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Caring for Children and Their Families
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PEDIATRIC NURSING
Caring for Children and Their Families

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Pediatric Nursing: Caring for Children and Their Families is a comprehensive text for undergraduate nursing students that approaches the topic of children's health care from a holistic and family-centered perspective. It provides a learner-oriented, visually attractive approach to understanding and retaining the vast amount of information required to become a safe and caring practitioner.

Caring for children and their families has always been challenging but has become increasingly more complex at the dawn of the 21st century. Technologic advances, reform in the delivery of health care, and efforts to control costs have greatly influenced the method and settings in which pediatric nursing care is provided. Hospital stays have shortened, acuity levels have increased, and more children are treated and cared for in settings other than acute care. A significant amount of care occurs in ambulatory, outpatient, and home settings. Increasing numbers of families are caring for children with complex health problems in their homes, therefore requiring families to be familiar with the caring and medical techniques their children need. Nursing educators must prepare students for these changes.

As the new century begins, many children and their families are still feeling the impact of poverty, drug abuse, the cycle of physical, emotional, and sexual abuse, and violence. To this we add the aftermath of terrorism in the United States and the sequelae it brings to the impressionable child.

Pediatric Nursing: Caring for Children and Their Families addresses these changes and realities with a perspective of children as evolving human beings in their family, home, school, community, country, and world. The contemporary social and cultural influences on children and their families is emphasized in addition to the more traditional areas of assessment, disease processes, and health promotion. Providing nursing care to children will be more effective when nursing students are aware of the pressures and problems confronting children and their families.

CONCEPTUAL APPROACH

The idea for this text arose from the authors' years of experience teaching nursing students and observing their difficulty with reading and comprehending greater amounts of content in shorter periods of time. A major goal of this text is to present the material in depth and breadth using simple-to-understand language as succinctly as possible. Additionally, each student has her or his own learning style. Some students require more than text to learn and assimilate what they read. Full-color pages, a visually appealing design, boxes that emphasize important points, and original photography engage the learner and create a reader-friendly approach.

The nursing process provides the organizational framework for the discussion of nursing care. Applicable nursing research has also been incorporated throughout the text to reflect the latest in evidence-based practice. The enhancement of student critical thinking skills is encouraged throughout. Emphasis on health and health promotion is reflected in comprehensive growth and development sections and in the alteration chapters. Anticipatory guidance is stressed throughout the text.

ORGANIZATION OF THE TEXT

Pediatric Nursing: Caring for Children and Their Families consists of 36 chapters, organized into 8 units. Each chapter has special features allowing the student to approach the content from a variety of perspectives. Specific information about these features is presented later in the preface.

Unit I: Pediatric Nursing in a Changing Society (Chapters 1 through 5) These five chapters introduce the student to pediatric nursing and set the stage for the remainder of the book. The first chapter discusses societal trends affecting children, their health, and their families, as well as the Healthy People 2000, 2010, and Healthy Children 2000 documents and recent statistics relative to children's health. The various roles a nurse might accept as well as the diverse
settings he or she might practice in relation to children and families are also covered. Chapter 2 describes legal and ethical issues nurses working with children and their families might face, including confidentiality. The third chapter provides information about the family and describes its significance to children. Family theories, assessment models, types, and forms are discussed in relation to their impact on individual members. The fourth and fifth chapters describe the pediatric nurses’ role in the community, home, and school.

Unit II: Growth and Development of Children (Chapters 6 through 12) These seven chapters review theories of human development (Chapter 6) and discuss the major developmental milestones and characteristics of the newborn, infant, toddler, preschooler, school-aged child, and adolescent (Chapters 7, 8, 9, 10, 11, and 12). Each of these chapters has a summary table of important developmental indicators, as well as a discussion of the physiological, psychosocial, cognitive, psychosocial, and moral development occurring during that particular stage. Health promotion strategies are also presented that relate to nutrition, sleep, rest, activity, dental health, safety, and injury prevention. Also found is a discussion of health screenings for each age group.

