NUR 113
Development

**Description:** This module introduces the concept of development. Emphasis is placed on factors affecting development, failure to thrive (FTT), autism, attention deficit hyperactivity disorder (ADHD), and cerebral palsy (CP).

**Learning Outcomes:**
Upon completion of this module the student will be able to:

1. Describe factors affecting development.
2. Relate the principles of growth and maturation to development.
3. Perform a developmental assessment
4. Describe the assessment findings associated with selected developmental stressors.
5. Utilize the nursing process in formulating a plan of care that addresses selected developmental stressors.

**Learning Resources:**
Text: NC ADN Textbook, Volume 1, Chapter XX
Recommendations from

**Learning Activities:**
Perform a developmental assessment at a day care center

**Evaluation:**
Unit exams
Clinical performance evaluation
Tate Andrews is a 6 year old in the first grade. He attends the outpatient clinic where you have joined the treatment team as the RN.
You are reviewing the assessments that have been made thus far.

Tate’s records indicate that the first screening questions in his initial visit addressed the three major recommended areas to be assessed as advised by the American Academy of Child and Adolescent Psychiatry.

1. These are ____________, ______________, and ______________.

The record includes information from interviews with Tate and his parents, as well as documentation from his school.

The school reports that Tate has a broad and detailed vocabulary. Is able to answer test questions related to math and other subjects well. However, his ability to complete assignments is poor. His work is careless and messy. He occasionally writes “d’s” and “b’s” backward. He misplaces his work, lunch money, and other items with unexpected frequency.

2. Is it likely that Tate has dyslexia?

He demonstrates impulsivity in class and in activities. He blurs out in class, fidgets and plays with items in his desk. When playing games he forgets the rules and causes some degree of chaos. He does not act out emotionally toward the teacher or fellow students, but has become the “class clown”.

Tate has an assigned seat at the front of the class however he loses his attention span and does not follow through with the task at hand. Sometimes he appears to be day-dreaming.

Tate’s mother reports that “We know all of the doctors and nurses in the Emergency Department, because we have been so often”. Tate has broken his wrist twice and had stitches to his forehead from “creative tricks” on his bicycle and skates.

The Andrews live in a relatively new home and no evidence of lead exposure is present. There are no symptoms of thyroid abnormality.

3. This is the one week visit for Tate since being placed on Adderall-XL. What nursing assessments will you make?

4. Considering the side effect of the medications what would you be assessing for an increase or decrease in these parameters?
5. What questions will the team ask Tate’s parents in order to evaluate response to the medication?
At this appointment, the mother states “In some ways I think that he is doing better. But we still have times when we go to play group that he pushes his way through activities and upsets the other children. I want him to continue to be with the other kids and have friends”.

“His father reports that although in first grade they don’t have much homework, but he is suppose to have reading time and study spelling words. We set aside an hour each night for this, like we did with his sister, but he can’t sit still that long and we all get frustrated.”

6. You have formulated a nursing diagnosis of deficient knowledge. What information do you plan to reinforce with Tate’s parents related to:
   a. Therapeutic effects of the medication are usually achieved after what period of time?
   b. What approach may be helpful when Tate is not able to play with the other children.
      i. Time out
      ii. Corporal punishment
      iii. Antispeptic bouncing (removal and distraction)
      iv. Verbal explanation of how his behavior is affecting others
   c. How would you respond to the father’s concerns about homework time?
Answers:

1. Impulsivity, inattentiveness, and hyperactivity
2. No, it is not unusual for a 6 year old to write “d’s” and “b’s” backward
3. Weight, pulse, blood pressure, hours of sleep, nausea, appetite, anxiousness, etc.
4. Weight loss, increased blood pulse and blood pressure, decreased hours of sleep, nausea, anorexia, and anxiousness.
5. Increased ability to complete tasks, etc
   a. Four weeks
   b. iii
   c. It may be necessary to break up the time into smaller tasks and give positive feedback for each task completed.
d.

Case Study:

You work on a pediatric floor. You are assigned to a 7 year old patient who is on day 5 of 21 of triple antibiotic therapy for a resistant cellulitis. He has a PICC line which is heparin locked when he is not receiving medications. This patient also has autism.

History:
His name is Zackary, but his parents call him Zack
Born at 39 weeks, 8 pounds 3 ounces, 22 inches long, by vaginal birth without complications
Has had a few ear infections, but no other illnesses

By report was developing normally until about one year. In retrospect, parents realized that he was not talking. When asked by the pediatrician they also realized that he had very few gestures, such as waving.

Has not been able to test for IQ but shows computer and other skills that reflect a normal IQ

He is on numerous vitamins and supplements because he will only eat chicken nuggets and French fries.

Social history:
He lives at home with mother, father, and two year old sister.

Attended preschool briefly at three years of age, but the staff didn’t feel they could attend to him sufficiently, as he would run out of the class room and school if the opportunity arouse. He also didn’t tolerate well, the noise level an interactions of other children.

If he was extremely upset he would bang his head, but with his health care team and parents that has improved.

His mother stays at home now and has adapted the home to his interests, needs, and routines.
Once he wandered out of his neighborhood. The police had a social worker waiting to interview because the child seemed unconcerned about where he was or if his family was coming. After the physician called and explained the situation he went home with his parents not upset but not with the expected relief.

He enjoys, in a limited way, playing outside with a couple of children in the neighborhood, however the activities are more parallel or associative.

He is fascinated with video games, movies, and activities that involve trucks. He can take apart and put back together intricate car models. He can spend large amounts of time arranging the many toy cars he has by characteristic. He will stand back and observe and straighten cars even slightly until he seems satisfied that they are in correct place

He has elaborate rituals around meals and bed time routines. His French fries and chicken nuggets have to be in line in his plate in a single layer with half of the French fries on either side of the chicken.

Assessment:
Afebrile
Alert
WBC count has returned to normal.
Physiologically stable
Poor eye contact and blunted facial expression and affect
He speaks only to his parents, using one word sentences. Sometimes the words have a different meaning within his routines, such as if he is thirsty, he says “zip”.
When the IV pump sounds, he covers his ears. He also covered his ears when the attending, resident, and medical student came in the room and were talking. Interactions between Zack and his parents are appropriately, positive, playful, and consoling. There is not a lot of hugging.

Discuss approaches to take to make this long hospitalization as positive as possible

What data would you use to evaluate his tolerance of this hospitalization?
What psychosocial diagnoses would you formulate for this patient?

Formulate a diagnosis related to safety.

In assigning staff which of the following approaches would you take?
   a. Change staff frequently to increase interest and novelty
   b. Assign staff that focus on children complying to unit rules
   c. Provide consistency in care givers
   d. Assign male care givers.

What approach might you take if this child is afraid that may differ from other pediatric patients?