HELPFUL HINT

Review Chapter 32, “Communicating with Children and Families,” and Chapter 35, “The Ill Child in the Hospital and Other Care Settings.”

MATCHING KEY TERMS

Match the term with the correct definition.

1. ______ informed consent
   a. Substance that produces a fever
2. ______ apical pulse rate
   b. By way of the digestive system
3. ______ enteral
   c. Requirement that both the child and the parent/guardian completely understand the proposed procedures or treatments
4. ______ antipyretic
   d. Agent that reduces or relieves fever
5. ______ pyrogen
   e. Process of washing out or irrigating an organ
6. ______ lavage
   f. Heart rate determined by placing stethoscope over the point of maximum impulse (PMI) and counting for 1 minute

PREPARING CHILDREN FOR PROCEDURES

1. List five assessments the nurse should make in preparing a child and family for an invasive procedure.
   a. ____________________________
   b. ____________________________
   c. ____________________________
   d. ____________________________
   e. ____________________________

   Answer as either true (T) or false (F).
   2. ______ Children need to be prepared before any procedure is performed.
   3. ______ Parents need to be prepared before a procedure is performed on their child.
   4. ______ It is preferable to perform painful or invasive procedures in the treatment room.
   5. ______ The nurse should praise children only when they have been cooperative during a procedure.
6. ______ Parents should be asked to step out of the room before an invasive procedure is started.
7. ______ Informed consent is obtained from the parent before any surgical or diagnostic invasive procedures.
8. ______ Children older than 7 years of age can give informed consent for procedures.

TRANSPORTING INFANTS AND CHILDREN
1. Name four factors that must be considered when choosing the method of transportation for a hospitalized child.
   a. _______________________
   b. _______________________
   c. _______________________
   d. _______________________

USING RESTRAINTS
Answer as either true (T) or false (F).
1. ______ Restraints are applied only as a last resort and not for the staff’s convenience.
2. ______ The physician’s order for restraints should indicate why the restraints are necessary and how long they should be in place.
3. ______ When restraints are applied, the distal extremity is assessed for temperature, pulses, capillary refill, sensation, and movement.
4. ______ Restraints should be removed every 4 hours for range of motion and repositioning.

INFECTION CONTROL
1. List the four body components to which Standard Precautions apply.
   a. _______________________
   b. _______________________
   c. _______________________
   d. _______________________
2. Second-tier precautions are also called ____________________________.
3. Describe the Centers for Disease Control and Prevention (CDC) recommendations for hand hygiene.

**BATHING INFANTS AND CHILDREN**
1. The temperature of water used to bathe a child should not exceed ____________________________.
2. If a thermometer is not accessible, the nurse can determine whether water temperature is comfortable by ____________________________.
3. When bathing an infant in the tub, the nurse makes sure that the water level does not exceed ______ inches.
4. What is the rationale for avoiding talcum powder after a child’s bath?

**ORAL HYGIENE**
Answer as either true (T) or false (F).
1. _____ Wipe infants’ gums with a wet cloth after each feeding.
2. _____ A quarter-sized amount of toothpaste should be placed on the toothbrush each time the child brushes his or her teeth.
3. _____ Cleaning teeth is avoided when the child is at risk for gingival bleeding.

**FEEDING**
1. What is the rationale for not propping a bottle when feeding an infant?

2. Name three strategies that might make hospital meals more desirable for young children.
   a. ____________________________
   b. ____________________________
   c. ____________________________

**VITAL SIGNS**
1. What are the indications for measuring axillary temperatures in children?
2. What factors might cause an inaccurate measurement of oral temperature?

Answer as either true (T) or false (F).

3. ______ Mercury thermometers are recommended for use only in the acute care setting.

4. ______ Tympanic temperature measurements have been demonstrated to be accurate for measuring core body temperature.

5. ______ Radial pulse measurements are appropriate for children older than 2 years.

6. ______ When measuring an apical pulse, the nurse counts the heart rate for 1 full minute.

