neonatorum, congenital syphilis. • High risk new born – Identification, classification and nursing management. • Organization of neonatal care, services (Levels), transport, neonatal intensive care unit, organization and management of nursing services in NICU. • Management of Neonatal problems Respiratory distress syndrome & HMD Neonatal Hypoglycemia Neonatal Hyperbilirubinemia Common metabolic problems Nutritional requirements

		Neonatal seizures Neonatal mechanical ventilation Thermo regulation • Follow up care and assessment of high risk infants
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Unit	Hours	Content
IX	25	IMNCI (Integrated Management of Neonatal and childhood illnesses) <ul style="list-style-type: none"> • Concept • Rationale for an evidence based syndromic approach • Components • Principles of IMNCI • Case management process • Outpatient management of young infants age up to 2 months • Outpatient management of children age 2 months up to 5 years • Principles of management of sick children in small hospital • National Population policy 2000 • Re productive and child health.

PRACTICAL

SN	Deptt. / Unit	No. of week	Total Hours
1	Pediatric Medicine Ward	4	120 Hours
2	Pediatric Surgery Ward	4	120 Hours
3	Labor Room / Maternity Ward	2/2	120 Hours
4	Pediatric OPD	2	60 Hours
5	NICU	4	110 Hours
6	Creche / Day care Centre	1	30 Hours
7	Child Guidance Clinic	1	30 Hours
8	Community	2	60 Hours
	Total	22 weeks	650

Student Activities	500
Clinical presentations	2 x 50 = 100
Assessment of New Born Baby/Preterm	25x2 = 50
Growth & developmental assessment	5 x 20 = 100
Nursing care plan	2 x 25 = 50
Project work	50
Field Visits.	Child care center, Anganwadi, play school, Creche, WHO/UNICEF, SOS Village

Neonatal resuscitation
 Health education

Evaluation	Theory	Practical
Internal	25	100
External	75	100

Internal assessment (Theory)
Seminar 2x50=100

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3. Ball; “ Paediatric Nursing caring for children” Prenticehall, 1999
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5. Blake G, Florence & Wright; “ Essentials of Paediatric Nursing”
6. Barbara EW; “ Guidelines in the care of the low birth weight” Orient Longman
7. Bowden Greenberg; “ Paediatric Nursing Procedure” Lippincott ,Williams& Wilkins
8. Browder J J; “ Nursing care og children” FADavis
9. Cameron, Jelinek et al; “ Text Book of Emergency Paediatric Medicine”
10. Cloherty, John P & Stark, Ann R; “ Manual Neonatal care” Lippincott
11. David Hull & Johnstan D; “ Essentials Of Paediatrics” Churchill Livingstone
12. Elizabeth Hurlock; “ Child Development”
13. Ghai O P; “ Essential Text Book Of Paediatrics” Jaypee Brothers
14. Ghosh Shanti; “ Nutrition and child care” Jaypee Brothers
15. Ghosh Shanti; “ Know your child” Jaypee Brothers
16. Gupte Suraj; “ Neonatal Emergencies” Jaypee Brothers
17. Gupte Suraj; “ A Short Text book of Paediatrics” Jaypee Brothers
18. Guha DK; “ Neonatology” Jaypee Brothers
19. Guha DK; “ Manual of Practical newborn Care” Jaypee Brothers
20. Hathfield N; “ Introductory Paediatric Nursing” Lippincott, 2003
21. Helens CL & Roberts; “ Paediatric Nursing” CV Mosby & Co
22. Khilnany; “ Practical approach to Paediatric Intensive Care” Jaypee Brothers
23. Kulkarni MC; “ Manual of Neonatology” Jaypee Brothers
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25. Merenstein & Gardner; “ Handbook of neonatal intensive care” CV Mosby Co
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CHILD HEALTH NURSING

PROFORMA & GUIDELINE FOR EXAMINATION AND ASSESSMENT OF NEW BORN

I] Biodata of baby and mother

05 Marks

Name of the baby (if any) : Age:

