Overview of Infant ,Child, and Adolescent Nursing(Pediatric Nursing)

Prof.Dr. Norhan Zeki Shaker
Infant ,Child, and Adolescents Health Care.
3rd Grad
1ˢᵗ week

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Overview of Child Health Nursing

Objectives

In the end of the lecture student be able to:-

1. Define child health nursing (pediatric nursing).
2. Identify the Goals of pediatric nursing.
3. Describe the Pediatric Nurse.
4. Childhood Mortality and Morbidity
5. Define the terms *mortality* and *morbidity*.
6. Identify major causes of death during infancy, early childhood, later childhood, and adolescence.
7. List two major causes of illness during childhood in Iraq.

Infant , child and adolescence Nursing (Pediatrics)

(Pediatric Nursing)

Health of the children has been considered as the vital importance to all societies because children are the basic resource for the future of humankind.

Cont: Pediatric Health care Overview

- Nurses provide care to healthy children as well as to those with illnesses, injuries, and chronic conditions such as seizures, in a wide variety of settings.

They contribute to the health and welfare of children as they monitor their growth and development and help them adapt to and manage their health conditions.
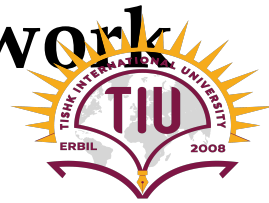
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The <u>settings</u> in which pediatric nurses work includes the following:

1. The hospital, including pediatric wards, intensive care units, newborn nursery, emergency department, radiology, and specialty clinics

2. Physician offices, clinics, and healthcare centers

3. The child's home.

4. Rehabilitation centers

5. The community

History of child health

- Method of child care have varied throughout history .

- The culture of a society has a strong influence on standard of child health.

- In **460 –370** B.C**.   Hippocrates** wrote about illnesses that related to children .

History of child health

- **Christian** and **Islam religions** have considerable impact on child health.

- In 1855 first hospital in united states (the children's hospital of Philadelphia were founded.

ايات قرأنية واحاديث عن الطفل

*يقول تعالى [لا تضار والدة بولدها ولا مولود له بولده] البقرة 233

حيث قال تعالى

(ولا تقتلوا أولادكم من إملاق نحن نرزقكم وإياهم]الأنعام 151

كحقه فى الرضاعة يقول تعالى

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9

كما قرر الإسلام كيفية معاملة الطفل بحب ورعاية، والعدل فى معاملة الأبناء والمساواة بينهم فى الحقوق من ذلك ما روى عن النعمان بن بشير أن أباه أتى به إلى الرسول فقال:

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ولم يغفل الإسلام كذلك حق الطفل اليتيم بقول تعالى:

[فأما اليتيم فلا تقهر)] الضحى

The term **"pediatrics"** is derived from the two Greek words, *pais* meaning child and *iatros* meaning doctor and healer. As such it is intended to mean the healer of children.

Pediatric Nursing

It is defined as the science and art of giving nursing care to children from birth through adolescence with emphasis on physical, mental, social and emotional growth.

Pediatric Nursing :

is the specialized part of nursing practice concerning the care of children during wellness and illness.

It includes <u>preventive, promotive, curative and rehabilitative care</u> of children.

Family-Centered Care

- The *family-centered care* recognizes the family as the one constant in a child's life.

- Three key components of family-centered care are **respect, collaboration, and support** .

Qualities of Good Pediatric Nurse

The good pediatric nurse must be:

1- Good observer

2- Honest and truthful

3- Sympathetic, kind, patient

4- Love to work with children

5- Interested in family care

6- Able to provide teaching to children and their families.

• **Role Of The Pediatric Nurse**

The pediatric nurse's role care can be summarized as follows :

1. **Primary caregiver**
2. **Health educator**
3. **Nurse-counselor**
4. **Social worker**
5. **Team coordinator and collaborator**
6. **Manager**
7. **Child care advocate**
8. **Recreationist**
9. **Researcher**

Nurse

kind of like a doctor
but nicer

The **World Health Organization (WHO)** has defined **Health** as "a state of complete physical, mental, and social well-being and not merely the absence of disease.