Unit III: Unique Considerations in Children (Chapters 13 through 20) These eight chapters contain content that is unique in relation to caring for children rather than adults, and are devoted to discussing information needed to appropriately care for children and their families in a variety of settings. To provide a high level of care, the nurse needs to know how to communicate effectively with children and families (Chapter 13). Following communication are assessment strategies with normal and abnormal findings (Chapter 14), infectious diseases (Chapter 15), interaction with children who are ill or hospitalized (Chapter 16), and caring for children with chronic conditions (Chapter 17). Managing pain (Chapter 18) and administering medication (Chapter 19) are presented next. Caring for children experiencing loss and/or bereavement (Chapter 20) completes the unit.

Unit IV: Alterations in Nutrition and Elimination (Chapters 21 through 23) The body system alteration chapters in this unit as well as in the units to follow have a similar format. They describe the anatomy and physiology of the child’s body system. The disorders discussed at length in each chapter are those that commonly occur or are frequently seen in the pediatric population. Although some alterations may also be seen in adults, the material is centered on information relevant to the child. For each disorder, the incidence, etiology, pathophysiology, clinical manifestations, diagnosis, treatment, nursing management, and family teaching are clearly presented. Nursing management for the most common disorders in each body system follows the five steps in the nursing process. All body system alteration chapters also have a case study scenario that introduces the student to real-life elements of the particular disorder, followed by the nursing process in care plan format, including assessment, nursing diagnosis, expected outcomes, interventions with rationales, and evaluation.

The chapters in this unit describe common pediatric physiological alterations related to nutrition and elimination. Chapter 21 presents fluid and electrolyte alterations, whereas Chapters 22 and 23 discuss genitourinary and gastrointestinal alterations, respectively. The unit organization is logically presented; one needs to have information about fluid and electrolyte imbalances and know what those imbalances mean before entertaining possible causes such as genitourinary (glomerulonephritis, nephrotic syndrome, renal failure) and gastrointestinal (gastroenteritis, pyloric stenosis, gastroesophageal reflux) alterations.

Unit V: Alterations in Oxygen Transport (Chapters 24 through 26) These three chapters cover respiratory, cardiovascular, and hematologic alterations frequently identified in children. Although presented separately, the three body systems are interrelated and dependent upon one another for oxygen transport. Alterations discussed include anemia, sickle cell disease (hematologic system); congenital cardiac anomalies, rheumatic fever, shock (cardiovascular system); and asthma, bronchiolitis, otitis (respiratory system).

Unit VI: Alterations in Protective Mechanisms (Chapters 27 through 30) These four chapters discuss alterations related to the immune system (HIV, rheumatoid arthritis, systemic lupus erythematosus), endocrine system (growth hormone deficiency, thyroid disorders, diabetes), and integumentary system (impetigo, tinea infections, pediculosis) that serve to protect the body from illness, as well as cellular alterations (childhood cancer) that may occur when there are problems in the body’s ability to protect itself from illness or injury.

Unit VII: Alterations in Sensorimotor Function (Chapters 31 through 34) These four chapters discuss alterations related to the sensory system (hearing, sight), the neurological system (neural tube defects, meningitis, hydrocephalus, cerebral palsy); cognition (mental retardation, autism); and the musculoskeletal system (fractures, congenital hip dysplasia, scoliosis, muscular dystrophy).

Unit VIII: Other Alterations to Children’s Health (Chapters 35 and 36) These final two chapters explain psychosocial alterations (attention deficit-hyperactivity disorder, depression, eating disorders) and child abuse and neglect (physical, psychological, and sexual abuse; abandonment).
Appendices: Eleven appendices augment Pediatric Nursing: Caring for Children and Their Families. They include a family assessment model, growth charts, the recommended childhood immunization schedule, recommended dietary allowances, the Denver II, sexual maturity ratings, pediatric cardiopulmonary resuscitation, common laboratory tests and normal values, temperature and weight conversions, NANDA diagnoses, and abbreviations.

