**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 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


**Learning Activities:**  
Perform a developmental assessment at a day care center  
Complete provided case studies

Watch portions of the movie *Rain Man*

Read assigned excerpts from *The Curious Incident of the Dog in the Night-Time*


**Evaluation:**
Unit exams
Clinical performance evaluation
3. My name is Christopher John Francis Boone. I know all of the countries of the World and their capital cities and every prime number up to 7,057.

Eight years ago, when I first met Siobhan, she showed me this picture.

![Sad emoji](image1)

and I knew that it meant “sad,” which is what I felt when I saw the dead dog.

Then she showed me this picture

![Happy emoji](image2)

and I knew it meant “happy,” like when I’m reading about Apollo space missions, or when I am still awake at 3 a.m. or 4 a.m. in the morning and I can walk up and down the street and pretend that I am the only person in the whole world.

Then she drew some other pictures

![Other emojis](image3)
but I was unable to say what these meant.

I got Siobhan to draw lots of these faces and then write down next to them exactly what they meant. I kept the piece of paper in my pocket and took it out when I didn’t understand what someone was saying. But it was very difficult to decide which of the diagrams was most like the face they were making because people’s faces move very quickly.

When I told Siobhan that I was doing this, she got out a pencil and another piece of paper and said it probably made people feel very

![Face](image)

and then she laughed. So I tore the original piece of paper up and threw it away. And Siobhan apologized. And now, if I don’t know what someone is saying, I ask them what they mean or I walk away.


What symptoms of autism are evident in this excerpt?

Note the number “3” at the beginning. The chapters of this book are all labeled by prime numbers.
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?