Saint Francis Memorial Hospital
A Dignity Health Member

PATIENT CARE POLICY
AGE SPECIFIC CARE – ONE TO THREE YEARS OLD

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

PURPOSE: The toddler years are ones of growing independence and exploration. Most toddlers begin to view themselves and assert themselves as individuals. They begin to use mental symbols and can solve problems in a primitive manner. They are mastering many tasks during this time including walking, talking, and bowel/bladder control.
When ill and hospitalized, the toddler relies heavily on routines and may return to greater dependence on known caregivers in order to facilitate effective coping. The toddler will sometimes regress to a lower level of development in order to cope with the increased stress of illness. The goal of patient care management is to provide support for the toddler's growing independence and self-assertion needs as well as the emotional needs for support and comfort.

PROCESS:

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

		Girls	Boys
Weight	15 months	8.8-11.6kg	9.4-12.4kg
	24 months	10.2-13.8kg	10.9-14.3kg
	30 months	11.2-13.8kg	11.8-15.5kg (quadrupled birth wt)
Recumbent Length	15 months	74-81.5cm	76-83.5cm
	24 months	82.5-91cm	83.5-92cm
	30 months	87-96cm	88-97cm
Standing Height	24 months	81-91cm	83-91cm
	30 months	87-95cm	87-95.5cm

Standing height and recumbent length are different. Standing height can be 1-1.5cm less. Standing height can be started as young as 2 years of age, if the child can stand feet together with the heels, back, shoulders and head against the stadiometer.

Note: The values listed represent the range between 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 of the range may be appropriate in some individuals. If there is a question, the individual's weight, stature, and weight-for-stature should be plotted by the dietitian.

Fontanels	18 months	Anterior fontanel closed
Blood Pressure	All	70-100 systolic 50-70 diastolic
Heart Rate	All	80-140
Respirations	All	25-32
Temperature	All	36.5-37.0°C

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

Age	Physical/Motor	Sensory	Socialization	Language
15 months	Walks without help; creeps up; uses cup	Places round object into round hole; looks	Tolerates some separation from mom;	4-6 words; says "no"; asks by pointing

	well; scribbles	at pictures intensely	feeds self with cup; kisses and hugs; temper tantrums	
18 months	Physiologic control of sphincters, runs clumsily; pulls or pushes toys; manages spoon; throws ball		Imitates; undresses; “mine”; depends on transitional object	>10 words; points to objects
24 months	Beginning daytime bladder/bowel control; goes up and down stairs; runs; kicks ball, turns doorknobs; unscrews lids		Parallel play; incomplete attention span; dresses self	300 words; 2-3 word phrases; gives first name; talks incessantly
30 months	Jumps; tiptoes; holds crayon with fingers		Separates more easily from mom; knows own sex; toilet trained	Gives first and last name; uses pronouns; plurals; names a color

III. NUTRITION:
1. All inpatient pediatric patients will have a Nutrition Consult.
2. Maintain strict I&O.
3. Document volume of food eaten at each meal.
4. Order age and developmentally appropriate foods.
5. Assess foods offered for choking hazards, remove if found. Examples: peanut butter, peanuts, whole hot dogs, raw vegetables, and large or hard pieces of food.
6. Expect child to have food preferences, food jags are common in this age range.

IV. SENSORIMORTOR/PLAY:
1. Consult Recreational Therapist as needed.
2. Provide safe, age-appropriate toy selections.
3. Encourage caregiver to bring a transitional or security object familiar to the child.
4. Encourage time in playroom daily, as appropriate. Refer to **Patient Care Policy: Pediatric Equipment/Toys, disinfection of**.
5. Provide quiet time.

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. EQUIPMENT:
1. Use appropriately sized BP cuff
2. Use appropriately sized pulse oximeter sensor.
3. Use electronic baby scale for patient weight if toddler unable to stand independently, otherwise use the upright scale.
4. Avoid rectal temperatures when possible.

VII. 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.
4. Check the IV site at least every two hours and document the IV site condition in the medical record.

VIII. MEDICATION ADMINISTRATION:

Use needleless syringe for PO meds for a younger toddler. Use a small medicine cup for the 2-3 year old.

1. Use the vastus lateralis muscles as the site for IM injections, unless contraindicated.
2. Deliver IV medications in smallest amount of fluid possible.
3. All IV infusions administered via IV Pumps

4. All pediatric medication doses must be checked by two RNs and documented in medical record.

IX. ADJUSTMENTS TO ILLNESS/HOSPITALIZATION:
1. Consult Recreation Therapist as needed.
2. Consult Spiritual Care as needed.
3. Utilize interpreter services as needed.
4. Encourage parent to care for the toddler, as appropriate, if available.
5. Provide transitional object during parental absence (i.e. favorite toy, blanket, etc.)
6. Assess normal daily routines and rituals and provide continuity of these routines and ritual as possible.
7. Anticipate regression to a lower developmental level.
8. Set firm, consistent, enforceable limits.
9. Maintain normal bedtime hours, if possible.

X. PREPARATION FOR PAINFUL PROCEDURES:
1. Consult Recreation Therapist.
2. Utilize interpreter services as needed prior to and during procedure.
3. Explain procedure simply, using understandable words, just prior to beginning.
4. Be honest.
5. Facilitate parental presence during painful procedures, as appropriate.
6. Assign toddler a role to play ("your job is to lie still").
7. Support toddler in his/her role.
8. Perform procedures in treatment room, not in bed.
9. Prepare equipment before bringing toddler to treatment room.
10. Prepare toddler shortly before procedure.
11. Offer choices where possible.

XI. ANTICIPATORY GUIDANCE:
1. Educate caregiver, as appropriate, regarding
- "Child proofing" of home environment.
- Dental hygiene.
- Age-appropriate medication administration.
- Reportable signs/symptoms of illness.
- Normal regression behavior during illness.

XII. 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	03/2008
Other Approvals	**Approval Date**
Revised 08/05, Reviewed 12/5/07, 03/08	
Past Approval Dates	
N/A	