SPECIAL FEATURES

- Short vignettes, written by a child or family member, promote thoughts from the client's perspective in every chapter.
- Competencies, found at the beginning of each chapter, introduce the main areas targeted for mastery and provide a checkpoint for study.
- Family Teaching sections, specific to each chapter, highlight the significance of keeping family members involved in the caring process and offer them the tools to continue the caring at home.
- Nursing Management sections provide the student with the information needed to successfully help the family manage a health alteration.
- Case Study/Care Plans are provided throughout the book to provide the student a glimpse of clinical situations and to walk them through a nursing plan of care.
- Nursing Tips help the student apply basic knowledge to practice by offering hints and shortcuts useful to both new and experienced nurses.
- Nursing Alerts highlight serious or life-threatening information that the nurse needs to be aware of.
- Kids Want to Know presents children's questions and suggested nursing responses to help the student consider children's needs, concerns, and fears.
- Eye On presents content in areas including complementary/alternative therapies; cultural, international, and spiritual perspectives; and new and controversial treatments related to chapter content.
- Reflective Thinking boxes encourage students to examine their own personal views on particular issues and understand the varying viewpoints they may encounter in clients and coworkers. These boxes encourage reflection on issues from a personal context, raise awareness of the diversity of opinions, and foster empowerment.
- Critical Thinking boxes stimulate the thought process, as students digest material related to the technical or clinical aspects of the chapter content.
- Research Highlights outline current research pertinent to pediatric clients and their families and stress the significance of evidence-based action by linking theory to practice. Systematic format promotes organized and focused student research.
- Reflections from Families are writings by the child or family member that encourage the nurse's understanding and sensitivity to the feelings of the clients in their care.
- In the Real World is found at the end of each chapter. Perspectives on nursing care from the viewpoint of the student or experienced practicing nurse are presented.
- Key Concepts highlight the main points of the chapter and are ideal to use as a starting point of study.
- Review Questions provide students with a way to self-assess their comprehension and retention of chapter material.

EXTENSIVE LEARNING PACKAGE FOR THE STUDENT

Pediatric Nursing Skills and Student Tutorial CD-ROM

Free with textbook package, this CD-ROM contains illustrated pediatric nursing skills for basic- and intermediate-level procedures to print out and use as a reference in clinical use or practice. The skills are presented in a step-by-step approach with rationale, equipment required, safety information, and documentation instruction. A highly interactive and enjoyable study tool, the CD-ROM also contains activities to learn terminology of pediatric nursing. The flashcard program tests level of knowledge, accuracy, and speed. It also has an option of one or two players for joint study.

Student Study Guide

(Order 0-8273-8150-6)

The Student Study Guide to Accompany Pediatric Nursing: Caring for Children and Their Families provides multiple choice, true-false, and fill-in questions, as well as case studies with critical thinking scenarios (answers appear at the end of the book).
The Pediatric Nurse’s Survival Guide, 2nd edition by Lisa Rebeschi and Mary Brown
(Order 0-7668-4952-X)
This pocket-sized clinical guide provides necessary information in a convenient format. Information includes physical assessment hints, common childhood medications, drug administration, and tips to recognize and treat common childhood illnesses. It is an essential companion for the student and practicing nurse.

Online Resource
Go to www.delmarnursing.com/olcs/potts for author information, content updates, and text description.

EXTENSIVE TEACHING PACKAGE FOR THE INSTRUCTOR
Electronic Classroom Manager
(Order 0-7668-4547-8)
With everything an instructor needs to organize and run a class on pediatrics, this two-CD-ROM comprehensive resource includes:

Instructor’s Manual
- Chapter competencies
- Key terms
- Instructional strategies for classroom use, including a detailed outline of each chapter
- Suggested answers to critical thinking and review questions found in the text

Computerized Testbank
The computerized testbank contains approximately 2,000 multiple choice questions and answers. The instructor can also add his or her own questions or let the software create tests in less than 5 minutes. Instructors can print out quizzes and tests in a variety of layouts. Innovative electronic “take-home testing” (put test on disk) and Internet-based testing capabilities are perfect for distance learning. Additionally, the software allows the user to include video or audio in the electronic tests.