7. ______ When measuring respirations in a 6 month-old, the nurse auscultates breath sounds for 30 seconds and then multiplies the result by 2 to record the respiratory rate.

8. ______ The nurse measuring blood pressure on a child hears a systolic pressure at 86 mm Hg and continues to hear it down to a measurement of 0 mm Hg. This blood pressure would be recorded as 86/0 mm Hg.

9. ______ Blood pressure can be measured in the upper or lower arm, the thigh, the calf, and the ankle.

FEVER-REDUCING MEASURES

1. List two environmental measures that can be taken to reduce a child’s fever.
   a. _________________________________
   b. _________________________________

2. The drugs (generic names) used to treat fever in children are _________________________________ and _________________________________.

SPECIMEN COLLECTION

1. Regardless of the type of specimen to be obtained, the nurse should use _________________________________ Precautions.

2. The technique used for collecting a sample of an infant’s nasopharyngeal secretions is _________________________________.

3. Children who undergo frequent catheterizations are at high risk for developing _________________________________ sensitivity.

4. The most common site for bone marrow aspiration in the child is the _________________________________.

GAVAGE AND GASTROSTOMY

1. When and how often should the nurse check placement of a nasogastric tube?

2. How can the nurse determine the placement of a nasogastric tube before a bolus feeding?
Answer as either true (T) or false (F).

3. _______ A reliable method for determining nasogastric tube placement is auscultation of air entering the stomach.

4. _______ Tube placement and residual volumes should be checked every 24 hours when continuous enteral feedings are infusing.

5. _______ The only definitive method of determining the correct position of a feeding tube is by getting x-ray confirmation.

6. _______ When a bolus feeding is completed, the child is placed on the left side with the head of the bed elevated for at least 30 minutes.

ENEMAS

1. When giving an enema to a 7-year-old child, the nurse should use a volume of ______________ and insert the tube into the rectum no farther than ______________.

CARE OF OSTOMIES

Answer as either true (T) or false (F).

1. _______ The consistency of stool through an ostomy is determined by the anatomic location of the stoma.

2. _______ The nursing care of a child with an ostomy differs very little from that of an adult.

OXYGEN THERAPY

1. List five ways that oxygen therapy can be delivered to infants and children.
   a. ____________________________
   b. ____________________________
   c. ____________________________
   d. ____________________________
   e. ____________________________

ASSESSING OXYGENATION

1. The nurse measures a child’s pulse oximetry to be 98%. What does this finding indicate?

2. What action should the nurse take if this child’s pulse oximetry drops to 89%?
CHEST PHYSIOTHERAPY

1. Define *percussion*.

2. Define *postural drainage*.

3. When should chest physiotherapy be performed in relation to meals?

TRACHEOSTOMY CARE

1. What are the five elements of routine tracheostomy care?
   a. ______________________

   b. ______________________

   c. ______________________

   d. ______________________

   e. ______________________

2. How often should the nurse perform tracheostomy care?

3. Catheter insertion and suctioning time should be limited to ______________________.

4. The suction catheter is inserted with the suction ______________________.

SURGICAL PROCEDURES

1. At what point preoperatively should clear liquids be stopped?
2. List five nursing interventions that are appropriate for preventing atelectasis postoperatively.
   a. _______________________
   b. _______________________
   c. _______________________
   d. _______________________
   e. _______________________

3. Identify five stressors that may be experienced by a child undergoing surgery.
   a. _______________________
   b. _______________________
   c. _______________________
   d. _______________________
   e. _______________________

SUGGESTED LEARNING ACTIVITIES

1. Follow a child through a surgical experience. Take note of preoperative procedures and teaching, as well as postanesthesia care. When the child returns to the unit, provide immediate postoperative care. How is this nursing care similar to or different from preoperative and postoperative care of an adult?

STUDENT LEARNING APPLICATIONS

Enhance your learning by discussing your answers with other students.

