

UNIT ONE Introduction to Maternity and Pediatric Nursing

CHAPTER 1

Introduction to Maternity and Pediatric Nursing

KEY TERMS

assent (uh-SENT)
autonomy (aw-TAWN-uh-MEE)
beneficence (ben-EFF-ih-senss)
emancipation (ih-MAN-sih-PAY-shun)
empowerment (em-POW-er-ment)
enabling (en-AY-bling)
ethics (ETH-iks)
justice (JUHSS-tiss)
nonmaleficence (NON-mal-EFF-ih-sents)
scope of practice (SKOHP uv PRAK-tiss)
standards of care (STAN-derdz uv KAIR)

CHAPTER CONCEPTS

Family Growth and Development Professionalism Quality Improvement Safety

LEARNING OUTCOMES

- 1. Define the key terms.
- 2. Write a personal definition of quality health care.
- 3. Compare the roles of the licensed practical/vocational nurse (LPN/LVN), registered nurse (RN), nurse practitioner (NP), clinical nurse specialist (CNS), and certified nurse midwife (CNM).
- 4. Discuss the legalities and ethics of nursing practice including scope of practice, delegation, standards of care, and institutional policies.
- 5. Explain the ethical principles of autonomy, beneficence, nonmaleficence, and justice as related to maternity and pediatric nursing.
- 6. Identify possible ethical dilemmas in maternity and pediatric nursing.
- 7. Analyze the purposes for and essential elements of informed consent, including the concept of assent for school-aged children older than 7 and the emancipated minor.
- 8. List the children's rights and the family rights in health care.
- 9. Apply principles of family-centered care to families receiving care in a hospital or home setting.
- 10. Define evidence-based practice and discuss the importance of evidence-based practice to the nursing profession.
- 11. Describe the anatomical, physiological, social, and emotional differences between adults and children, emphasizing the critical components that are pertinent to safe, emergent care of children across health-care settings.

CRITICAL THINKING

Lisa, a nursing student, is in her clinical rotation for postpartum care. At the change of shift report, she learns that her assigned patient had a positive drug screen for heroin and that her premature baby is in the neonatal intensive care nursery. Lisa is anxious about providing care for this patient because of her own strong personal beliefs about illicit drug use during pregnancy. Lisa pages her clinical nursing instructor and asks for another assignment. She says to her instructor, "I am uncomfortable with this assignment. It makes me angry to think about what she did to her baby. Can I have another patient instead?"

Questions

- 1. What do you think the clinical instructor will say?
- 2. Why would the instructor want Lisa to accept the assignment?

CLINICAL JUDGMENT

Leon, an 11-year-old, is in the pediatric nursing unit. His gastrostomy tube (GT) insertion site requires a surgical revision because acidic gastric contents are spilling out onto the skin of his abdomen, causing redness, irritation, and infection. Leon's cognitive age is approximately that of a 2- to 3-year-old, and he has a minimal vocabulary to express his needs. As you care for Leon during your shift, you experience difficulty communicating with him, which presents challenges with evaluating pain, providing simple instructions, maintaining an intact IV site, and administering medications.

Questions

- 1. What is your plan to manage Leon's care?
- 2. What communication strategies will you use?

CONCEPTUAL CORNERSTONE

Safety

During the development period from newborn to adolescence, safety remains one of the most important aspects of care of children. Safety includes providing anticipatory guidance to parents and caregivers as to what they can expect currently and in the future for their child's particular developmental stage. Nurses who care for children rolemodel safety for parents, caregivers, grandparents, siblings, and visitors.

CONCEPTUAL CORNERSTONE

Quality Improvement

Quality in health care can have many definitions. A nurse manager may view quality as the wise use of resources, a lack of errors in providing care, and positive patient feedback. The nurse at the bedside may view quality as the delivery of safe and effective care. The physician or midwife may view quality as a positive patient response to medications and interventions without complications. The patient may consider health care good only if it meets their own expectations for improvement and recovery. According to the World Health Organization (WHO, 2022), quality health care is "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes... it is based on evidence-based professional knowledge and is critical for achieving universal health coverage."

