STUDY GUIDE

Marilyn Hockenberry • David Wilson

WONG'S Essentials of Pediatric Nursing



NINTH EDITION

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Study Guide For

Wong's Essentials of Pediatric Nursing

Ninth Edition

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Kelley Ward

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1 Perspectives of Pediatric Nursing

Chapter 1 provides an overview of the nursing care of children from a child-centered perspective as unique individuals with specific developmental needs. The chapter explores the current state of health care for children, childhood health problems, and family-centered care. After completing this chapter, the student will be able to use the nursing process as a tool to critically think about ways to deliver individualized and effective nursing care to children and their families.

REVIEW OF ESSENTIAL CONCEPTS

Health Care for Children

1. What is the major goal of pediatric nursing?

2. _____ 2020 provides a framework for identifying essential components for child health promotion programs designed to prevent future health problems in our nation's children.

3. Child health promotion provides opportunities to reduce differences in current health status and ensure _____ and resources to enable all children to achieve their fullest health potential.

4. During childhood, the eating preferences and attitudes related to food habits are established by _____ and _____. During adolescence, parental influence diminishes as the adolescent makes food choices related to _____ and _____.

5. _____ is the single most common chronic disease of childhood.

6. What two public health interventions have had the greatest impact on world health?
   a.

   b.

Childhood Health Problems

7. Childhood _____ is the most common nutritional problem among American children, is increasing in epidemic proportions, and is associated with type 2 diabetes.

8. The majority of bicycling deaths are from _____ injuries.

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Mortality

9. _____ is considered the major determinant of neonatal death in technologically developed countries.

10. Define *infant mortality*.

11. What is considered the major determinant of neonatal death in technologically developed countries?

    _____.

12. The chief illness of childhood is the _____.

13. The major cause of death for children over the age of 1 year is _____.

14. Identify the four most common causes of death during infancy.
    a.

    b.

    c.

    d.

15. Children ages _____ to _____ years have the lowest rate of death.

16. _____ deaths have been steadily increasing among young people ages 10 through 25 years, especially in _____ males.

17. _____ is the second leading cause of death in the 15- to 19-year age group.

Morbidity

18. What is a major cause of childhood morbidity?

19. The most common acute childhood illness is respiratory illness, which accounts for _____ % of all acute conditions.

Philosophy of Care

20. Nursing care of infants, children, and adolescents is consistent with the definition of nursing. Nursing is defined as "the diagnosis and treatment of _____ to _____ or _____ health problems."

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Family-Centered Care

21. Family-centered care recognizes the family as the _____ in a child's life.

22. Family-centered care considers not only the individual needs of the child but also the needs of the _____.

23. Two basic concepts in family-centered care are _____ and _____.

Atraumatic Care

24. Atraumatic care is the provision of therapeutic care in settings, by personnel, and through the use of interventions that eliminate or minimize the _____ and _____ distress experienced by children and their families in the health care system.

25. List the three principles that provide the framework for achieving the goal in providing atraumatic care.
    a.

    b.

    c.

Role of the Pediatric Nurse

26. The establishment of a _____ is the essential foundation for providing high-quality nursing care.

27. Staff members' concerns about their peer's actions with a family are often signs of a _____ relationship.

28. In a therapeutic relationship, caring, well-defined _____ separate the nurse from the child and family.

29. As an advocate, the nurse assists children and their families in making informed choices and acting in the child's best interest. Please choose the best answer from the statements below. Advocacy involves ensuring that families are
    a. aware of all available health services.

    b. informed and involved in treatments and procedures.

    c. encouraged to change or support existing health care practices.

    d. all of the above.

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30. Pediatric nursing involves the practice of _____ health care.

31. The best approach to prevention is _____ and _____.

32. What enables the nurse to guide parents regarding childrearing practices aimed at preventing potential problems?

33. To provide high-quality health care, pediatric nurses _____ and

_____ nursing services with the activities of other professionals.

Critical Thinking and the Process of Nursing Children and Families

34. Explain evidence-based practice (EBP) and what it provides for the field of nursing.

35. Describe clinical reasoning.

Nursing Process

36. Define nursing process and list the five steps of the nursing process.
    a.

    b.

    c.

    d.

    e.