PowerPoint Presentation
A vital resource for instructors, this PowerPoint presentation parallels the content found in the book and serves as a foundation on which instructors may customize their own unique presentations.

Image Library
The Image Library is a software tool that includes an organized digital resource of approximately 600 illustrations and photographs from the text. A Microsoft Windows 3.1 and Windows 95 application, it can be used with the most common graphics file formats (BMP, TIFF, GIF). This software also allows instructors to add new images.

With the Image Library you can:
- Sort art by desired categories
- Create hyperlinks in PowerPoint that point to images or collections in the Image Library
- Create additional libraries
- Print selected pieces

The Image Library works in combination with:
- Microsoft PowerPoint for Windows 95, version 7.0 and higher
- Other Delmar image collections

Conversion Grids
Changing your class notes from a competitor’s text to Pediatric Nursing: Caring for Children and Their Families is made simple with our conversion grids. All the work has been done in advance, including page number references, to save you valuable time and energy. These grids can be found at our Online Resource: www.delmarnursing.com/olcs/potts.

Online Resource
Go to www.delmarnursing.com/olcs/potts for author information, content updates, and conversion grids.
The creation of this textbook represents the efforts of many knowledgeable, hard-working, and dedicated individuals who supported us. First and foremost, I (Nicki Potts) want to thank my husband, Stan, and my daughter, Jennifer, for their encouragement, support, and sacrifices during the years required to complete this project. Stan stood by me and never failed in his loyalty and dedication; thanks for always being there. You graciously took on the responsibilities of rearing our daughter and managing our household when I was absorbed in this book. Jennifer has grown up with her mother in school or writing, among other things, a doctoral program and dissertation, then this textbook. When it is published, she will be 18 years old; she was 12 when this adventure started. Jennifer, I could not have survived this project without your smiles, hugs, and kisses. You are the light of my life.—Nicki

Many individuals are responsible for the completion of this book. Initially, I (Barbara Mandleco) express deep appreciation and gratitude to Dr. Elaine Sorenson Marshall, colleague, dear friend, and dean of Brigham Young University College of Nursing. Not only did Elaine provide me the support and assistance needed to pursue this project, but her genuine interest and concern motivated and encouraged my efforts. I also thank my faculty colleagues, who were a frequent source of support and help, and my secretary, Wendy Berry, who was always there to check references and resources as well as retype edited chapters, sometimes at the shortest notice. Most importantly, I wish to express sincere thanks and gratitude to my husband, Carl, our children, Luke and Sarah, and their spouses, Christine and Chad. Without their devotion, patience, understanding, love, and support, I would not have been able to complete this project.—Barbara

Delmar has provided us with its best in Beth Williams and Marah Bellegarde, our developmental editors. Beth was there at the beginning, helping us crystalize our ideas and clarify the chapter format. Her knowledge, attention to details, and resources were invaluable. With her help, we were able to get this project up and running. Marah has taken us to completion. She was encouraging, supportive, and prodded us when we were not sure we could complete the daunting task of producing a textbook. She urged us on when our energies and motivation flagged. Her weekly repetition of “you’re almost finished” kept us going, and we thank her for that. She obtained artwork and often clarified what we had written on short notice. Without her the book would not be the high quality that it is. A heartfelt thank you to Shelley Esposito for her assistance with procuring permissions. Kudos to the production and technology staff at Delmar including David Buddle, Anne Sherman, Jay Purcell, Sherry McGaughan, Laurie Davis, and Joe Saba and to the staff of Argosy.

We acknowledge and thank Primary Children’s Medical Center in Salt Lake City, Utah, for allowing us to take photographs of children receiving care. We are grateful to Bonnie Midget, from PCM C Public Relations, for arranging and coordinating these photo sessions. We sincerely thank you, Bonnie, for your assistance. We would also like to extend our gratitude to the children and families who participated in the photo shoots.