Nurses can improve quality in health care in the following ways:

 Providing safe care to patients by working within the scope of practice, utilizing standards of care built on evidence-based practice, and making sound decisions in providing care

- Delivering family- and patient-centered care with attention to the specific needs, values, and expectations of the patient and family
- Improving patient care by identifying errors and hazards and implementing safety principles
- Collaborating with health-care team members to reduce errors and improve care
- Utilizing hospital resources in a cost-effective manner by not wasting materials and time
- Providing equal care to all patients that does not vary in quality based upon gender, ethnicity, culture, or socioeconomic status (Giddens, 2021)

Welcome to maternity and pediatric nursing! Get ready to build on your nursing foundations knowledge as you learn to care for new patient populations.

Maternity nursing is an exciting field. Welcoming a new life into the world and supporting the family can be two of the most rewarding aspects of health care. Maternity nursing offers a broad range of nursing opportunities that includes providing care from puberty to menopause. Nurses can specialize in prenatal care, labor and delivery, postpartum care, newborn care, neonatal intensive care, women's health, and infertility care.

Nurses caring for children require a unique set of knowledge, skills, and behaviors. Pediatric nursing is considered a specialty practice requiring a body of knowledge acquired through study and experience. Pediatric nursing involves caring for children between birth and 18 years of age, as well as their families, in a variety of clinical settings focusing on normal growth and development; acute, chronic, and critical care issues; and end-of-life and palliative care (Fig. 1.1; Box 1.1).



FIGURE 1.1 Pediatric nurses care for children of all ages.

Box 1.1

The Roles of the Pediatric Nurse

- Fostering family-centered care (family unit-based care focusing on partnerships and collaboration)
- Educating families in the prevention of common injuries and accidents across childhood
- Providing health promotion through education, screening, and prevention measures
- Teaching principles of anticipatory guidance and expected behaviors for developmental stages
- Providing for care during acute illnesses or exacerbations of chronic conditions
- Providing community-based nursing care focused on communities and patient groups
- Providing complex care coordination for children with multiple morbidities
- Advocating for the child when families are unable to secure necessary care
- Providing death and dying care and symptom management at the end of life



ROLES IN MATERNAL-CHILD AND PEDIATRIC NURSING

Maternity and pediatric nursing focuses on the care of child-bearing women, newborn infants, children, and families. Care may begin before conception with planning for pregnancy or addressing fertility problems. Nursing care continues throughout the pregnancy when you encourage a healthy pregnancy or manage complications of pregnancy. During labor and delivery, you provide labor care until the physician or certified nurse midwife (CNM) arrives for the delivery. After delivery, nurses care for the mother as she recovers and her newborn adjusts to life outside the uterus. Nurses provide patient-centered and family-centered care in a variety of ways as licensed practical/vocational nurses (LPN/LVN), registered nurses (RNs), nurse practitioners (NPs), clinical nurse specialists (CNSs), or CNMs.

Certified Nursing Assistant

The certified nursing assistant (CNA) has a narrow scope of practice that includes assisting with patient care. This care includes supporting the patient's daily needs of nutrition, dressing, and movement, all under direct supervision of a licensed nurse, an advanced practice registered nurse (APRN) or NP, a physician's assistant (PA), or a physician. The CNA assists the nurse with taking the patient's vital signs, collecting specimens, and assisting with transportation.

Licensed Practical/Vocational Nurse

An LPN/LVN has completed a program in a technical school or community college and has passed the National Council Licensure Examination (NCLEX) for LPNs/LVNs. The LPN/LVN may provide nursing care in a doctor's office, clinic, home health-care situation, schools, or hospital under

the direction of an RN, NP, physician, or midwife and may assist with preparing patients for pregnancy and delivery.

Registered Nurse

An RN has graduated from an accredited nursing program with either an associate degree in nursing (ADN) or a bachelor's degree in nursing (BSN) and has passed the NCLEX for RNs. The RN can evaluate the patient, plan and provide care, provide teaching, monitor the progression of the pregnancy through delivery, and provide postpartum and newborn care as well as care for pediatric patients across the developmental period.