37. Match each of the following definitions with the appropriate term.

a. _____ Assessment	1. Once the nursing diagnoses have been identified, the nurse engages in this to establish outcomes or goals.
b. _____ Diagnosis	2. This is a continuous process that operates at all phases of problem solving and is the foundation for decision making.
c. _____ Planning	3. This phase begins when the nurse puts the selected intervention into action and accumulates feedback data regarding its effects.
d. _____ Implementation	4. This phase begins when the nurse must interpret and make decisions about the data gathered.
e. _____ Evaluation	5. In this phase the nurse gathers, sorts, and analyzes data to determine whether (1) the established outcome has been met, (2) the nursing interventions were appropriate, (3) the plan requires modification, or (4) other alternatives should be considered.

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38. The three components of nursing diagnosis are _____, _____, and _____.

39. Match each of the following definitions with the appropriate term.

a. _____ Problem statement
b. _____ Etiology
c. _____ Signs and symptoms

1. Describes the child's response to health pattern deficits in the child, family, or community
2. The cluster of cues and/or defining characteristics that are derived from the patient assessment
3. The physiologic, situational, and maturational factors that cause the problem or influence its development

40. Define quality of care.

APPLYING CRITICAL THINKING TO NURSING PRACTICE

A. Spend a day following a nurse in a pediatric unit of an acute care facility. Briefly describe and give examples of the roles of the pediatric nurse in a pediatric unit.
1. Family advocacy

2. Disease prevention and health promotion

3. Restorative role

4. Coordination and collaboration

5. Ethical decision making

6. Research

7. Family-centered care

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B. You observe the care of a group of five children on an acute care unit of a children's hospital for one shift. Identify whether the principle of family-centered care is being applied or violated in the following examples. What steps could be taken to make these situations more family centered?
   1. A child's father is allowed to visit for 3 hours per day. During his visitation time, the nurse decides to give the child a bath and asks the father to wait outside in the waiting room.

   2. The posted visiting hours are noon to 8 pm for families, and no children under 14 years of age are allowed.

   3. A mother changes the dressing on her child's leg. The nurse observes and assists as necessary.

   4. The nurse would like to perform the morning bath on a child, but the nurse notes the child's mother is just awakening. The nurse asks the mother whether she would prefer the bath occur now or at a more convenient time for her and the child.

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2 Community-Based Nursing Care of the Child and Family

Chapter 2 explores the nurse's role in the multidisciplinary approach to the care of children and families in a community setting. Concepts and principles of community health nursing are studied. The components of the community nursing process are explained and contrasted with the nursing process used for an individual child or family. The information in this chapter will assist the student in defining and describing the community health nurse's different roles and functions in providing care for the child and family.

REVIEW OF ESSENTIAL CONCEPTS

Community Concepts

1. *Community* is defined as _____.
2. Community health initiatives are directed either at the community's _____ or

   _____ at _____ populations within the community that have unique needs.
3. Does the definition "narrowly defined groups (e.g., nonimmunized preschoolers, obese middle school children) for whom nurses direct activities to improve the health status of individuals in the group" describe *populations* or *target populations*?

4. Community health nursing focuses on _____ and _____ the health of individuals, families, and groups in a community setting. Community health nursing is a synthesis of

   _____ and _____.
5. List three traditional community health settings.
   a.

   b.

   c.

6. Describe three different situations in which the evolution of the nursing role has contributed to a need for competent public or community health nurses.
   a.

   b.

   c.

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7. List the traditional roles of the community health nurse.
   a.

   b.

   c.

   d.

   e.

   f.

   g.

   h.

   i.

   j.

8. The Council on Linkages, a group of university educators and public health professionals, delineated core functions to guide public health professionals and developed a list of skills to improve all public health workers' ability. List the eight categories of skills included in the core functions.
   a.

   b.

   c.

   d.

   e.

   f.

   g.

   h.

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9. The study of population characteristics is called _____.