Birth weight : Present weight:

Mother's name : Period of gestation:

Date of delivery :

Identification band applied :

Type of delivery : Normal/ Instrumental/ Operation

Place of delivery : Hospital/ Home

Any problems during birth : Yes/ No

If Yes explain :

Antenatal history :

Mother's age : Height: Weight:

Nutritional status of mother :

Socio-economic background :

II] Examination of the baby :

05 Marks

Characteristics In the Baby Comparison with the normal

1. Weight

2. Length

3. Head circumference

4. Chest circumference

5. Mid-arm

circumference

6. Temperature

7. heart rate

8. Respiration

III] General behavior and observations 05 Marks

Color :

Skin/ Lanugo :

Vernix caseosa :

Jaundice :

Cyanosis :

Rashes :

Mongolian spot :

Birth marks :

Head :

- Anterior fontanel :

- Posterior fontanel :

- Any cephalhematoma/ caput succedaneum

- Forceps marks (If any) :

Eyes : Face:

Cleft lip/ palate

Ear Cartilage :

Trunk:

- Breast nodule

- Umbilical cord

- Hands :

Feet/Sole creases :

Legs :

Genitalia :

Muscle tone :

Reflexes

- Clinging :
- Laughing/ sneezing :
- Sucking :
- Rooting :
- Gagging :
- Grasp :
- Moro :
- Tonic neck reflex :

Cry: Good/ week

APGAR scoring at birth :

First feed given :

Type of feed given :

Total requirements of fluid & calories:

Amount of feed accepted :

Special observations made during feed:

Care of skin :

Care of eyes, nose, ear, mouth :

Care of umbilicus and genitalia :

Meconium passed/ not passed :

Urine passed/ not passed :

IV] Identification of Health Needs in Baby & Mother. 05 Marks

V] Health education to mother about Breast feeding: 05 Marks

Care of skin, eye, and umbilicus ect.

V]Bibliography

PROFORMA & GUIDELINE FOR ASSESSMENT OF GROWTH & DEVELOPMENT (Age group: birth to 5 yrs)

I] Identification Data

Name of the child :

Age :

Sex :

Date of admission :

Diagnosis :

Type of delivery : Normal/ Instrumental/LSCS

Place of delivery : Hospital/ Home

Any problem during birth : Yes/ No

If yes, give details :

Order of birth :

II] Growth & development of child & comparison with normal:

Anthropometry In the Child Normal 02 Marks

Weight

Height

Chest circumference

Head circumference

Mid arm circumference

Dentition

III] Milestones of development: 02 Marks

Developmental milestones In Child Comparison with the normal

1. Responsive smile
2. Responds to Sound
3. Head control
4. Grasps object
5. Rolls over

6. Sits alone
7. Crawls or creeps
8. Thumb-finger co-ordination (Prehension)
9. Stands with support
10. Stands alone
11. Walks with support
12. Walks alone
13. Climbs steps
14. Runs

IV] Social, Emotional & Language Development: 02 Marks

Social & emotional development In Child Comparison with the normal

Responds to closeness when held

Smiles in recognition

Recognizes mother

Coos and gurgles

Seated before a mirror, regards image

Discriminates strangers

Wants more than one to play

Says Mamma, Papa

Responds to name, no or give it to me

Increasingly demanding

Offers cheek to be kissed

Can speak single word

Use pronouns like I, Me, You

Asks for food, drinks, toilet,

Plays with doll

Gives full name

Can help put things away

Understands difference between boy & girl

Washes hands

Feeds himself/herself

Repeats with number

Understands under, behind, inside, outside

Dresses and undresses

V] Play habits 02 Marks

Child's favourite toy and play:

Does he play alone or with other children?

VI] Toilet training 02 Marks

Is the child trained for bowel movement & if yes, at what age:

Has the child attained bladder control & if yes, at what age:

Does the child use the toilet?