Nurse Practitioner

An NP is an advanced practice nurse who has graduated from an accredited program with either a master's degree in nursing (MSN) or a doctorate of nursing practice (DNP) degree and has passed a certification examination. An NP provides advanced care and can prescribe medications. The NP may specialize in women's health throughout the life span with emphasis on contraception, fertility problems, prepregnancy care, pregnancy care, postpartum care, lactation problems, newborn care, and menopause care. Pediatric NPs care for children across the developmental period.

Clinical Nurse Specialist

A CNS is an RN who has obtained an advanced degree and clinical preparation at the MSN level with a focus on education, management, and research roles relative to patient care. The CNS often works in clinics and hospitals alongside nurses to educate and support them in providing excellent care to maternity and pediatric patients.

Certified Nurse Midwife

A CNM is an advanced practice nurse with an MSN or a DNP who has passed a certification examination in the area of pregnancy and delivery. The CNM provides care for the woman through pregnancy, labor, delivery, and postpartum. The CNM can prescribe medications and has hospital privileges that allow the CNM to deliver babies in the hospital.



LEGALITIES AND ETHICS

Nurses have guidelines, both legal and ethical, to follow when providing nursing care. This section discusses the legal guidelines that are in place for maternity and pediatric nurses as well as the ethical guidelines that nurses can use when faced with ethical dilemmas.

Legalities

Every licensed nurse, not just maternity and pediatric nurses, must be aware of the laws of the state in which they are licensed regarding the care that they are legally licensed to provide. Nurses who do not meet the standards expected of them may be held legally responsible.

Scope of Practice

The nursing scope of practice is determined by the state in which you are licensed. The **scope of practice** is the legal outline of what you can do according to the laws of that state. For example, an LPN/LVN, an RN, an NP, and a CNM all have different levels of legal authority in providing nursing care to maternity, newborn, and pediatric patients.

Delegation

The act of delegating an activity or task to another caregiver can be tricky. The delegator must know what the scope of practice is for the person being asked to carry out a task for another. In addition, the delegator assumes responsibility for the appropriateness of any activity delegated to another, such as an RN delegating a task to an LVN or LPN. For example, a home health care RN may delegate a dressing change, care of a child's feeding tube and enteral nutrition, or the overnight care of an older infant with an apnea monitor to an LVN. These are general nursing skills that can be safely delegated to an LVN and are within the LVN scope of practice. All boards of nursing in the United States include information on their websites about the state laws and rules that govern nurses' practice in that state. Use the following three steps to determine if a task or action is appropriate for delegation:

- 1. Clarify what the specific activity or task is by defining all aspects of the issue: Look at institutional policies and procedures, check online for information related to your state board of nursing, and then determine whether the person has the documented competency to perform the delegated task.
- 2. Review the legal standards of the task: LVNs/LPNs cannot perform independent assessments and care planning without collaborating with an RN because this is beyond the LVN/LPN scope of practice. Do not jeopardize your nursing license by accepting a delegated task or delegating to another that which is outside of your scope of practice.
- 3. Decide whether the preceding elements support or reject the delegated action or task: If you cannot perform the action legally or safely, then a supervisor should be notified so that a qualified person can be identified to perform the action safely, legally, and proficiently.

Standards of Care

Standards of care are a model of established practice that is accepted as the correct way to provide care for a patient; they are guidelines used to determine what a nurse should do. Standards of care provide a guide to the knowledge, skills, attitude, and judgment needed to practice safe nursing care.

Federal and state laws and professional organizations such as the American Nurses Association (ANA) help define standards of care. For maternity nurses, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) has

established standards for the care of women and neonates. For pediatric nursing, the Society of Pediatric Nurses has established standards for care of children and their families.

Institution Policies

Nurses are also held accountable for upholding their agency's or health-care institution's policies. Every hospital has a policy and procedures handbook that clearly outlines how nursing care is to be provided. This handbook might be in paper form, or it could be a document available on the hospital electronic medical record system.

If you are unsure about a policy or a procedure, the policy and procedures handbook will provide specific guidelines. Following the hospital policies and procedures will prevent errors in patient care and promote safe care for the patients.

Ethics

Ethics are defined as moral principles that guide a person's behavior. Ethics are concerned with distinguishing between good and evil and right and wrong. Health-care ethics are concerned with trying to do the right thing while achieving the best possible outcome for every patient.

