

rash. Soiled areas can be washed with water and mild soap if needed. To avoid skin breakdown, A and D or another protective ointment such as Desitin can be applied when the skin in the diaper area appears pink and irritated.

A careful health history is obtained during routine clinic visits. Growth grids during infancy include

measures of weight, length, and head circumference. The reading and recording of growth charts are described in Chapter 15. There are numerous developmental screening tests. In the 1986 Amendment to the Education of All Handicapped Children Act (PL99-457), all states are required to assess for developmental disabilities before age 5 years. Most pediatricians

NURSING CARE PLAN 16-1

The Family Care Plan

PATIENT DATA: The parents of a 3-week-old infant state they feel inadequate as parents because their infant is often fussy and irritable and does not respond to their efforts to calm him. They ask what they are doing wrong.

SELECTED NURSING DIAGNOSIS *Family processes, interrupted, related to fussiness of infant*

Goals/Outcomes	Nursing Interventions	Rationales
Parents will demonstrate increased coping behaviors by 1 week. Parents will verbalize feelings of increased confidence in caring for the infant.	<ol style="list-style-type: none"> 1. Educate parents about common manifestations of colic. 2. Determine whether other causes have been ruled out by physician. 3. Review caregiver's history and usual day with infant. 4. Identify soothing measures used by parents and their effectiveness. 5. Suggest abdominal massage, wind-up swing, and car rides. 6. Demonstrate "colic carry" (see Chapter 22, p. ●●●). 7. Suggest periods of free time for parents. 8. Emphasize that colic is not a reflection on parenting skills. 	<ol style="list-style-type: none"> 1. No single cause has been established for colic. Infant appears otherwise healthy but demonstrates cramplike pain, drawing legs to abdomen and demonstrating irritable cry. It is time-limited to about 3 months. 2. Intestinal obstruction and infection may mimic symptoms of colic. Bowel movements are not abnormal with colic. 3. This helps to determine if colic is related to type of feedings, diet of breastfeeding mother, passive smoking, milk allergy, activities of family members while infant is being fed, or other factors. 4. Environment may be overstimulating infant; parents may not know how to soothe the infant. 5. These measures may help to relieve symptoms; burping before and after feedings and placing in an upright position after feedings may also decrease distress. 6. This may comfort infant by applying a little extra pressure on abdomen. 7. Constant crying by infants produces a great deal of frustration in family members; caution against shaking infant, which can be harmful to the head and neck. 8. First-time parents may feel anxious and incompetent. Nurse provides reassurance and support and builds on their strengths.

CRITICAL THINKING QUESTION

A mother brings her 8-week-old infant to the clinic and complains that the infant is fussy and acting like he has colic. What information does the nurse

need to obtain from the parent to develop a teaching plan?