

Pediatrics

Nursing Care of the Ill Child

by

Dorothy E. Johnson

*Pediatric Nursing Adviser, School of Nursing,
Christian Medical College, Vellore, Technical Co-operation Mission*

Nursing care of the ill child differs from the nursing care of the adult in a number of important ways—all of which are related to the fact that the child is a growing and developing individual. The child's needs change, from birth through adolescence, with changes in body structure and functioning, and in other aspects of development. If the nurse is to give intelligent nursing care to the ill child, she must first understand the growth process, and be prepared to base her care on the individual child's developmental needs.

Knowledge of the size and functioning of anatomical structures and body systems at various levels of maturity, is essential for good physical care. This enables the nurse to recognize deviations from expected patterns, to select equipment appropriate in kind and size for needed nursing care, and to meet developmental needs unaffected by the illness. She will recognize that a respiratory rate of 40 may be normal for a young infant but not for a preschool child. She will know that a fluid intake of 1200 c.c. in 24 hours is adequate for a healthy one year old but not for a five year old. She will select a catheter, a rectal tube, or a needle of appropriate size for the infant or for the adolescent. She will recognize the effect of growth on stomach size as well as the demands of growth for important nutritional elements, and will plan the kind and amount of food as well as the interval between feedings accordingly.

In the same way, knowledge of

emotional, social, and mental development and needs, permits the nurse to plan her approach to the child, to select appropriate methods in carrying out medical orders or nursing measures, and to promote continued development in areas when the illness is chronic or otherwise long-term in nature. She will know that she cannot give the normally negativistic two year old a chance to say "no" if there is no choice, and that actions must accompany her words for the child to comprehend at this age level. On the other hand, she will encourage the preschool child to be independent whenever this is possible, through self-feeding, self-bathing, making a free choice of toys, etc. She will respect the three or four year, or older child's need to understand the "why" of things, and will give appropriate explanations to this age group. She will find ways and means of stimulating and satisfying the school age child's quest for knowledge, despite his restriction to bed for many months.

The nurse's second task is to understand the demands made by the illness on the child's body and his response to these demands. It is on this basis that her observation of significant signs and symptoms is made, that her participation in the medical plan of treatment becomes meaningful, and that she institutes helpful nursing measures. She will know, for example, of the infant's inability to localize infection, of his incompletely developed cough reflex, and of the short, broad, straight eustachian tube which favours extension of infection from the throat. Because of

this knowledge, she will consider the presence of a common cold a serious matter, providing for the infant a prone position to facilitate drainage from the respiratory passages, administering nose drops ordered by the physician in such a manner as to decrease not only nasal but naso-pharyngeal congestion; and watching the infant for signs or symptoms indicating extension of the infection to the middle ear or to the larynx, trachea, or bronchi.

She will be aware that the child's response to disease is apt to be exaggerated both because of his limited resistance and the instability of his still immature body. General systemic reactions to disease, giving rise to vomiting, diarrhoea, meningeal irritability, etc., occur more readily and more frequently in children than in adults, even when the gastro-intestinal tract, or the central nervous system are not directly involved.

The third and most difficult task faced by the nurse in the care of the ill child is that of developing a plan of nursing which takes into account both the developmental needs of the child, and the special needs which result from the illness itself. A balance between these two, sometimes contradictory, factors must be sought by evaluating each need. The appraisal of the needs of the individual child for nursing care depends then upon an appraisal of the whole child—the level of maturity (physically, emotionally, mentally, socially) as well as the physiological response to the pathological condition and its implications for treatment and prognosis. With all these variables to be considered, nurses sometimes wonder where to start. A systematic approach to the problem may offer the key to success.

One way of appraising the nursing needs of the individual child who is ill, is to consider his basic human needs in light of his present developmental status, and as these are influenced by the nature of the pathological process. These basic human needs, such as rest, food, and love, form the essential core of all nursing care and are shared in

common by all mankind. They change only with regard to how they are best met, and their relative importance from time to time. Let me look at some of the more important of these needs in their significance for nursing care of ill children.