Nurses do have guidelines for providing ethical care. The ANA Code of Ethics (2018) can be used to guide their nursing practice. Ethical principles that address the issues of fairness, honesty, and respect for human beings are especially important in maternity and pediatric settings:

- Autonomy: Patients have the right to have control over their own bodies and make their own decisions. This means that a competent adult can accept or refuse treatment, medications, procedures, diagnostic testing, and surgeries according to their wishes.
- *Beneficence:* This principle refers to acting from a spirit of compassion and kindness to benefit others (Venes, 2021). It also involves balancing the benefits of treatment against the risks and costs involved. Physicians and nurses must view beneficence from the viewpoint of the patient and family. At times, the patient and family may have differing views of the benefits of treatment and disagree with the plan of care.
- Nonmaleficence: This principle means to do no harm or to inflict the least possible harm to reach a beneficial outcome. Nurses carefully administer medication and double-check dosages in order to "do no harm" to the patient by making a medication error.
- *Justice:* This ethical principle refers to acting out of fairness such as providing equitable, appropriate medical treatment (Varkey, 2021, para.23). It also refers to the fair allocation of services and resources.

In providing care to maternity and pediatric patients, nurses will encounter challenging ethical problems. No single answer fits every situation and every patient. Hospital ethics committees can provide guidance in clinical situations in which clear-cut answers are not obtainable. Nurses who encounter ethical dilemmas should report through the chain

of command to receive assistance. Following are some of the ethical issues you may encounter:

- Abortion
- A mother smoking, drinking alcohol, or using illicit drugs during pregnancy
- A patient who wants a cesarean birth because she does not want to deliver vaginally
- Provision of futile care for an extremely premature newborn
- A young adolescent with no family support leaving the hospital with a newborn
- A mother with substance use disorder and experiencing homelessness who leaves the hospital with her newborn
- Infertility treatment that is expensive and not successful
- A teenager with aggressive cancer who wants to be allowed to die
- A child living in a car with his family being discharged with a new diagnosis of asthma
- A child with type 1 diabetes being cared for by a mother who has dual mental health diagnoses

Nurses are legally and ethically obligated to provide care that meets the standards of practice, regardless of feelings they may have about a patient or a patient's decisions. Nurses must evaluate their own values and beliefs about health care, illness, life, and death and avoid imposing their own values onto the patient.



INFORMED CONSENT

Informed consent means the health-care provider responsible for ordering the procedure is confident that the patient understands the procedure and accepts the risks and benefits. Informed consent applies to individuals 18 years old and older.

- For adults, you have a legal duty to ensure that written consents are signed by a physician or another designated health-care provider in addition to the adult providing consent before the procedure or medical treatment.
- For children, the legal caregiver—namely, the parent or guardian—signs the consent form.

Assent

When a child is 7 years old or older, the health-care team and parents, caregiver, or guardian typically include them in the decision-making process. Feedback from the child is solicited as part of **assent**, or agreement, and the child is asked if they have any questions or concerns about the course of medical treatment. Not all children at age 7 are developmentally ready to participate in assent, but the health-care team should observe the child for their ability to participate in this process.

Emancipated Minor

The **emancipation** of a minor grants basic adult rights to children who are of an age and developmental level to be able to process complex information related to making

Box 1.2

Emancipated Minor Status

The concept of an emancipated minor generally includes one or more of the following criteria:

- Under age 18, usually older than age 14
- Legally married
- On active military service
- Can demonstrate maturity and financial independence; may have to make a legal informed declaration

When emancipated minor status is secured, the following apply:

- Parents are no longer required to pay financial support.
- Minor assumes responsibility for their own medical coverage.
- Minor gives consent for all medical coverage and care without parents' consent, knowledge, or liability.
- Minor can enter into a binding contract and can consent to participate in health-care—related research.

decisions about their health care and medical treatments. A married pregnant teenager is automatically emancipated, but an unmarried pregnant teenager is not automatically emancipated. This teen would need to seek legal assistance to obtain emancipation. The definition of the emancipation of a minor varies among states, and not all states recognize emancipated minor status. Check your state government's website for more information about the legal process and the recognition of the process if the teen was granted this status in another state (Box 1.2).