10. An increased probability of developing a disease, injury, or illness is called _____.

11. Define *epidemiology*.

12. The epidemiologic process identifies the _____ and _____ of disease or injury across a(n) _____.

13. Morbidity (disease and injury) is reported using what two types of rates?
    a.

    b.

14. _____ measures the occurrence of new events in a population during a period of time.

    _____ measures existing events in a population during a period of time.

15. The epidemiologic triangle is formed by three factors whose interrelationship alters the risk for acquiring a disease or condition; these three factors are _____, _____, and _____.

16. Match each level of prevention with its description.

    a. _____ Primary prevention
    b. _____ Secondary prevention
    c. _____ Tertiary prevention

    1. Intervention that focuses on health promotion and prevention of disease or injury. An example would be a safety program for installing infant car seats.
    2. Intervention that optimizes functions for children with a disability or chronic disease. An example would be diabetes disease management.
    3. Intervention that promotes early detection and treatment of illness or efforts to prevent the spread of contagious diseases, progression of disease, or disability. An example would be tuberculosis screening.

Community Nursing Process

17. In community nursing, the focus of the nursing process shifts from the individual child and family to the _____, or target, population.

18. A community needs assessment requires the collection of both _____ and _____information about a community.

19. Subjective information includes community members' _____ of their most important needs through questionnaires or interviews.

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20. Internet sites of voluntary health organizations are a way for the nurse to obtain

    _____ data.

21. Based on an analysis of the community assessment, the nurse formulates a(n) _____.

22. In the planning phase of the community nursing process, the nurse collaborates with _____

    to develop a(n) _____ to address the target population's needs and problems.

23. Community interventions are often offered in the form of _____, which are based on the

    _____ levels of prevention.

24. Evaluation identifies whether the _____ and _____ were met.

25. Program evaluation should be _____ so that performance improvement initiatives are monitored and so that an improvement in the way health care is delivered will affect the target population's health status.

APPLYING CRITICAL THINKING TO NURSING PRACTICE

A. Spend a day following an elementary school nurse. Identify which level of prevention is illustrated by the nurse's following activities.
   1. Evaluating the immunization status of the children entering the first grade and encouraging compliance with requirements

   2. Teaching third-grade students about the importance of safety when riding a bicycle

   3. Assisting a fourth-grade child in complying with the medication schedule for the child's asthma

   4. Consulting with the classroom teacher regarding health education of a third-grade child with cystic fibrosis

   5. Organizing and conducting a support group for children of recently divorced parents

   6. Screening at-risk children for lead poisoning

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B. A nursing student, a community health nurse, and a health promotion community group are conducting a community needs assessment.
   1. What eight community systems does the nurse need to examine?

   2. Give an example of how the nurse would gather subjective information about the community. How does including a nursing approach add to the community needs assessment?

   3. What sources of objective data about the community could the nurse access?

   4. After analyzing the assessment data, the nurse and the community group discover that 38% of the childhood population between 5 and 12 years of age is overweight. Based on these data, what is the priority community nursing diagnosis?

   5. Identify three goals for the nursing diagnosis chosen in question 4.

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3 Family Influences on Child Health Promotion

Chapter 3 provides an overview of family and parenting influences on the health promotion of children. Different family structures, functions, and roles are explored. Motivation, preparation, and transition to parenting are presented and discussed. After completing this chapter, the student will have information on a variety of family situations that will form a foundation for developing appropriate nursing strategies to promote the health of children.

REVIEW OF ESSENTIAL CONCEPTS

General Concepts

1. What is the definition of a family?

2. The most common type of relationships within the family are _____, or blood relationships; _____, or marital relationships; and _____, or the family unit a person is born into.