VII] Nutrition 02 Marks

- Breast feeding (as relevant to age)
- Weaning Has weaning started for the child: Yes/No If yes, at what age & specify the weaning diet. Any problems observed during weaning:

Meal pattern at home**02 Marks**

Sample of a day's meal: Daily requirements of chief nutrients :

Breakfast: Lunch: Dinner: Snacks:

VIII] Immunization status & schedule of completion of immunization. 02 Marks**IX] Sleep Pattern****02 Marks**

How many hours does the child sleep during day and night?

Any sleep problems observed & how it is handled:

X] Schooling**02 Marks**

Does the child attend school?

If Yes, which grade and report of school performance:

XI] Parent child relationship

How much time do the parents spend with the child?

Observation of parent-child interaction:

XII] Explain parental reaction to illness and hospitalization**XIII] Child's reaction to the illness & hospital team****XIV] Identification of needs on priority****XV] Conclusion****XVI] Bibliography**

Evaluation Criteria :Assessment of Growth

PROFORMA & GUIDELINE FOR CASE STUDY**I] Patient's Biodata****Name, Age, Sex, Religion, Marital status, Occupation, Source of health care, Date of admission, Provisional Diagnosis, Date of surgery if any.****II] Presenting complaints**

Describe the complaints with which the child has been admitted to the ward.

III] Child's Personal data:

- Obstetrical history of mother
- Prenatal & natal history
- Growth & Development (compare with normal)
- Immunization status
- Dietary pattern including weaning
- Nutritional status
- Play habits
- Toilet training habits
- Sleep pattern
- Schooling

IV] Socio-economic status of the family:

Monthly income, expenditure on health, food, education

V] History of Illness

- i) History of present illness – onset, symptoms, duration, precipitating/ aggregating factors
- ii) History of past illness – Illnesses, hospitalizations, surgeries, allergies.
- iii) Family history – Family tree, family history of illness, risk factors, congenital problems, psychological problems.

VI] Diagnosis :- Provisional & confirm.

VII] Description of disease: Includes the followings:

1. Definition
2. Related anatomy and physiology
3. Etiology & risk factors
4. Path physiology
5. Clinical features

VIII] Physical Examination of Patient

Clinical features present in the book present in the patient

IX] Investigations:-

Date Investigation done Result Normal value Inference

X] Management - Medical / Surgical

- Aims of management
- Objectives of Nursing Care Plan

XI] Medical Management

S.No

Drug (Pharmacological name)

Dose Frequency / Time

Action

Side effects & drug interaction

Nurse's responsibility

XII] Nursing management (Use Nursing Process) (Short Term & Long Term

Plans)Assessment Nursing Diagnosis Objective Plan of care Rationale Implementation

Evaluation

XIII] Complications

Prognosis of the patient

XIV] Day to day progress report of the patient

XV] Discharge planning

XVI] References:

EVALUATION CRITERIA FOR CASE STUDY

(Maximum Marks – 50)

SN	Item	Marks
01.	Introduction	03
02.	History and assessment	05
03.	Comparative finding with patients	10
04.	Theoretical knowledge and understanding of diagnosis	05
05.	Nursing Process	15
06.	Follow up care	05
07.	Summary and conclusion	05
08.	Bibliography	02

Total 50

Note :- One Medical and One Surgical Pediatrics Case study. 50 Marks each.

CHILD HEALTH NURSING

PROFORMA & GUIDELINE FOR CASE PRESENTATION

I] Patient Biodata

Name, Age, Sex, Religion, Marital status, Occupation, Source of health care, Date of admission, Provisional Diagnosis, Date of surgery if any.

II] Presenting complaints

Describe the complaints with which the child has been brought to the hospital

III] Child's Personal data:

- Obstetrical history of mother
- Prenatal & natal history
- Growth & Development, compare with normal (Refer Assessment Proforma).
- Immunization status
- Dietary pattern including weaning(Breast feeding relevant to age)
- Play habits
- Toilet training
- Sleep pattern
- Schooling

IV] Socio-economic status of the family: Monthly income, expenditure on health, food, education etc.