A textbook of this magnitude, depth, and breadth would not be possible without the expertise of contributing authors. They have shared their ideas and expert knowledge. We especially thank them for their perseverance and willingness when more work and rewriting was required as the book evolved. Their professional experience and standards of excellence are reflected in the chapters they researched, wrote, and revised.—Nicki and Barbara
Nicki Lee Warren Potts

Nicki Lee Warren Potts is a second-generation registered nurse who earned her bachelor of science in nursing from Texas Christian University, Fort Worth, Texas. She first practiced her profession as an assistant head nurse in medical surgical nursing and public health nursing, and she discovered her true passion in nursing education in Nashville at Tennessee State University. She continued her preparation for a career in education by obtaining a master of science in nursing from the University of Texas at Austin’s College of Nursing. Texas Woman’s University College of Nursing conferred her doctor of philosophy in nursing research and theory.

With over 30 years as a clinician and academician, Dr. Potts has taught psychiatric/mental health nursing and pediatric nursing in associate degree and baccalaureate schools of nursing. The majority of her teaching career has been at Texas Woman’s University in Houston, Texas; the University of New Mexico in Albuquerque, New Mexico; the University of Texas in Arlington, Texas; and the University of Texas in Austin, Texas. Other areas of professional experience include Assistant Director for Education, Texas Nurse’s Association, and Nursing Consultant for Advanced Practice at the Board of Nurse Examiners for the State of Texas.

Dr. Potts’s professional development and contributions are well documented at the local and national levels. She has delivered numerous presentations throughout the country based on her special interest and research in females with eating disorders. She is a member of Sigma Theta Tau, Society of Pediatric Nurses, American Nurses Association, Texas Nurses Association, and the Southern Nursing Research Society. Dr. Potts has numerous journal, textbook, and abstract publications to her credit.
Barbara Hartwig Mandleco

Barbara Hartwig Mandleco received her bachelor of science degree in nursing from the University of Wisconsin–Madison, her master’s degree in pediatric nursing from the University of Florida–Gainesville, and her doctor of philosophy in family sciences with an emphasis in human development from Brigham Young University. She has been a staff nurse on pediatric and adult medical surgical nursing units, and a nursing educator for over 30 years. She has taught advanced human development and pediatric nursing, fundamentals of nursing, nursing research, and family nursing to undergraduate and graduate students at the University of Utah and Brigham Young University Colleges of Nursing. Currently, Dr. Mandleco is an associate professor and associate dean for research and scholarship at Brigham Young University College of Nursing.

Dr. Mandleco is a member of Sigma Theta Tau International, the Utah Nurses Association, the American Nurses Association, the Western Institute of Nursing, the Western Academy of Nursing, the American Nurses Foundation, Phi Kappa Phi, Sigma Xi, and the National Council on Family Relations. She has served as an officer locally and nationally in Sigma Theta Tau International and the National Council on Family Relations. She currently serves as abstract and collateral reviewer (grants, scientific sessions, podium presentations) for Sigma Theta Tau International and the National Council on Family Relations, as a manuscript reviewer for *MCN* (Maternal Child Nursing), the *Journal of Family Nursing*, and the *Journal of Nursing Scholarship*, and is a program evaluator for the CCNE.

Dr. Mandleco has given numerous professional presentations at the local, regional, national, and international levels, and published in several peer-reviewed journals. She also has written several book chapters and was co-author of a pediatric nursing student study guide published in the 1980s. Her research interests include families adapting to a child with a special need or chronic illness, children's resilience, social development and family processes, and developing innovative methods of teaching.
The following are suggestions on how you can use the features of this text to gain competence and confidence in nursing practice of pediatric clients and their families.

SHORT VIGNETTES

Read these short stories before your begin to read a chapter to gain perspective of the feelings of the child and family. Once you have completed the chapter, go back and re-read the story. Ask yourself if you have a better comprehension and sensitivity of how the child and family feel.

COMPETENCIES

Read the chapter competencies before reading the chapter content to set the stage for learning. Return to the competencies when the chapter study is complete to see which entries you can respond with, “Yes, I can do that.”

CASE STUDY/CARE PLANS

Walk through the process of assessment, diagnosis, planning care, performing interventions, and evaluating the success of the course of care. These are helpful in strengthening the understanding of the nursing process through a case study approach and in exercising critical thinking skills.