3. A family theory can be used to describe families and how the family unit _____ both within and outside the family.

4. Explain the following three major family theories. Include the theory's emphasis in relation to the family.
   a. Family system theory

   b. Family stress theory

   c. Developmental theory

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Family Structure and Function

5. Match the following family structures with the appropriate definition.

a. _____ Traditional nuclear
b. _____ Single parent
c. _____ Blended
d. _____ Extended
e. _____ Gay/lesbian
f. _____ Communal
g. _____ Polygamous

1. One parent, one or more children, and one or more members (related or unrelated) other than a parent or sibling
2. A man or woman alone as head of a household as a result of divorce, death, desertion, illegitimacy, or adoption
3. A common-law tie (or, in some states, marriage) between two persons of the same sex who have children
4. A married couple (one man and one woman) and their biologic children
5. Adults, one or both of whose children from a previous marriage reside in the household
6. A family that consists of multiple wives.
7. A group of individuals, who may have divergent beliefs, practices, and organization, and who often form a bond as a result of dissatisfaction with the nuclear family structure, social systems, and goals of the larger community.

6. _____ refers to the interactions of family members, especially the quality of those relationships and interactions.

Family Roles and Relationships

7. Roles are learned through the _____ process.

8. A conflict of role expectations is known as _____.

9. Identify the six elements of family configuration that influence child development.
   a.

   b.

   c.

   d.

   e.

   f.

   g.

10. The increase in the number of larger multiples (quintuplets, sextuplets) during recent years has been associated with _____. Two examples of such treatment include _____ drugs and _____ fertilization.

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11. In differentiating between small and large families, is each of the following statements true or false?
    a. **T** **F** Emphasis is placed on family development as a whole in the small family.
    b. **T** **F** Children in large families are unable to adjust to a variety of changes and crises.
    c. **T** **F** Adolescents from a large family are often more peer oriented than family oriented.

12. Ordinal position in a family may influence a child's personality development. Indicate whether each of the following statements is true or false.
    a. **T** **F** Only children resemble first-born children.
    b. **T** **F** First-born children are more achievement oriented and more dominant.
    c. **T** **F** Youngest children are more dependent than first-born children.
    d. **T** **F** Middle children are able to compromise and be adaptable.

Parenting

13. A dominant characteristic in all societies is that adults are expected to become _____ and to be gratified by the experience.

14. The number of children reduces the _____ between the parent and any individual child.

15. Identify the three basic goals of parenting.
    a.

    b.

    c.

16. In the transition to parenthood, the birth of the first child requires _____ changes. In addition to the roles of husband and wife, the couple must assume the roles of _____ and _____.

17. The advent of a new family member requires that the family cope with greater _____ responsibilities, a possible loss of _____, changes in _____, and less _____ for the husband and wife to spend with each other.

18. Identify eight factors that can influence the transition to parenthood.
    a.

    b.

    c.

    d.

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e.

f.

g.

h.

19. What type of parenting style leaves the decision making to the children?

20. Differentiate among the following three styles of parental control.
    a. Authoritarian (dictatorial)

    b. Permissive (laissez-faire)

    c. Authoritative (democratic)

21. Identify the seven most common strategies (types) for discipline.
    a.

    b.

    c.

    d.

    e.

    f.

    g.

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22. Indicate whether each of the following statements is true or false.
    a. **T F** When reprimanding children, focus only on the misbehavior, not on the child.
    b. **T F** Logical consequences occur without any intervention, such as being late and missing dinner.
    c. **T F** Consistency is when disciplinary action is implemented exactly as agreed on for each infraction.

Special Parenting Situations

23. State five areas of concern for adoptive parents.
    a.

    b.

    c.

    d.

    e.

24. Identify four factors that will influence the impact of divorce on children.
    a.

    b.

    c.

    d.

25. What element is important for parents to emphasize when discussing divorce with their children?

26. Define *joint legal custody*.

27. High levels of ongoing _____ are related to problems of social development, emotional stability, and cognitive skills for the child.

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APPLYING CRITICAL THINKING TO NURSING PRACTICE

A. Interview an expectant couple and then parents with a school-age child to contrast their views of parenthood. Answer the following questions. Include the parents' responses to illustrate these concepts.
   1. According to Duvall's developmental stages of the family theory, what are the tasks for each of the following families? Are the families you interviewed successful in accomplishing these tasks?
      a. Expectant couple

      b. Parents of a school-age child

   2. What factors affect the transition to parenthood?

B. After talking with a variety of families with children of various developmental ages, answer the following questions, which deal with the effects of different family structures on child development. Include specific examples to illustrate these concepts.
   1. What life events might alter family structure?