Betsy is a 3-year-old child who is going to have a bilateral ureteral reimplantation to correct vesicoureteral reflux. She is scheduled for surgery in the morning. She and her parents have just arrived at her assigned room, and you are assigned to admit Betsy to the unit. Betsy’s admission orders include routine urinalysis and complete blood count (CBC).
1. How are you going to measure Betsy’s vital signs?

2. Betsy is not toilet-trained yet. How would you collect a urine specimen from her?

3. Her mother tells you that she wants to stay with Betsy when you take blood for the CBC. What is your response? Where are you planning to do this procedure?

4. How would you explain the procedure for venipuncture to Betsy?

5. Betsy’s father wants to know when she has to stop eating before surgery. What would you tell him?

6. What do you want to know from Betsy and her parents before you do any preoperative teaching?

**REVIEW QUESTIONS**

Choose the correct answer.

1. A parent wants to wait outside until a procedure is completed on his child. Which of the following would be the nurse’s best response?
   a. “It would be better for your child if you were by his side”
   b. “That is fine. I will stay with your child during the procedure”
   c. “It is hospital policy for parents to step out of the room during procedures”
   d. “This test will only take a few minutes. Why don’t you stay?”

2. Which of the following core body temperatures should be reported?
   a. 96.5° F
   b. 36.5° C
   c. 37.2° C
   d. 100° F

3. What advice should the nurse offer a parent about reducing a child’s fever?
   a. Give the child an alcohol bath
   b. Offer the child additional oral fluids
   c. Administer baby aspirin
   d. Dress the child in heavy-weight clothing

4. Which of the following indicates the nurse is correctly measuring vital signs on an infant?
   a. Measuring oral temperature for 5 minutes
   b. Counting apical pulse for 60 seconds
   c. Recording respiratory rate from the cardiorespiratory monitor
   d. Recording blood pressure as P/46
5. A 9-year-old child asks the nurse where the doctor is going to put the needle for his bone marrow test. The nurse describes the location as the
   a. lower middle part of his back.
   b. middle part of his chest.
   c. right or left side of his hip.
   d. top bone in his leg.

6. When an extremity is restrained, it is essential for the nurse to assess the affected area for
   a. clubbing.
   b. pallor.
   c. spasm.
   d. crepitus.

7. Nasogastric tube placement should be checked
   a. before initiating a bolus feeding.
   b. when the feeding is completed.
   c. every 12 hours during continuous feedings.
   d. when residual volumes are excessive.

8. The nurse should discontinue a bolus gavage feeding if which of the following occurs?
   a. Fatigue
   b. Crying
   c. Phlebitis
   d. Vomiting

9. Which of the following statements about ostomies is correct?
   a. The lower the stoma along the intestinal tract, the more liquid is the stool.
   b. Urinary stomas do not begin to drain until the second postoperative day.
   c. A minimal amount of drainage from colostomies is normal up to 4 days after surgery.
   d. Children usually do not require appliances on their stomas.

10. What should the nurse teach parents about chest physiotherapy?
    a. Give treatments before meals.
    b. Schedule treatments approximately 30 minutes after meals.
    c. Treatments should last approximately 45 minutes to 1 hour.
    d. Children must be placed in all of the postural drainage positions with each treatment.

11. A 2-year-old is scheduled for surgery tomorrow. The parents have been told to arrive at the short procedure unit at 8:00 a.m. The nurse should expect preoperative feeding instructions to include
    a. clear liquids until midnight tonight, then nothing by mouth.
    b. stopping solid food at 5:00 a.m., then clear liquids until 7:00 a.m.
    c. fluids including milk and orange juice until arrival at the hospital.
    d. clear liquids until 6:00 a.m., then nothing to eat or drink.

12. A nursing student is caring for a 3-year-old with asthma who has been placed on a cardiorespiratory monitor. Just as the student enters the room, the monitor alarm sounds. According to the monitor, the child’s heart rate is 32 bpm and falling. What should the nursing student do first?
   a. Find the nurse who is assigned to the child
   b. Assess the child’s ABC’s
   c. Call a rapid response
   d. Initiate CPR
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