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


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

Evaluation:
Unit exams
Clinical performance evaluation

Case Study #1
You are caring for a 5 month old patient on the pediatric unit for non-organic failure to thrive (FTT) or feeding disorder of infancy. On admission two weeks ago, the patient weighed 4.4 kg and was 65cm in length. The birth history was unremarkable.

The mother and father are 18 and 19 years old respectfully. The infant’s mother obtained a high school Certificate of Attendance, as she was enrolled in the exceptional classes. The father did not complete high school and has a history of depression.

They live in a small trailer park, where mother stays at home and the father works for a near-by grocery store. The maternal grandparents live out of state and the paternal grandparents are in ill health.

The admitting note described a pale infant with serious facies and poor muscle tone and strength. Evaluation by the occupational therapy feeding team and speech therapy did not reveal any oral abnormalities.

With feeding the nurse notes that the infant does not make eye contact and remains rigid rather than relaxing into the nurse’s arms. Documentation indicated that the mother had been observed to hold the bottle in the baby’s mouth while watching television.

After gradual increases in formula intake and calorie concentration as recommended by the nutritionist, the infant weighs 5.6 kg. The mother states, “I feel bad, I just thought he was small, my mother told me that I was a tiny baby.”

Throughout the hospitalization, the health care team provided information and role modeling for the parents. The discharge planner secured follow up by the health department and social services.

1. Using the appropriate growth grid, evaluate the admission weight for length of this patient. The criteria for FTT is <70% predicted weight for length. Does the patient meet this criteria?
2. When evaluating muscle tone, strength, and development, what milestones would the nurse assess in this 6 month old?
3. Why is it important to increase feeding volume and calories slowly?
4. What psychosocial factors put this child at risk for FTT?
5. Develop three priority nursing diagnoses that address this infant and family.
6. What interventions would be included in the care of this infant?
7. What parameters would be useful in evaluating this child and family’s response to treatment?

Case Study #2
You are caring for a four month old patient with organic failure to thrive. On admission she weighed 4 kg and was 62 cm in length. The birth history included a meconium ileus. She is African American and demonstrates pale mucus membranes and nail beds. Her stools are malodorous for an infant.

She has a positive sweat chloride test. The father states, “I thought that illness was a lung disease.”

1. Using the appropriate growth grid, evaluate the admission weight for length of this patient. The criteria for FTT is <70% predicted weight for length. Does the patient meet this criteria?
2. What disorder is indicated by a positive sweat chloride test?
3. A meconium ileus is a common problem in newborns with cystic fibrosis. Why would the fact that the patient is African American make testing for this illness delayed?
4. How would you respond to the father’s comment about this being a “lung disease?”

After these case studies, what differentiates organic failure to thrive from non-organic failure to thrive (feeding disorder of infancy).