   2. What implication does an alteration in composition have for the family and child?

   3. List the qualities of strong families, regardless of their configuration.
      a.

      b.

      c.

      d.

      e.

      f.

      g.

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h.

i.

j.

k.

l.

C. Talk to a working, recently divorced single parent to assess problem areas. Answer the following questions.
1. What changes or feelings accompany single parenthood?

2. List four social supports and community resources needed by single-parent families.
   a.

   b.

   c.

   d.

D. Interview a couple who are dual-career parents and a couple who consist of a stay-at-home parent and a career parent. Assess both problem and strength areas in these families. Identify two strengths and two weaknesses associated with the dual-career parents and with the stay-at-home parent and career parent.

E. A nurse is educating a family in the process of adopting a 2-year-old boy. What information would be important for the nurse to include regarding the task of telling the boy that he was adopted?

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4 Social, Cultural, and Religious Influences on Child Health Promotion

Chapter 4 provides an overview of the social, cultural, religious, and economic factors influencing the growth and development of children in the United States. After completing this chapter, the student will have a greater understanding of the social, economic, cultural, and religious factors that promote children's health. This information will assist the student in delivering high-quality nursing care to meet the unique needs of the child and family.

REVIEW OF ESSENTIAL CONCEPTS

Culture

1. Match each concept with its definition.

a. _____ Culture	1. The process by which society imparts its competencies, values, and expectations to children
b. _____ Race	2. A pattern of learned beliefs, values, and practices shared by a group of people
c. _____ Ethnicity	3. The affiliation of a set of persons who share a unique cultural, social, and linguistic heritage
d. _____ Socialization	4. A division of humankind possessing traits that are transmissible by descent and that are sufficient to characterize it as a distinct human type

2. By age _____, children can identify persons who belong to their own race or cultural background.

3. Much of children's self-concept is derived from their ideas about their _____.

4. A social group consists of a system of roles carried out in both primary and secondary group.
   a. What are the characteristics of a primary group? Give two examples of a primary social group.

   b. What are the characteristics of secondary group? Give two examples of a secondary social group.

Self-Esteem and Culture

5. A child from a(n) _____ culture will hold a(n) _____ view of self. Self-evaluation is related to the accomplishments or competencies of the entire family or community.

6. Describe *culture shock*.

Subcultural Influences

7. The term _____ refers to the emotional attitude that one's own culture proves the right and natural way to do things while all other ways are unnatural and inferior.

8. Families in the lower socioeconomic class have children who are less likely to be _____ against preventable diseases than children in the middle and upper classes.

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9. The term *visible poverty* refers to _____.

10. What type of care requires changing the way people think about, understand, and interact within the world around them?

11. In 2005, nearly _____ million US children lived in low-income families.

12. _____ is a strong predictor of a child's health and is closely associated with poorer physical, developmental, and mental health outcomes.

13. A large group of homeless children described as "runaways" or "throwaways" are _____.

14. _____, _____ families, who are on the low end of the economic scale, are often subject to inadequate sanitation, substandard housing, social isolation, and lack of educational and medical facilities.

15. _____ are the fastest growing minority in the United States and have many health needs that are not being met.

16. Identify four categories of stressors of immigrants that youth receive from the community.
    a.

    b.

    c.

    d.

17. The _____ faith is an influential factor in shaping the culture of the United States.

18. Next to the family, the _____ exert the major force in providing continuity between generations by conveying a vast amount of culture from the older members to the young.

19. List the eight categories of internal and external assets that youth receive from the community.
    a.

    b.

    c.

    d.

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e.

f.

g.

h.