For example, a 17-year-old boy has a secondary cancer diagnosis of leukemia after treatment for a brain tumor as a child. The boy's parents want to continue chemotherapy treatments even though his prognosis is poor and he has been responding poorly to traditional treatment protocols. The boy wishes to have palliative care only. The profound differences between the parents' and the child's wishes prompt the intervention of a team of social workers, child psychologists, and the legal system. The child is granted emancipation and is then able to make his own treatment decisions.

Children's Rights

Children have the right to provisions, the right to protection, and the right to participation:

- 1. *Right to provisions:* Children should be provided a standard of living that includes the provisions of safe living; health care; education; clean water; appropriate diets; adequate rest; and sleep, play, and recreation.
- 2. *Right to protection:* Children should be protected from abuse, exploitation, neglect, and discrimination. Children should be protected from safety risks while at home, school, community areas, and health-care institutions.
- 3. *Right to participation:* Children should be offered full participation in community activities, art and sports activities, and cultural events according to their individual and family beliefs and practices.

See the UNICEF and Library of Congress websites for more definitions and further discussions on children's rights.

Family Rights

Families are entitled to protected rights within a health-care institution. Family rights include (but are not limited to) the following:

- 1. Right to full participation in health-care discussions and decision-making concerning the child
- 2. Right to active participation in cultural beliefs and practices whenever possible, including being allowed to participate in cultural or religious practices at the bedside, providing they are safe (For example, burning incense or candles cannot be permitted because of the fire risk associated with the presence of gases such as oxygen and helium.)
- 3. Right to visitation and family participation in the treatment and care of the child
- 4. Right to comfort by having pain and discomfort addressed and treated promptly
- 5. Right to have interpretation services by a translator when a language barrier exists
- 6. Right to personal dignity and privacy during assessments, diagnostics, procedures, and treatments
- 7. Right to receive emergency treatment regardless of the ability to pay
- 8. Right to be free of restraints or seclusion unless clinically necessary
- 9. Right to refuse care provided by students
- 10. Right to decline to participate in research programs or projects

Safety Stat!

Secure the use of a certified medical interpreter anytime the health-care team needs to communicate with a family whose primary language is not English. Professional interpreter services provide a valuable service and enhance safety through clear and concise communication.



FAMILY-CENTERED CARE

Definition of Family

A *family* is a biological, legal, and/or emotional relation between two or more persons. There may be a variety of constellations including nuclear, alternative, adoptive, foster, and communal families (Figs. 1.2 and 1.3). See Box 1.3 for a summary of family structures. The most important factor in discussing the structure of a child's family is this: *A family is who they say they are*.

The philosophy of family-centered care recognizes the family as the constant in the child's life and that all members of the family are affected by the illness, injury, or hospitalization that the child is experiencing. Health-care



FIGURE 1.2 A family is a biological, legal, and/or emotional relation between two or more persons.



FIGURE 1.3 A family is who they say they are.

institutions across the nation are incorporating the principles of family-centered care into the care team's approach to strengthen the family unit, include all members, and enhance the communication and outcomes of the experience.

Nurses who practice family-centered care provide a safe, child-friendly, and decorative environment, along with the support needed to assist the child and family as a unit. According to one hospital that successfully incorporated family-centered care into its pediatric unit, the provision of hope, love, and engaged care in which the family was supported and strengthened was the basis of a collaborative partnership between the family and health-care providers (Foster et al., 2020).

Two important overarching goals of family-centered care are to empower and enable families:

• *Empowerment:* The interaction between the family and health-care providers is such that the family's sense of

Box 1.3

Family Structures

- Nuclear or conjugal family: A husband, wife, and children live in the same household.
- Reconstituted or stepfamily: Both parents may contribute children from previous relationships or marriages to a new household.
- Single-parent family: One parent is responsible for running a household.
- Same-sex family: Two members of the same sex are spouses or partners and care for the household.
- Extended family: Any constellation of family members lives together in one household.
- *Binuclear family:* A child's time is divided between two households.
- Foster family: A family takes care of a child in either a long-term or temporary relationship.
- Adoptive family: A family permanently and legally accepts all responsibilities for a child from the biological parents.
- Communal family: A group of people who may not be related live together and share responsibilities for the household.

control over their lives continues. Family members are supported so that they can foster their own strengths, abilities, and actions through the caregiving or helping role. The family feels supported, listened to, and competent.

