

PATIENT CARE POLICY AGE SPECIFIC CARE – BIRTH TO ONE YEAR OLD

POLICY: Infants who are hospitalized have age-specific developmental needs, which will be addressed by the health care staff caring for the infant. The Registered Nurse initiates this policy on admission and all nursing and allied staff follows the policy.

PURPOSE: Infancy is a time of accelerated physical, neurological, emotional, and social growth. During the infancy period, the infant must achieve a sense of trust in her/his surroundings and caretakers through the development of emotional bonds and gratification of physical needs (food, warmth, comfort, and elimination). The infant achieves these objectives through sensorimotor stimulation and interpersonal interactions. The infant learns by imitation and repetition.

When the infant is hospitalized, she/he may be separated from her/his primary caregivers restricted in movement, receive decreased environmental stimuli, and may be subjected to uncomfortable and/or painful procedures. It is the goal of patient care management to facilitate the continued bonding of the infant with the infant's caregivers. Additional goals include; reduce separation anxiety, support caregivers in meeting the needs of their infant even when hospitalized, provide the stimulation needed to promote normal growth and development both physically and psychologically, and minimize the number of caregivers.

PROCESS:

- I. Assess and evaluate the infant's physical state according to the normal parameters for this age.

Weight	Newborn* 6 months: 1 year:	Approximately 3-5kg (*newborn = 0-1 month of age) Double their birth weight, approximately 6-9kgs Triple their birth weight, approximately 8-12kgs.
Height/Length	Newborn: 5 months: 1 year:	47-53 cm 62 cm 72 cm
Head Circumference	Newborn: 6 months: 1 year:	32-35 cm 42.5 cm 45 cm

Note: Values given represent the values of 10-90th percentile on the NCHS growth charts. A weight or height within the range is not necessarily appropriate for an individual child. This is especially true at the extremes, but can be true at any point. Additionally, values outside the range may be appropriate for some individuals. If there is a question, the individual's weight, stature, and weight-for-stature should be plotted by the dietitian.

Fontanels	Newborn: 6 months: 1 year:	Anterior & posterior open, flat, soft with approximated sutures Posterior closed Anterior may be closed
Blood Pressure	Newborn: 6 months: 1 year:	60/40 80/50 90/60
Heart Rate	Newborn: 6 months: 1 year:	120 – 180 110 – 170 90 - 150

Respirations	Newborn: 6 months: 1 year:	40 30 – 36 22 - 30
Temperature	All	36.5 – 37.0°C
Primitive Reflexes	Newborn: 3-6 week: 3-4 months: 1 year:	Blink, sneeze, suck, gag, rooting, yawn, tongue extrusion, cough, palmar grasp, Babinski, Moro startle, tonic neck, dance, crawl, plantar, stepping Disappearance of dance, crawl Disappearance of rooting, extrusion, palmar grasp, Moro startle, tonic neck Disappearance of Babinski

II. Assess the infant’s developmental level according to achievement of physical/motor, sensory, language, and social interaction milestones.

Age	Physical/Motor	Sensory	Socialization	Language
1 month	No head control, hands closed	Fixates on moving objects	Watches faces intently	Cries, gurgles
2 months	Hands open	Searches for sound	Social smile verbalizes to familiar voices	Coos
3 months	Holds small objects	Begins to coordinate different stimuli	Interested in surroundings: recognizes familiar faces, voices	Squeals, babbles
4 months	Drools, rolls back to side; sits up	Eye/hand coordination improving	Enjoys social interaction; shows varied emotions	Laughs; consonant (n, k, g, p)
5 months	Teeth begin to erupt; feet to mouth; rolls over abdomen to back	Pursues objects visually	Smiles in mirror; vocalizes displeasure	Vowel sounds cooing
6 months	Chews; bites; rolls back to abdomen; bears weight when held	Looks up and down; prefers complex visual stimuli	Fear of strangers; discernible likes and dislikes; mood swings; will search for dropped objects	Imitates babbles, laughs out loud
7 months	Bounces; transfers objects discernible taste preferences; responds to name; depth and space awareness	Fixate on small objects; stranger anxiety	Will play peek-a-boo	2 syllables “talks”
8 months	Parachute reflex; bowel/bladder		Responds to “no”	Consonant sounds (t, d, w)

	pattern			
9 months	Continues teething; crawls; sits on floor; stands holding on; hand dominance noted	Increased depth perception	Fears being alone	Understands "no"
10 months	First steps		Waves hand "bye-bye"	"Dada", "mama"
11 months	Creeps; cruises; marks with crayon pincer grasp	See joy, satisfaction with task mastery; rolls ball	Imitates speech	
1 year	6-8 teeth; walks with support; sits with help; turns pages in a book	Discriminates simple forms; listens for sound to recur	Security object; show emotion	Few words; simple word; imitates animal sounds understand simple verbal commands