20. The values imposed by the peer group are especially compelling because children must

_____ and _____ to them to be accepted as members of the group.

21. In the United States, young adults rely to a greater extent on the _____

_____, _____, and _____ for acquisition of acceptable patterns of behavior, including childrearing practices.

22. Match the following terms with the correct statement.

a. _____ Cultural diversity
b. _____ Acculturation
c. _____ Assimilation
d. _____ Cultural relativism
e. _____ Culture shock

1. A certain degree of cultural and ethnic blending that occurs through an involuntary process
2. When people from different cultures interact
3. The process of developing a new cultural identity
4. The feelings of helplessness and discomfort and a state of disorientation experienced by an outsider attempting to comprehend or effectively adapt to a different cultural group because of differences in cultural practices, values, and beliefs
5. The process for understanding behavior in its cultural context and seeing other ways of doing things as being different but equally valid

23. List the six elements included in the process of developing cultural competence.

a.

b.

c.

d.

e.

f.

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Cultural and Religious Influences on Health Care

24. The most overwhelming adverse influence on the health of children is _____ status.

25. There is a high correlation between _____ and the prevalence of illness.

26. In 2007, families with children make up _____ % of the homeless population.

27. Identify the areas in which there might be a conflict of values and customs for the nurse interacting with a child and family from a different cultural or ethnic group.

a.

b.

c.

d.

e.

f.

g.

h.

i.

j.

k.

l.

m.

n.

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28. The most common natural forces held responsible for ill health if the body is not adequately protected include the following:
    a.

    b.

29. Illnesses caused by an imbalance of the four humors—phlegm, blood, black bile, and yellow bile—supported by many of the Hispanic, Filipino, Chinese, and Arab cultures are believed to improve with _____ and _____ remedies.

30. Match the following religious beliefs with the religion they represent.

    a. _____ Oppose human intervention with drugs or other therapies
    b. _____ Prohibit all pork and alcohol and fast during the ninth month of the year
    c. _____ Oppose blood transfusions
    d. _____ May resist surgical procedures during Sabbath
    e. _____ Abstain from eating meat from Ash Wednesday to Good Friday and on Fridays during Lent
    f. _____ Wear a thread around wrist or body and do not remove it
    g. _____ Practice last rite chanting at bedside after death

    1. Roman Catholicism
    2. Judaism
    3. Christian Science
    4. Islam (Muslim/Moslem)
    5. Jehovah's Witness
    6. Buddhism
    7. Hinduism

31. Match the following broad cultural characteristics related to health care of children and families with the culture they represent.

    a. _____ Goal of therapy to restore balance of yin and yang
    b. _____ Illness classified as natural or unnatural; self-care and folk medicine prevalent
    c. _____ Subscribe to hot-cold theory of causation of illness
    d. _____ Believe health is a state of harmony with nature and the universe

    1. Native Americans
    2. African Americans
    3. Asian Americans
    4. Puerto Ricans

APPLYING CRITICAL THINKING TO NURSING PRACTICE

A. Interview parents from two different cultural, ethnic, economic, and religious backgrounds to determine the differences in childrearing practices. Answer the following questions and include specific parental responses that illustrate the concepts.
    1. What subcultural influences may affect this family's childrearing practices?
        a.

        b.

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c.

d.

e.

f.

g.

2. Briefly describe how the contemporary American culture (including an optimistic view of the world, increasing geographic and economic mobility, and family orientation) is influencing child social development, family roles, and cultural diversity.

B. Spend a day in a school setting that serves a multicultural community. Answer the following questions and include specific observations.
   1. What factors would you need to assess in order to determine children's susceptibility to health problems in this community?

   2. How do the following factors contribute to the development of health problems in children from lower socioeconomic classes?
      a. Inadequate funds for food

      b. Lack of funds for and access to health care

      c. Poor sanitation and crowded living conditions

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3. Why is it important for all nurses to be aware of their own attitudes and values?

4. What three areas of religious belief should be evaluated when assessing health care practices?
   a.

   b.

   c.