• *Enabling:* Professionals provide opportunities for family members to master the child's care. This concept involves the teaching, supporting, and enabling that allows a family to care for their child.

Family-centered care is provided regardless of the practice setting where the encounter takes place. Families need to be encouraged to be present with the child whenever it is safe and possible. If the child is hospitalized, the parents should have access to the child 24 hours a day and should be encouraged to stay with the child throughout the required care. Parents are not always able to stay with their hospitalized child because they must complete work duties and provide for the family's needs. Do not express judgment about this because the functioning of the family may rest on the ability of a parent to provide financial support.

Siblings are another important aspect of family-centered care. Encourage siblings to interact with the hospitalized child while also providing them the opportunity to play and develop. Playrooms should include sibling time and participation. Child life specialists can provide healthy and educative opportunities for siblings while present. If a child is being hospitalized for care of a chronic condition, provide the family with information on sibling support groups and encourage involvement. See Box 1.4 for a list of family-centered care principles.

Box 1.4

Family-Centered Care Principles

The philosophy of family-centered care includes the following principles:

- The family is recognized as the constant in the child's life.
- The family is who they say they are.
- The family is treated as one unit because the entire family is affected by the child's illness.
- Health-care providers are acknowledged as providers of collegial support.
- The two core concepts are enabling and empowerment.
- Natural caregiving is supported.
- Decision-making roles within the family structure are supported.
- The unique strengths of the individuals and family unit are built upon.
- Living at home and within the child's greater community is promoted.
- Siblings and extended family members are included in care provisions.
- Diversity among structures is acknowledged, and cultural diversity is promoted.
- Normalization is promoted, and identities are encouraged beyond the illness state.
- A parent–professional partnership is promoted.
- The child is helped to cope with hospitalization.
- The child is helped to cope with separation anxiety that begins at 8 to 10 months and peaks at 16 to 30 months.
- Family goals, dreams, strategies, and activities are supported.
- Support systems, services, education, and information for all members are located and provided to the family.

Therapeutic Communication

Nurses support autonomy by allowing patients to make their own decisions. To assist the patient in decision-making, it may be necessary to help the patient clarify their values as they relate to the health-care situation. Therapeutic communication strategies that might assist you to understand the patient's values and viewpoint are the following:

- "Are you considering another course of action? Tell me about it."
- "How will you discuss this with your family?"
- "Will it be difficult for you to discuss this with your family?"
- "Now that you have made a decision, how do you feel?"
- "What information do you need to make a decision?"
- "How can I help you with this decision?"

EVIDENCE-BASED PRACTICE

Evidence-based practice is nursing care in which all nursing interventions are based on current valid research evidence. Evidence-based practice takes nursing research and puts it into practice at the patient's bedside. Nurses can embrace

evidence-based practice by questioning accepted nursing conventions and by being open to changes in nursing care when a scientific study indicates that safe and effective nursing care can be provided in a different way.



SPECIAL CONSIDERATIONS IN PEDIATRIC NURSING

Anatomical and Physiological Differences Between Children and Adults

Children are not simply little adults and cannot be cared for as such. There are 13 important anatomical and physiological differences between children and adults that provide a framework for safety for pediatric health-care team members.

