

Nursing Care Plan 14-1

The Child with Asthma

NURSING DIAGNOSIS *Interrupted family processes, related to chronic condition and frequent exacerbations*

Goals/Outcome Criteria	Nursing Interventions	Rationales
Family adjusts to child's chronic illness, as evidenced by: • Appropriate intervention during acute episodes • Child's normal development	Encourage the parent to participate in the child's care during exacerbations. Keep parent informed about changes in condition.	Involving the parent decreases parental and child stress. Parents know more about how their child reacts to situations than the health care personnel.

**CRITICAL THINKING
SNAPSHOT**

- A 12-year-old comes to the community health clinic with his mother. He is wheezing and short of breath; his chest is tight, and he is coughing. He is lethargic and sitting in a tripod position. His color is pale, and his skin is cool and clammy. As the nurse, what is your initial assessment of this child? What are your initial interventions? What changes in his breath sounds would concern you?

**Home Care Tip****The Child with Bronchopulmonary Dysplasia**

Advise parents that:

- All caregivers need CPR training.
- House and care should be smoke-free.
- Avoid contact with individuals with colds or fever.
- Avoid crowds.
- Place infant on back to sleep.
- Keep infant's room door open.

The incidence rate of CP is high in infants weighing less than 2500 g at birth and in multiple births. Untreated high levels of bilirubin from jaundice and Rh incompatibility have also been associated with CP. Head injuries, meningitis, and encephalitis can cause CP in the older child. In some cases, no single cause can be found.

Signs and Symptoms

The symptoms of CP vary with each child and may range from mild to severe (see Data Cues). About two thirds of children who have CP are intellectually impaired (National Institute of Neurological Disorders and Stroke, Cerebral Palsy Information Page, 2006). CP is suspected during infancy when developmental milestones are not met. Diagnostic tests include electroencephalography, computed tomography (CT), and screening for metabolic disorders. Brain tumors must also be ruled out. Early recognition is important so that early intervention can begin.

**Data Cues****For the Child with CP**

- Apgar score of less than 5
- Seizures, usually within 48 hours of birth
- Delay in reaching developmental milestones: sitting, crawling, creeping, standing, reaching for objects
- Difficulty with fine motor skills such as holding feeding utensils, writing, using scissors
- Feeding difficulties: poor sucking and swallowing, drooling, persistent tongue thrust
- Involuntary movements such as uncontrolled writhing motions of the hands
- Increased muscle tone: infant may be rigid when pulled to a sitting position, infant reflexes do not disappear at the normal time

**Health Promotion****Discipline for Young Children**

- Establish rules for safety by 8 months of age
- Explain rules clearly and concretely ("Don't push your brother")
- State acceptable behavior ("Walk, don't run")
- Do not constantly criticize
- Use rules that are fair and attainable for the child's age
- Apply rules consistently
- Remember that yelling teaches the child to yell back
- Logical consequences occur as a result of misbehavior (removal of possession or privilege)

Schmitt, B. (2006). Discipline basics. Pediatric Advisor. McKesson Corporation. Retrieved from www.med.umich.edu/1libr/pa/pa_bdisbaso_hhg.htm