Pediatric Nursing and the Student Nurse

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ONE day a 4-year old child was brought by his mother to the children's ward of a hospital. The student nurse on duty nodded, the mother handed over the admission card. The student looked at the wide-eyed little boy and said : "You will have to be weighed before you can go to your bed to lie down, and pointed to the weighing scale. These were the only words spoken between the student and the patient or his family. Thus ended the whole procedure of admission.

I spoke to the student. She saw nothing missing in the admission procedure. "After all," she said, "I was not rude, just non-communication. I did not converse with them because I did not have anything to say. They did not talk to me." Further discussion revealed that she did not like working in the pediatric ward. She was there just because she was posted there.

Nursing children is an art and a pleasure. An art because it requires skill, interest, and a drive to create, a pleasure because it gives a zest to nursing.

Pediatric nursing demands special skills unique in the field of nursing. The most important prerequisite is a deep-seated understanding and liking for children. Alongwith this the pediatric nurse must combine infinite patience, good humour and the ability to get along with children and parents alike. Working with children requires above all understanding of the child as a person. It includes "everything" i.e. total nursing care not just vitamins and calories. The inability of an infant to express himself, the hyper-activity of the two-and one-half year old, so full of "frustrations" should be understood.

To give the care and affection that children need, the nurse must enjoy her work and in it be happy, secured and confident.

The 'ward' is the child's temporary home. To keep him growing rather than regressing, the experience within the hospital should be home-like.

Child growth and development, parent education, concept of nursing, psychiatry and research have changed pediatric nursing. Today the scope and responsibility of the pediatric nurse is greater than ever before. Pediatric nursing is much more than giving excellent physical care.

Pediatric nursing is the planned care of the sick child based on the specific needs of the child in relation to his family. It involves observation of the child's behaviour and characteristics of individuality or the ways in which he differs from other children, his response to medications and nursing treatment and care ; and his return to normal health. It includes the instructions to the family in his continued care and their maintenance of health. To care for the child is to care for the family.

The student of yesterday did not have the literature that is available today. They were not guided by findings of research in medicine, health care and nursing. They were taught traditional nursing.

Students, therefore, need special preparation to give infants and children the type of care which provides for the satisfaction of their varying needs. They also need experience which will prepare them to function in programmes of health education.

We need to continue to progress towards this goal in our schools and colleges of nursing.

Pediatric Courses

Courses in pediatric nursing should include the following and help the nurse to :—

1. Develop her powers of observation of child behaviour and the ability to see a child with his spicial characteristics which make him totally different from any other child she may have cared for.

This can be done by :—

(a) Observation of children in nursery schools ;
(b) Participation in teaching children ;
(c) Comparative study of relatively normal and acutely ill children ;
(d) Adaptation of nursery school routine in pediatric wards. This would involve scheduling of activities at specific hours used in nursery schools.

2. Understand and develop an ability to interpret the philosophy of child care.

3. Identify and understand the relationship of courses in child development with other courses. Students need assistance to see such relationships to nursing.

4. Understand the subject matter in terms of the individual hospitalized child. The content needs to be presented in such a way that all elements have meaning and application in terms of the individual child.

5. Afford the opportunity to develop individual plans for patient care. The student should be given opportunity to experiment with principles of child guidance and observe the results. This will help her develop her own approach and philosophy of child care, within the framework of the hospital's plan of nursing care and nursing service.

6. Learn to be friendly and respect the child's personality. She needs to learn to interpret the child's behaviour rather than judge it, to develop his creative ability and imagination. Perhaps this can be

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controlling treatment of patients helped the progress of medicine, despite the fact that punishments were cruel. As the Roman Empire grew in power and strength, morality decreased and cruelty was the order of the day. It was at this time that Jesus Christ came on the scene to spread His spirit of love and mercy.

A complete change was effected. Slaves were set free, the poor received alms, the blind, the lame and sick were helped. Wealthy Roman Matrons who were converted to Christianity threw open the doors of their palaces to the poor and the sick. The Nuns behind the screen gave an idea of the strenuous work done by the Sisters of Charity in Hotel Dieu in Paris several centuries ago. Elizabeth Fry helped those in prison; and Henry Dunant began the work of the Red Cross with wounded soldiers. The show ended with a scene of Florence Nightingale, the Founder of Nursing, with a group of Nurses.

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atives or ability—only "yes madam" people—resulting in inferior quality of service with no dignity and prestige to the profession. This seems to be the foremost weakness.

On the other hand, there are those brilliant, and efficient leaders who succumb to the common danger of being involved with national and international committees and organisations. Soon the responsibilities for which they were prepared and appointed receive too little of their time, and they themselves loose the skills. This is true of the medical profession.

There are other leaders who are overly enthusiastic and become the devoted committee members. Soon they become party members and politicians; lovers of power and prestige.

For the future development of nursing in the country these draw backs should be avoided. Leaders must have farsight (vision), strength of character and devotion to duty. They must have courage of conviction.

We have to prove that Nursing is an art and a science : Those in leadership should be equipped with general knowledge and particularly history to give broad and continuing education and sustain a balanced outlook on life. It is well to study the lives of outstanding leaders in the profession as some one said : "no progress is sound or lasting that is not superimposed upon what was good in the past or has stood the test of time."

(Excerpts from a talk given by Miss Zachariah at the Silver Jubilee Celebration of the MIBE Graduate School of Nursing, Indore, on Dec. 14, 1970).

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learned most successfully when this concept is incorporated into the students daily life.

7. The students need the opportunity to think for herself to develop and carry out her individualised plans for patient care.

This will produce nurses with creative imagination and the desire to grow ability to work successfully with children and their families.

8. The experience should be so arranged that the student has time to know her patients as persons with special needs and diseases.

The development of a programme of this type requires personnel, skilled and experienced instructors, who can guide the students in the use of application of both knowledge and understanding.

Perhaps today, with shortage of professional nurses and nursing instructors, such a plan may sound impractical. Truly it may be difficult, but it is a method which can be recommended because it has proven to be satisfying and rewarding.

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Care of Teeth—*(Contd. f.p. 39)*

A dentifrice such as toothpaste ought to be used at night, as it can give the teeth a good cleaning Because the dentifrice contains an abrasive for cleaning the surface of the teeth, it is better able to remove the food film that may cling to them. At other times of the day plain water, salt or even a little soap can be used with a toothbrush to clean food particles from the teeth. Every few months a little pumice powder with the dentifrice will give the teeth a very good cleaning, removing many of the stains that may accumulate. Using pumice too frequently can also damage tooth enamel. Be careful not to injure the gums by brushing too vigorously.

Effective brushing includes rotating the brush so that the bristles sweep the teeth from the gums to the biting edges. This, of course, needs to be done on the inside as well as the outside surfaces of the teeth. The chewing surfaces of the upper and lower back teeth also need to be brushed. Including a back-and-forth motion over all the surfaces of the teeth helps to polish them.

A child needs to be shown how to brush his teeth properly and encouraged to establish the habit of doing it regularly after every meal. A parent can get him in that habit by brushing his teeth for him until he is old enough to do it for himself.

The best way to keep down tooth cavities and prevent trouble resulting from inflamed tissues is to brush your teeth after each meal. Also visit your dentist regularly to have your teeth examined.

You can prevent tooth decay if you care to appreciate these marvelous instruments that the Creator has provided, and show that appreciation by giving them the good care they require.