V] History of Illness

- i) History of present illness – onset, symptoms, duration, precipitating /aggravating factors
- ii) History of past illness – Illnesses, surgeries, allergies, medications
- iii) Family history – Family tree, history of illness in the family members, risk factors, congenital problems, psychological problems.

VI] Diagnosis: (Provisional & confirmed).

Description of disease: Includes the followings

2. Definition.
3. Related anatomy and physiology
4. Etiology & risk factors
5. Path physiology
6. Clinical features.

VII] Physical Examination of Patient (Date & Time)

Physical examination: with date and time.

Clinical features present in the book

Present in the patient

VIII] Investigations

Date Investigation done Results Normal value Inference

IX] Management - (Medical /Surgical)

- Aims of management
- Objectives of Nursing Care Plan

X] Treatment:

S No

Drug (Pharmacological name)

Dose Frequency/ Time

Action

Side effects & drug interaction

Nurse's responsibility

- Surgical management
- Nursing management

XI] Nursing Care Plan: Short Term & Long Term plan.

Assessment Nursing Diagnosis Objective Plan of care Rationale Implementation Evaluation

XII] Discharge planning:

It should include health education and discharge planning given to the patient.

XIII] Prognosis of the patient:

XIV] Summary of the case:

XV] References:

EVALUATION CRITERIA FOR CASE PRESENTATION

(Maximum Marks – 50)

Criteria Total Marks

1. Content Subjective & objective data. 08
2. Problems & need Identified & Nsg. Care Plan. 15
3. Effectiveness of presentation. 05
4. Co-relation with patient & book. 10
5. Use of A. V. Aids. 05
6. Physical arrangement. 02
7. Group participation. 03
8. Bibliography & references. 02

Total 50

CLINICAL EVALUATION: CHILD HEALTH NURSING

Area :- Paed. Medical & Surgical Nursing. Maximum Marks – 100

Name of the Student

Year: Nursing Duration of Experience

S.No

Criteria

1 2 3 4

KNOWLEDGE, SKILL & APPLICATION

1. Possess sound knowledge of principles of Paed Nsg
2. Has an understanding of the modern trends and current issues in paed nsg practice
3. Has knowledge of normal growth and development of children
4. Has adequate knowledge of paed nutrition and applies principles of normal therapeutic diet
5. Able to elicit health history of child and family accurately
6. Identifies need/problems of Children with **Medical & Surgical** problems
7. Able to plan, implement and evaluate care both preoperatively and post operatively
8. Able to calculate and administer medications to children accurately
9. Recognizes the role of play in children & facilitates play therapy for hospitalized children
10. Acts promptly in paediatric emergencies
11. Makes relevant observations, maintain records & reports promptly & effectively.
12. Skilful in carrying out physical examination, developmental screening and detecting deviations from normal

13. Able to carry out therapeutic regime related to children in accordance with principles of paediatric Nsg
14. Identifies opportunities for health education & rehabilitation and encourages parent participation in the care of the child
15. Demonstrates evidence of self learning by reading of current literature/seeking help from experts.

Personality aspects

16. Professional grooming & turn-out
17. Able to think logically, alert, attentive and well informed
18. Communicates effectively
19. Enthusiastic & takes interest in clinical setting
20. Trust worthy and reliable
21. Courteous, tactful & considerate in all her dealings with colleagues, seniors, patients & family
22. Displays emotional maturity and leadership qualities.
23. Follows instructions & exhibits positive behavioral changes as and when required
24. Practices economy in relation to time, effort & material in all aspects of care
25. Complete assignments in time with self motivation and efforts.

Positive & Negative aspects. Signature of Student Signature of Clinical supervisor

PROFORMA & GUIDELINE FOR HEALTH TEACHING.

Topic Selected :-

1. Name of the Student Teacher.
2. Name of the Supervisor.
3. Venue.
4. Date.
5. Time
6. Group.
7. Previous knowledge group.
8. General objectives.
9. Specific objectives.
10. A. V. Aids. used.