Case Study/Care Plan

Infant with Surgical Repair of Ventricular Septal Defect

Jack is an eight-month-old infant who was noted to have a murmur at two months of age. He was not cyanotic; he felt warm, and was gaining weight appropriately. Echocardiogram demonstrated a large VSD. CXR showed cardiomegaly and increased pulmonary blood flow, and ECG demonstrated ventricular hypertrophy. Over the ensuing couple of months he developed tachypnea, retractions, diaphoresis, poor breathing, and poor weight gain. His physical exam and CXR were consistent with congestive heart failure. He was placed on tosyls, furosemide, and digoxin. In addition, a cardiac decongestant was introduced to help control his edema. Despite a stable clinical course, his weight was not improving. His parents were very much concerned as this baby had been underweight. He was kept in the PICU until his parents left. He had a right ventricular catheter placed and was maintained on lasix, aldactone, and digoxin. In addition, caloric density of his formula was slowly increased to 30 cal/oz. Short-term gains were made, but Jack continued to be unwell. He was discharged home on icapril and continued with his medical plan. His parents were very determined to see their baby continue to grow and be healthy. Jack was admitted to the PICU for a second time three days after which he was transferred to a pediatric unit.

Nursing Care Plan

Assessment

- Accurate and frequent ongoing assessment of the cardiovascular system.
- Postoperative care is an essential part of care. Nurses should monitor for signs of the medical cardiac defects, such as cyanosis, poor peripheral pulses, and absent or absent divided pulses, and poor pulse output. Listen for the child’s heart sounds to rule changes in heart tones or murmurs; assess the rhythm strip for arrhythmias.
- Nurses should auscultate breath sounds bilaterally. Listen to the quality of the breath sounds: listen for rhonchi, coarse crackles. Observe the child’s color and work of breathing, either spontaneously or while on mechanical ventilation. Monitor for tachypnea, retractions, and nasal flaring. Monitor for hypoxia and hypercarbia. Keep in mind the child’s condition. It is unlikely for a child to be hypoxic and hypercarbic at the same time. That is, if a child is hypoxic, he is unlikely to be hypercarbic. When the child has awakened from anesthesia, the nurse assesses the neurologic function by noting equal movement of all extremities, absence of any signs of seizures, and pupillary function. Pain in the nonverbal child is expressed by an increase in heart rate and respiratory rate.
- Pain can be assessed while the child is awake. Pain in the nonverbal child can be the first sign of a problem. Pain is expressed either spontaneously or while on mechanical ventilation. Pain management is an important part of the child’s care.
- The child’s anatomy. It is essential that the nurse understand the surgical repair and the expected norms for each child.

Interventions/Rationales

1. To maintain oxygen saturations in desired range.
2. To prevent interstitial fluid from accumulating in the lungs.
3. Unequal aeration may signal pleural effusion, pneumothorax, or damage to the phrenic nerve.
4. Obtain arterial blood gases as ordered. To evaluate for presence of pneumothorax or pleural effusion.
5. To prevent interstitial fluid from accumulating in the lungs.
6. To prevent interstitial fluid from accumulating in the lungs.
7. To maintain oxygen saturations in desired range.
8. To maintain oxygen saturations in desired range.

Evaluation

- Supplemental oxygen is weaned over the expected time period.
- Oxygen saturations are within normal limits for the child’s age.
- There is no increased work of breathing, and arterial blood gases are within normal limits.
**NURSING TIPS**

In any profession there are many helpful hints that can assist you to perform more efficiently. In nursing, you need to be able to practice sensitivity in the process. The wide variety of hints, tips, and strategies presented here help as you work toward professional advancement. Study, share, and discuss with your fellow students.

**NURSING ALERTS**

As a professional, you will need to be able to react immediately in some situations to ensure the health and safety of your clients. Pay careful attention to this feature, as it helps you to begin to identify and effectively respond to critical situations on your own.