Rest is essential to the human body for the opportunity it offers for repair of body tissues, for renewal of body resources, and in the growing child, for growth itself. When illness of any kind occurs, the whole body's efforts to counteract it brings a demand for additional rest. Even more rest may be required by certain body structures or systems because of the nature of the illness. Unfortunately, the need for rest for the body as a whole or for a particular part, may not be felt by the child; this is most apt to be true when the child feels reasonably well in a long term, subacute or chronic, illness.

The nurse plans for rest in accordance with the medical findings, the doctor's orders, her knowledge of the demands on the body being made by the illness, and the child's current growth rate. She plans as carefully for this—by seeking to reduce external stimulation, by organizing nursing activities so as to provide periods when the child is not interrupted, by attempting to relieve emotional tension which inhibits physiological relaxation; or by helping the child and his parent to understand the need, as she does, for administering a medication or carrying out a treatment order.

Food and fluids are other basic needs. Normally, the infant's needs differ from the toddler's, the toddler's from the school age child's, and so on. Furthermore, it cannot be forgotten in illness that, unlike the adult, the infant or child is still growing; his nutritional needs depend upon this as well as upon the extra demands imposed by the illness. Normal nutritional needs always are influenced by illness.

In an acute illness of short duration, the greatest need is to maintain adequate fluid balance. The amount and kind of

fluid needed depends upon the child's developmental status, the degree of disturbance to the mechanisms which regulate fluid balance, and the pathology of the disease. If the respirations are accelerated, if the temperature is elevated above normal, or if there is vomiting or diarrhoea, the fluid need always is increased; and the losses through the lungs, skin, or gastro-intestinal tract must be considered in planning for replacement.

If the acute illness lasts longer than a few days, or if the illness is a long-term one, other nutritional elements demand attention to maintain or improve the child's nutritional status despite the illness, and in accordance with his needs for growth. Complete proteins and certain of the protective elements, particularly vitamins B and C, are important in almost all cases. In a country in which poor nutrition of patients on hospital admission is the rule rather than the exception, in which knowledge in the general population of what constitutes an adequate diet for any age, is so limited; and in which the use of "self diets" for hospitalized patients is so common, the importance of recognizing and attempting to meet the nutritional needs of the individual child cannot be stressed too much.

Illness and hospitalization are a handicap in the infant's or child's emotional development. The uncertainties and unknowns that this situation brings threaten one of the most important of all basic human needs—security and a feeling of being loved and wanted. Nurses, doctors, and hospitals have done less, perhaps, to meet this need than any of the others. Even with our present limited knowledge and understanding, much can be done to minimize the psychic trauma, and to nurture healthy

emotional development. This requires critical analysis of hospital routines and regulations, ability on the part of the nurse to think about and respond warmly to the child's feelings, and concern on the part of all professional personnel for the whole child, not just his lungs, heart, or bones.

There are a number of other basic needs—oxygen, elimination of waste products, warmth, shelter, accomplishment, independence, etc. which can be analysed in the same way. Each has a significant bearing on the plan of nursing care. In the end, all nursing care revolves around one of these needs in that illness results from and/or contributes to a disturbance in their proper fulfilment. The immediate objective may be to control body temperature, to reduce stimulation to the central nervous system, to promote extra-renal excretion or to help the child to be comfortable in his drive for independence, but in any case, these basic needs are involved in one way or another. Nursing care of the ill child is directed then toward helping the individual child to meet his basic human needs within the framework of his level of maturity, and the nature of illness.

Suggested references :

1. Jeans, Wright, and Blake, *Essentials of Pediatrics*, 5th ed., J.B. Lippincott Co., Philadelphia, 1954, Chapters V and VI.
2. Nelson, Waldo, ed., *Textbook of Pediatrics*, 6th ed., W.B. Saunders Co., Philadelphia, 1954, pp 139-196.
3. Spence, Sir James "The Doctor, the Nurse, and the Sick Child" *American Journal of Nursing* 51 : 14 (Jan. '51).
4. Frank, Ruth "The Frightened Child" *American Journal of Nursing*, 51 : 326 (May '51).
5. Fry, Vera "The Creative Approach to Nursing" *American Journal of Nursing* 53 : 301 (March '53).

Our Thanks

Once again this festive season has brought with it Greetings from many friends - abroad and at home ; and good wishes to cheer us on our way into 1957.

LAKSHMI DEVI
General Secretary

THE NURSING JOURNAL OF INDIA