- 1. Children's airways are anatomically small.
- Newborns are obligate nose breathers for the first several weeks of life.
- 3. Children's heads are disproportionately large.
- 4. Infants have a large posterior head bone (occiput), which makes airway occlusion more likely.
- 5. Children have poorly developed intercostal chest muscles; fatigue leads to respiratory failure.
- 6. Children have less tidal volume in their lungs.
- 7. Young children have a larger body surface area (BSA), which results in greater heat loss and greater insensible water losses.
- 8. Infants and young children have less total circulating blood volume (80 to 90 mL/kg) than older children and adults
- Young children have high glucose needs and poor glycogen stores, which result in a higher metabolic rate.
- Across childhood, children have relatively healthy cardiovascular systems; primary hypertension and cardiovascular disease are rare.
- 11. Young children have immature temperature regulation; young infants can rapidly experience hypothermia if not dressed and wrapped appropriately.
- 12. Young children have immature immune systems and less overall organ maturation (especially kidney function and the concentration of urine).
- 13. Young children pose challenges in assessment and treatment of the six human symptoms (pain or discomfort, dyspnea, fatigue, sleep disturbances, nausea, and emotional distress); use vital signs and developmentally appropriate pediatric tools to measure symptoms such as pain.

All these anatomical and physiological differences affect the following aspects of the child's status, but by adolescence, differences lessen compared with adults:

How the child, overall, is affected by trauma and/or injuries

- The presentation of the child's physical illnesses in relation to severity
- A child's rapid rate of decompensation under stress, injury, or trauma
- Blood pressure changes that demonstrate a late sign of shock
- Slower rate of metabolism of medications

Nurses must understand children's patterns of growth and development in order to teach families what to expect at the various developmental levels. Although children grow uniquely and at their own pace, there are consistent patterns that are demonstrated at each stage. Chapters 18 through 22 provide information about the growth, development, and perceptions experienced among the various pediatric populations.

Children's patterns of development follow three progressions:

- *Cephalocaudal:* Development is from head to toe; for example, infants have head control before they are able to crawl, stand, or walk (Fig. 1.4A).
- *Proximal-distal:* Development is from the trunk to the distal extremities; for example, the young infant can move their legs and arms but cannot pick up objects with a finger grasp (Fig. 1.4B).
- General to specific: Children master simple tasks before advancing to more complex tasks; for example, the young child will typically master slow crawling behaviors and then fast crawling behaviors and then, progressively, standing, running, and skipping.

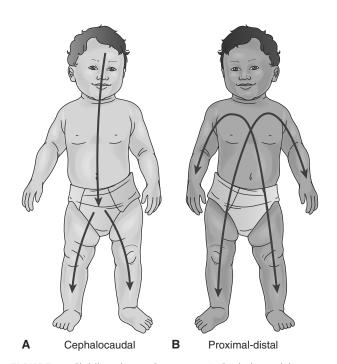


FIGURE 1.4 Childhood growth patterns. A, Cephalocaudal. B, Proximal-distal.

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CRITICAL THINKING AND CLINICAL JUDGMENT IN MATERNAL CHILD NURSING

Thinking like a nurse first requires you, the student, to obtain a body of knowledge by studying regularly, attending class, and applying the new knowledge in clinical practice. Learning to think critically and make good clinical judgments prepares you for the challenges of clinical practice.

Critical thinking is necessary when providing patient care. It enables you to recognize problems or potential problems, and then helps you decide the best course of action. Nurses spend more time with patients than other health-care providers and are often the first to observe an unexpected problem or complication. Critical thinking involves using what is learned to recognize symptoms and to determine how to provide safe and appropriate patient care.

After collecting data, recalling and understanding what was learned, and knowing that an intervention should occur, you make decisions about changing or implementing care. Clinical judgment is the action or "doing" something for the patient to promote health or to prevent a complication or adverse outcome.

Examples of critical thinking and clinical judgment in maternal—child health include the following:

You notice that new parents have uncovered the 1-hour-old newborn for 10 minutes. You know (critical thinking) that the newborn is not physically able to maintain a healthy temperature, and this could lead to cold stress. You demonstrate clinical judgment by covering the newborn with a blanket and gently educating the new parents about newborn temperature regulation. You are making rounds on your newly assigned patients for the night shift. You observe that the toes of a child in a cast are cold and blue. Using critical thinking, you know that cold blue toes are symptoms of a circulation problem. Using clinical judgment, you report the findings immediately to the charge nurse.

Safety Stat!

Some students may not think they need to study the maternity or pediatric content because "I have kids; I've been through this." Having children is not a substitute for the knowledge required by a nursing professional. The student needs to be prepared, complete the assigned reading, and ask the instructor for clarification if their experience differs from what is taught. Patients do not need or want to hear about the student's own labor and birth experience or parenting experiences.