**KIDS WANT TO KNOW**

This feature is designed to enhance the communication between you and the pediatric client, since responses to children’s questions about care may differ from those given to adults. Read the questions that have been posed by children and think about what your response would be. Then go ahead and read the suggested nursing responses. Ask yourself, “How do mine compare with the suggested answers?” Would you alter your response based on the suggested responses? Was your response developmentally appropriate for the child?

**EYE ON**

Throughout your nursing practice, you are going to be exposed to a myriad of cultures, beliefs, and value systems. Read the information found in this feature to get extra information on various issues. Those presented will include complementary and alternative therapies; cultural, spiritual, and international perspectives; and new and controversial treatments. After you have completed the readings, consider how you feel about the topic discussed. How can you incorporate this information into your nursing care?

**REFLECTIVE THINKING**

This feature can help you to develop or enhance sensitivity to ethical and moral issues. You may choose to read through each one and explore issues before reading the chapter. After reading through the chapter, re-address each Reflective Thinking item and evaluate your original thoughts. If you choose to read them as you go through the chapter, perhaps write your thoughts down to look at them at a later time.

**CRITICAL THINKING**

This feature is designed to guide you to think analytically in clinical situations and be active in problem solving. As you go through the chapters, consider the questions posed and provide answers. Discuss your answers with other students to promote the exchange of ideas.
RESEARCH HIGHLIGHT

Children and Families Affected by HIV/AIDS

Study Purpose
To explore goals and the strategies families use to reach these goals when raising a child with HIV.

Methods
This ethnographic study used semi-structured and open-ended interviews. Five uninfected adult family member caregivers, nine children between 7 and 15 who were diagnosed with HIV infection, and six mothers and one father with HIV infection participated. Families were asked to talk about their family composition, symptom management, and how they discussed information about the illness to others.

Families
The three goals that helped families maintain stability and establish normalcy included (1) facilitating their child's participation in social and school activities, (2) staying healthy, and (3) encouraging children to attend and participate in school activities, being selective about disclosing information about the infection to those outside the family group, so their children would be treated normally, having other family members help care for the child, having spiritual and religious beliefs and practices, and using supportive professionals.

Implications
Nurses should (1) be aware that families might limit information they choose to disclose about their child's illness by providing a supportive climate, (2) encourage children and families to establish goals and strategies that will help them achieve their goals, and (3) help parents raising children with HIV/AIDS realize most families impacted by chronic illness such as HIV/AIDS are able to set and meet their goals of living a "normal" life.

Citation

REFLECTIONS FROM FAMILIES

Read these as glimpses into a family’s mindset and feelings about the loved one in your care before reading the chapter. After you have finished the chapter, go back and revisit your own feelings. Consider if your feelings have changed and examine why.

IN THE REAL WORLD

These short musings from the student or professional nurse are intended to provide a snapshot of actual practice. They are included as a reality check as you read through the text. It may be helpful for you to keep a running journal of your own experiences—Did a certain child and family affect you in some way? Did you work with a practicing pediatric nurse who is a wonderful mentor?

Journal writing is a good way to begin to examine your own responses and provide other aspiring nurses the wisdom of your experiences.

KEY CONCEPTS

Review these main points of the chapter and use them for a beginning point of study and review.

Review Questions

Review questions in each chapter assist you with the learning process and help you assimilate the information presented in the text.

Review Questions

1. Describe the feedback loop system characteristic of an endocrine system.
2. Discuss the relationship between the clinical manifestations and pathophysiology of diabetes mellitus.
3. Describe the impact of maternal screening on congenital hypothyroidism.
4. Differentiate the symptoms of hypothyroidism and hyperthyroidism.
5. List the clinical manifestations of type 1 diabetes.
6. Identify the clinical manifestations of diabetic ketoacidosis (DKA).
7. What is the most serious complication of the treatment of DKA?
8. Describe the difference in time action of Liraglutide, Regular, NPH, and Ultra Lente insulin.
9. Differentiate the symptoms of hypoglycemia and hyperglycemia.
10. Differentiate the diagnosis of type 1 diabetes from type 2 diabetes.