- In reality, information about health is gained by observing ***mortality*** (death) and ***morbidity*** (illness) among groups of individuals over specific periods.

- The balance between physical, mental, and social well being and the presence of disease is inferred from analysis of data relating to mortality and morbidity.

Mortality and **morbidity** data also provide information about:

 (1) The causes of death and illness.

 (2) High-risk age-groups for certain disorders or hazards.

 (3) Advances in treatment and prevention.

(4) Specific areas of health counseling.

Mortality and **Morbidity** information is valuable to nurses because it guides the planning and delivery of nursing care.

- ***Mortality statistics*** describe the incidence or number of individuals who have died over a specific period.

- These statistics are usually presented as rates per 100,000 and are calculated from a sample of death certificates.

- The ***infant mortality rate*** is the number of deaths during the first year of life per 1000 live births.

Infant mortality is divided into:

Neonatal mortality (<28 days of life) and

Postneonatal mortality (28 days to 11 months).

Causes of Mortality

Birth weight

There is a relationship between LBW and infant morbidity and mortality .The lower the birth weight, the higher the mortality.

congenital anomalies, disorders relating to short gestation and unspecified LBW, sudden infant death syndrome, and newborn affected by maternal complications of pregnancy accounted for about half (51%) of all deaths of infants younger than 1 year of age

Multiple indicators clusur survy (MICS) 2018 IRAQ

MICS   2018 IRAQ

Neonatal & under-5 mortality rates by region

Region	Neonatal mortality	Under-5 mortality
National	14	26

Neonatal mortality and under-5 mortality rates (deaths per 1000 live births) for the five year period preceding the survey, by region

Child mortality under 5 years MICS IRAQ 2018

Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-4	14	8	23	3	26
5-9	11	9	20	3	23
10-14	15	11	26	4	29

Neonatal mortality (NN): probability of dying within the first month of life

Post-neonatal mortality: calculated as difference between infant and neonatal mortality rates
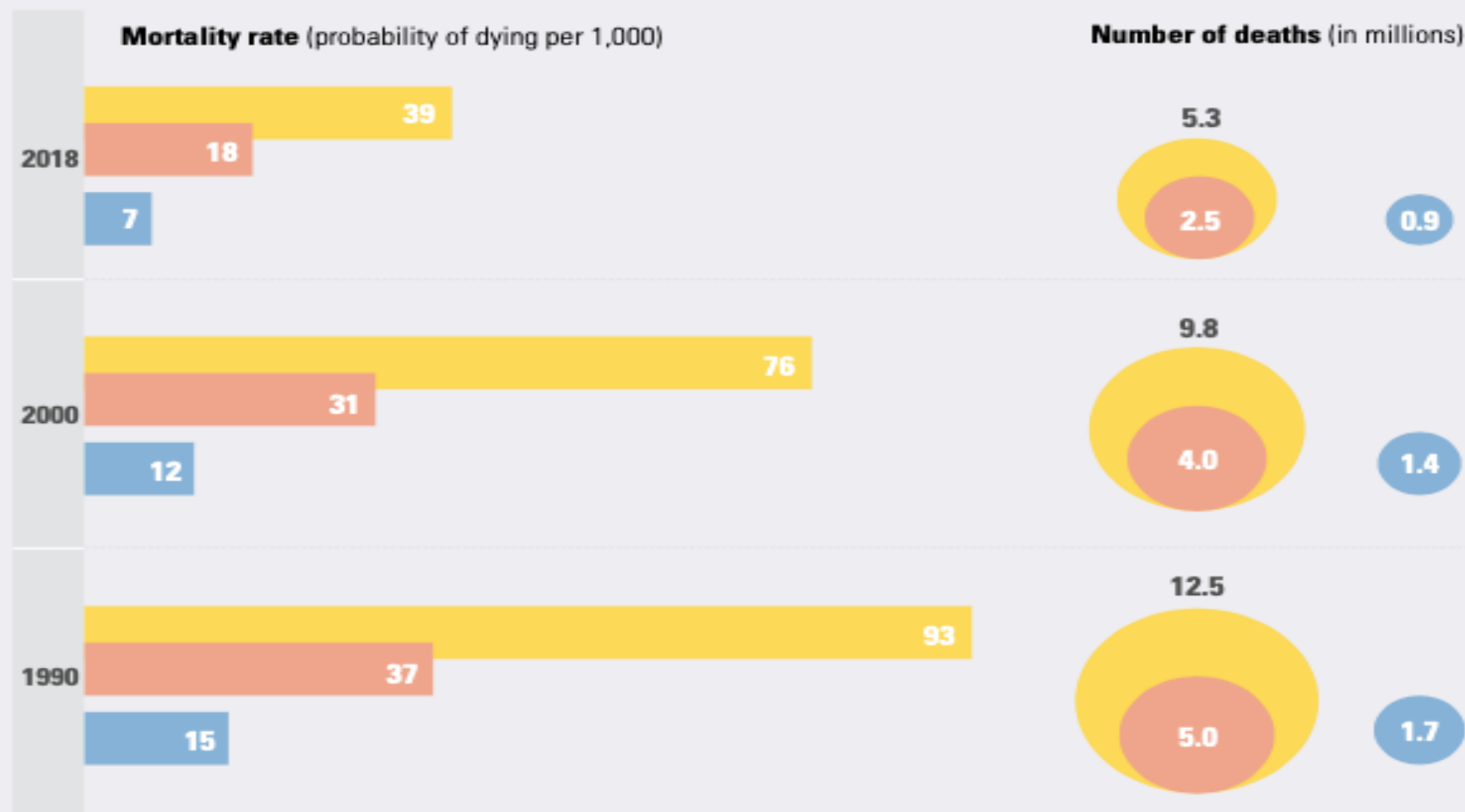
Infant mortality ($_1q_0$): probability of dying between birth and first birthday

