

فہرست

| | |
|--|------------|
| Chapter 1 : Growth and Development..... | 5 |
| Chapter 2 : Integumentary Problems | 91 |
| Chapter 3 : Hematological Problems | 107 |
| Chapter 4 : Metabolic and Endocrine Problems | 125 |
| Chapter 5 : Gastrointestinal Problems | 135 |
| Chapter 6 : Eye, Ear and Throat Problems | 193 |
| Chapter 7 : Respiratory Problems..... | 215 |
| Chapter 8 : Cardiovascular Problems | 247 |
| Chapter 9 : Renal and Genitourinary Problems..... | 273 |
| Chapter 10 : Neurological and Cognitive Problems | 287 |
| Chapter 11 : Musculokeletal Problems..... | 311 |
| Chapter 12 : Immune Problems and Infectious Diseases..... | 341 |

(Option 3) An 18-month-old might be able to scribble but would not be able to draw a picture; an 18-month-old can throw a ball and point to body parts.

Educational objective:

An 18-month-old should have a vocabulary of at least 10 words and be able to use a spoon.

5) The parent of a 1-year-old says to the nurse, "I would like to start toilet training my child as soon as possible." What information does the nurse provide to the parent that correctly describes a child's readiness for toilet training?

1. "A good time to start toilet training is when your child can dress and undress autonomously."
2. "When your child can sit on the toilet until urination occurs, you can start toilet training."
3. "Your child may be ready to start toilet training when able to communicate and follow directions."
4. "Your child will be ready to start toilet training at about age 15 months."

✓ **Answer: 3**

Toilet training is a major developmental achievement for the toddler. The degree of readiness progresses relative to development of neuromuscular maturity with voluntary control of the anal and urethral sphincters occurring at age **18-24 months**. Bowel training is less complex than bladder training; bladder training requires more self-awareness and self-discipline from the child and is usually achieved at age 2^{1/2}-3^{1/2} years.

In addition to physiological factors, developmental milestones rather than the child's chronological age signal a child's readiness for toilet training. These include the ability to:

- Ambulate to and sit on the toilet
- Remain dry for several hours or through a nap
- Pull clothes up and down

- Understand a two-step command
- Express the need to use the toilet (urge to defecate or urinate)
- Imitate the toilet habits of adults or older siblings
- Express an interest in toilet training

(Option 1) In order to achieve toilet training, the child will need to be able to pull clothing up and down but not necessarily dress and undress autonomously.

(Option 2) Having the child sit on the toilet until urination occurs is not appropriate and will not facilitate bladder control; any urination that occurs is accidental and not due to sphincter control. However, the child should have the ability to remain on the toilet for about 5 - 8 minutes without getting off or crying.

(Option 4) Age 15 months is too early to begin toilet training; voluntary control of the anal and urethral sphincters does not occur until age 18-24 months.

Educational objective:

Readiness for toilet training is dependent on the child's ability to voluntarily control the anal and urethral sphincters, which usually occurs at age 18-24 months. Other developmental and behavioral indicators of toilet training readiness include the child's ability to express the urge to defecate or urinate, understand simple commands, pull clothing up and down, and walk to and sit on the toilet.

6) The nurse is caring for a 10-year-old diagnosed with osteomyelitis. What is the **best** activity the nurse can suggest to promote age-specific growth and development during hospitalization?

1. *Fantasy play with puppets*
2. *Invite friends to come visit*
3. *Provide missed schoolwork*
4. *Watch favorite movies*

✓ **Answer: 3**

4. Keep the injection needle out of the child's view

✓Answer: 1

Children are often **fearful of injections**, exhibiting unpredictable and/or uncooperative behavior. The nurse should explain the procedure to the child using **simple, age-appropriate language** (eg, "medicine under the skin") to reduce anxiety. According to **Piaget's cognitive developmental stages**, **school-age** children develop **concrete thought** and may fear a **loss of control**. To improve the child's sense of control, the nurse should offer a specific, task-based **coping technique** (eg, counting aloud, deep breathing) **(Option 1)**.

(Option 2) A caregiver should hold or embrace a child during the injection process, with the child on the caregiver's lap or standing in front of a seated caregiver. Tightly holding the child's arms is extreme and may distress the child and caregiver.

(Option 3) The child should be told the truth about pain that accompanies an injection. The nurse should use appropriate language, such as "the skin may hurt for a minute," and emphasize that the pain is quick and transient.

(Option 4) Keeping objects that may alarm the child out of view is an appropriate intervention for a toddler but not for a school-age child. Hiding a procedural object from a 7-year-old will hinder rapport with the nurse and may heighten the child's anxiety.

Educational objective: School-age children possess concrete thinking and fear loss of control. When administering an injection to a school-age child, the nurse should offer a specific, task-based coping technique (eg, instruct the child to count aloud or breathe deeply) to increase the child's sense of control and thereby reduce anxiety.

8) A 10-year-old weighs 99 lb (44.9 kg) and has a BMI of 24.8 kg/m² (>95th percentile). Which is the **most important** assessment for the nurse to make before initiating a weight loss plan?

1. *Child's pattern of daily physical activity*
2. *Family's eating habits*
3. *Family's financial resources for purchasing healthy foods*
4. *Family's readiness for change*

✓ **Answer: 4**

Before initiating a treatment plan for weight loss, it is most important to make certain that the child and family are ready for change. Attempting to engage the family and child in weight loss strategies and dietary changes before they are ready could easily result in frustration, treatment failure, and reluctance to try new approaches in the future. The nurse needs to explore the reasons and desire for weight loss by assessing:

- Motivation and confidence
- Willingness to change behaviors and food choices
- Perceived importance of a weight loss treatment plan
- Confidence in ability to take on healthier eating habits

(Option 1) Physical activity is an important component of a weight loss treatment plan, but it is not the priority nursing assessment.

(Option 2) The family's eating habits will have a strong influence on the child's ability to make changes and need to be assessed. However, it is more important to assess the family's readiness for change.

(Option 3) Assessing the family's financial resources is important in planning education about healthy food choices, but it is not the priority nursing action.

Educational objective:

Before initiating a treatment program that requires a client and family to make major lifestyle and behavior changes, the nurse needs to assess readiness for