**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  
www.guideline.gov

**Learning Activities:**
Complete provided case studies
Jasmine is a three year old child with Cerebral Palsy (CP). She was born at full term along with an identical twin, Sophie. No pregnancy complications were noted. However, the birth history is significant for prolonged hypoxia related to nuchal cord. Jasmine and Sophie live at home with her two parents and an eleven year old brother.

Jasmine had apgars of 3 at one minute and 5 at five minutes.

1. Discuss the birth history and its significance to Jasmine’s development of CP.

Jasmine has been admitted to the pediatric unit for blister development of the lips and mouth. She also has a bulla and erosions on the neck chest and upper arms which look similar to burns. She has been diagnosed with Stevens-Johnson syndrome related to phenytoin (Dilantin) therapy.

2. What are the common side effects of dilantin?
3. What are the life threatening side effects of dilantin?
4. Is Stevens-Johnson syndrome related to the dosage of medications? Discuss your answer

Jasmine is treated and preparing for discharge. She is now starting anticonvulsant treatment with carbamazipine (Tegretol).

5. What are the common and life-threatening side effects of this medication?
6. Develop a teaching plan to address this medication.

Jasmine can walk with forearm crutches for short distances or a walker for longer distances. She has spasticity and hyper-reflexia. The physician has discussed the possibility of tendon lengthening surgery in the future.

She has mild nystagmus and impaired vision. Her vocabulary is equal to her sister’s however, she has difficulty with articulation. She also is small for her age and has a small appetite. She does have some swallowing difficulties. She receives vitamins and nutritional supplements, such as magic shakes.

7. What disciplines would be represented in her health care team?

Jasmine, her family, and the health care team are developing her Individualized Educational Program (IEP).

8. What are the legal requirements for children of this age with disabilities?
9. Formulate a plan of care that addresses the diagnosis Delayed Growth and Development. (Remember to make the goals attainable and appropriate to her abilities.)
10. Formulate a plan of care that addresses “Risk for Care Giver Role Strain”.