C. Spend a morning in an inner-city health clinic at a homeless shelter. Observe how patients interact with the health care team. In the following areas, describe how the listed factors related to multicultural differences might lead to conflict between the health care personnel and the patients.
   1. Orientation to time

   2. Parental expectations

   3. Approach to child

   4. Involvement of family

   5. Communication

   6. Health beliefs and practices

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5 Developmental and Genetic Influences on Child Health Promotion

Chapter 5 provides an overview of the physiologic, psychologic, environmental, and social factors influencing the growth and development process in child health. The role of temperament, personality, and play in the development of the child is presented. On completion of this chapter, the student will understand the developmental influences on child health promotion. This knowledge will serve as a basis for the nursing interventions necessary to meet the complex needs of the developing child.

REVIEW OF ESSENTIAL CONCEPTS

Growth and Development

1. Match each term with its definition.

a. _____ Growth	1. An increase in competence, adaptability, and aging, usually used to describe a qualitative change; a change in the complexity of a structure that makes it possible for that structure to begin functioning; to function at a higher level
b. _____ Maturation	2. A gradual growth and expansion involving a change from lower to more advanced stages of complexity
c. _____ Development	3. An increase in the number and size of cells as they divide and synthesize new proteins; results in increased size and weight of the whole or any of its parts
d. _____ Differentiation	4. A biologic description of the processes by which early cells and structures are modified and altered to achieve specific, characteristic physical and chemical properties

2. Growth can be viewed as a(n) _____ change, and development as a(n) _____ change.

3. Human growth and development has _____ patterns characterized by _____, _____, and _____ changes.

4. A(n) _____ is a set of skills and competencies peculiar to each developmental stage that children must accomplish or master in order to deal effectively with their environment.

5. Define and describe *cephalocaudal development*.

6. Define and describe *proximodistal development*.

7. Generalized development precedes specific or specialized development. _____ movements take place before _____ muscle control.

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8. Indicate whether each of the following statements is true or false.
   a. **T F** In growth and development, there is a definite, predictable sequence, with each child normally passing through every stage.
   b. **T F** Growth and development progress at the same pace and rate in all humans.
   c. **T F** The last three months of prenatal life are the most sensitive periods for physical growth of the fetus.

9. For each of the following stages of development, match the body part in which growth predominates.

   a. _____ Prenatal
   b. _____ Infancy
   c. _____ Early and middle childhood
   d. _____ Adolescence

   1. Trunk predominates
   2. Head
   3. Trunk elongates
   4. Legs

10. Double the child's height at age _____ years to estimate how tall he or she will be as an adult.

11. By _____ to _____ months of age, the birth weight doubles. By the end of the first year, it _____. By age 2, the birth weight usually _____.

12. The first centers of ossification appear in the _____ month-old embryo; at birth, the number is approximately _____ or about half the number at maturity.

13. List three factors that influence skeletal muscle injury rates and types in children and adolescents.
    a.

    b.

    c.

Development of Organ Systems

14. Describe the process of lymphoid tissue development in humans.

15. What determines the caloric requirements of children?

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16. The basal caloric requirement for infants is about _____ kcal/kg of body weight. This amount decreases to somewhere between _____ and _____ kcal/kg at maturity.

17. In the healthy neonate, what three negative metabolic consequences can occur as a result of hypothermia?
    a.

    b.

    c.

18. The length of a sleep cycle increases from approximately 50 to 60 minutes in the newborn infant to approximately _____ minutes in adolescence.

19. Identify the temperamental category that is described by each of the following.
    a. Highly active, irritable, and irregular in habits, such as feeding and sleep; adapts slowly to routines, people, and new situations

    b. Reacts negatively and mildly intensely to new stimuli and situations; is inactive and moody but shows only moderate irregularity in functions

    c. Even-tempered, regular, and predictable in habits; has a positive approach to new stimuli and situations; is open and adaptable to change

20. Children who display the difficult or slow-to-warm-up patterns of behavior are more vulnerable to the development of _____ in early and middle childhood.

Development of Personality and Mental Function

21. Match the five stages of psychosexual development (Freud) with the ages encompassed by each.

    a. _____ Oral stage
    b. _____ Anal stage
    c. _____ Latency period
    d. _____ Genital stage
    e. _____ Phallic stage

    1. 1 to 3 years
    2. Birth to 1 year
    3. 3 to 6 years
    4. 6 to 12 years
    5. 12 to 18 years

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