Child mortality ($_4q_1$): probability of dying between the first and fifth birthday

Under-5 mortality ($_5q_0$): probability of dying between birth and fifth birthday

Global mortality rates and deaths by age

- Children under age 5
- Neonatal
- Children and adolescents aged 5–14 years

Mortality rate (probability of dying per 1,000)

Number of deaths (in millions)

2018
- 39
- 18
- 7

5.3
2.5
0.9

2000
- 76
- 31
- 12

9.8
4.0
1.4

1990
- 93
- 37
- 15

12.5
5.0
1.7

MORBIDITY

- The prevalence of specific illnesses in the population at a particular time is known as **morbidity statistics**.

- These are generally presented as rates per 1000 population because of their greater frequency of occurrence. Unlike mortality, morbidity is difficult to define and may denote acute illness, chronic disease, or disability.

- Sources of data for morbidity statistics include reasons for visits to physicians, diagnoses for hospital admission, and household interviews.

- Unlike death rates, which are updated annually, morbidity statistics are revised less frequently and may not represent the general population.

- **Childhood Morbidity**
- *Acute illness* is defined as symptoms severe enough to limit activity or require medical attention.
- **Respiratory illness** accounts for about 50% of all acute conditions, **infections and parasitic** disease cause 11%, and injuries cause 15%.
- The chief illness of childhood is <u>the common cold.</u>

- continue **Childhood Morbidity**

- The types of diseases that children contract during childhood vary according to age. For example, upper respiratory tract infections and diarrhea decrease with age, but other disorders such as acne and headaches increase.

- continue **Childhood Morbidity**

- Children who have had a particular type of problem are more likely to have that problem again.

- Morbidity is not distributed randomly in children.

- Children from poor families tend to have more health problems.

- **Recent concern has focused on specific groups of children who have increased morbidity:**

✓ homeless children

✓ children living in poverty.

✓ children of LBW.

✓ children with chronic illnesses.

✓ foreign-born adopted children.

✓ and children in day care centers.

- Injuries are an additional factor influencing morbidity.
- Each year 40,000 to 50,000 children are injured permanently and 1 million children receive medical care because of unintentional injuries.

- The most important aspect of morbidity is the degree of disability it produces.

- *Disability* can be measured in days absent from school or days confined to bed.

- On average, a child loses 5.3 days per year because of injury or illness.

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Thanks