III. NUTRITION:

1. All inpatient pediatric patients will have a Nutrition Consult.
2. Maintain strict I&O.
3. Document volume of food taken at each meal.
4. Support breast-feeding as indicated.
5. Store expressed breast milk for infant use in ICB freezer labeled with the date, time, and name of the patient.
6. Assess formula brand used at home, and offer it as per physician order.
7. Hold infant for all bottle feedings. Do not prop bottles.
8. Order age appropriate diet for infants taking cereal and purred, solid foods (normal age 4-8 months) offer solids only by spoon. Avoid choking hazards (hard or chewy foods, peanuts, raisins, raw vegetables, or chunky foods).
9. Order age appropriate diet for children who are taking finger foods (normal age 8-12 months). Check all foods offered for choking hazards, remove if present (peanuts, peanut butter, whole grapes, whole hot dogs/meat sticks, raw vegetables, large or hard pieces of foods).

IV. SENSORIMOTOR/PLAY:

1. Consult Recreation Therapist as needed.
2. Provide safe, age-appropriate toy selections.
3. Encourage time in playroom, if not contraindicated. Refer to **Patient Care Policy: Pediatric Equipment/Toys, Disinfecting of.**
4. Encourage parents to bring familiar objects from home.

V. SAFETY:

1. Use high-top crib to prevent falls.
2. Keep rails fully raised when child in crib, unless an adult is standing directly at crib side.
3. Use safety belt when child in high chair or seat.

VI. POSITIONING:

1. Position infants on their backs or side lying for sleep, unless contraindicated.
2. Use high top crib for infants who can pull to stand.

VII. EQUIPMENT:

1. Use appropriately sized BP cuff.

- 2. Use appropriately sized pulse oximeter probe.
 - 2. Use electronic baby scale for patient weight.
 - 3. Avoid rectal temperatures when possible.
- VIII. IV MANAGEMENT:
- 1. Initiate IV procedure, as indicated per policy.
 - 2. Secure peripheral IVs so that site can be observed.
 - 3. All intravenous infusions must be on an IV pump.
 - 2. Check the IV site at least every two hours and document site appearance in medical record.
- IX. MEDICATION ADMINISTRATION:
- 1. Use vastus lateralis for IM injections, unless contraindicated.
- X. ADJUSTMENT TO ILLNESS/HOSPITALIZATION:
- 1. Consult Recreation Therapist as needed.
 - 2. Consult Spiritual Care as needed.
 - 3. Utilize interpreter services as needed.
 - 4. Support normal sleep/wake pattern.
 - 5. Provide consistent caregivers, if possible.
 - 6. Encourage parent to provide care for child.
- XI. PREPARATION FOR PAINFUL PROCEDURES:
- 1. Consult Recreation Therapist
 - 2. Utilize interpreter services as needed prior to and during procedure.
 - 3. Educate parents about procedures as far in advance as possible.
 - 4. Involve caregivers in preparation of infant.
 - 5. Provide analgesia prior to procedure, as indicated/ordered.
 - 6. Perform painful procedures in treatment room, keeping patient's bed or crib a "safe area".
 - 7. Limit number of strangers present.
 - 8. Keep frightening objects out of view.
 - 9. Use soothing sensory stimuli during procedure (i.e., touch, quiet talking).
- XII. ANTICIPATORY GUIDANCE:
- 1. Educate caregiver on temperature measurement.
 - 2. Educate family on age appropriate injury prevention strategies.
 - 3. Inform parents of California State Law requiring car seats for all infants.
 - 4. Initiate appropriate teaching protocol.
- XIII. DOCUMENTATION:
- 1. Document admission assessment on the **Pediatric Patient Admission Screening And Assessment** form as well as initiating **Interdisciplinary Screening, Assessment and Plan of Care**.
 - 2. Document daily assessments, interventions, and evaluations of the Pediatric Burn Patient on the **Pediatric Burn Clinical Pathway**.
 - 3. Document patient/family/caregiver education on the **Interdisciplinary Assessment, Screening and Plan of Care** as well as the **Pediatric Burn Clinical Pathway**
 - 4. Document triage assessment on the **Pediatric Triage/Emergency Service Flow Sheet**.

Sponsoring Department or Committee	Approval Date
Nursing Leadership	04/2008
Other Approvals	Approval Date
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Past Approval Dates	
N/A	