Safety Stat!

Even if it is your first day in maternal—child and pediatric nursing, you can still promote patient safety by closely observing possible safety risks whenever you enter a patient's room. For example: Are the side rails up? Is there a spill on the floor? Is the correct IV fluid hanging? Are visitors washing their hands? Is the newborn wrapped warmly and lying in a safe location?

Key Points

- There are many roles available for nurses in providing maternity and pediatric care.
- Health-care ethics provide guidelines for delivering ethical care to patients.
- Autonomy, beneficence, nonmaleficence, and justice are principles that guide medical ethics.
- Applying the principles of family-centered care to families receiving care in a hospital, clinic, or home setting is essential. Two foundational principles are empowering and enabling.
- There are distinct anatomical, physiological, social, and emotional differences between adults and children that emphasize the critical components pertinent to the safe emergent care of children across health-care settings.
- Providing safety in all aspects of care is an important role for the maternity and pediatric nurse.
- Children are at particular risk for being harmed in the hospital environment. Nurses need to employ critical thinking and clinical judgment to ensure their safety.

Review Questions

- 1. Who or what regulates the nursing scope of practice?
 - 1. The nurse's employer
 - 2. State laws
 - 3. Physicians
 - 4. Professional organizations

- 2. To what does the ethical term *justice* refer?
 - 1. Nurses doing no harm to a patient
 - 2. Nurses following all the legal requirements of their jobs
 - 3. Nurses treating a patient with kindness
 - 4. Nurses being fair in utilizing resources for patients

- 3. Nurses can contribute to quality health care by doing which of the following? (Select all that apply.)
 - 1. Following standards of care
 - 2. Delivering patient-centered care
 - 3. Using aggressive behaviors to get health-care providers to listen
 - 4. Providing equal care to all patients
 - 5. Choosing when to follow evidence-based practice
- 4. You, as a nursing student, are asked by a patient if they can take a medication from home for their headache. You are unsure of the answer. What should you do?
 - 1. Tell the patient it is all right to take the medication.
 - 2. Tell the patient to wait and you will find out.
 - 3. Admit that you do not know.
 - 4. Act as if you did not hear the patient.
- 5. While preparing medications for a 3-year-old patient in the pediatric unit, you note that a very large amount of a medication has been ordered. What should be your first step?
 - 1. Administer the dose and assess the patient's response to the new dose.
 - 2. Contact the nursing supervisor to discuss options for administration.
 - Double-check the dose with the original physician's order.
 - 4. Call the physician to discuss an alternative medication with a similar indication.

- 6. Although it is the physician's responsibility to explain the purpose, risks, benefits, and alternatives to a medical procedure, there are times when it is appropriate for a nurse to obtain legal informed consent. Which of the following patients may sign for informed consent after you read the consent out loud?
 - 1. An unconscious patient
 - 2. A patient who is 14 years of age and alone in the hospital
 - 3. A patient who has received a sedative medication
 - 4. A patient who cannot read
- 7. You have received a child from the pediatric intensive care unit (PICU). The oral report received from the transferring PICU nurse states that the child's vital signs (VS) were stable. Upon observing the child, you note a temperature of 39.8°C (103.6°F). No VS were documented in the patient's chart throughout the night. Which statement accurately summarizes the problem?
 - 1. The night-shift PICU nurse will be fired for this conduct
 - 2. The night-shift PICU nurse needs to be taken off the schedule for an unpaid leave of absence.
 - The PICU nurse may be found negligent in their care of the child.
 - 4. The family has a right to sue because of poor documentation of the night shift activities.

ANSWERS 1. 2; 2. 4; 3. 1, 2, 4; 4. 2; 5. 3; 6. 4; 7. 3

CRITICAL THINKING QUESTIONS

- 1. In your health-care institution, what is the process for obtaining informed consent for an immediate surgical procedure when you have a patient who cannot read, write, or speak English? What steps can you take to assist in this situation?
- 2. Write about an ethical dilemma you may have observed in a clinical setting.

Resources

For additional resources and information, including Postconference Questions and Activities, Answers, and References, visit www.FADavis.com.



Student Study Guide