

PATIENT CARE POLICY

AGE SPECIFIC CARE – SIX TO TWELVE YEARS OLD

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

PURPOSE: Most six to twelve year old children go to school, explore the world outside home, and begin to develop peer relationships. Most school-aged children learn to tell time, master relational terms, and explore his/her world with intellectual curiosity. The hospitalized school-aged child needs developmentally appropriate information and simple explanations to his/her questions. She/He needs to be included in her/his own care if possible. Encouraging the school-aged child to participate in care tasks helps the child cope and master some of her/his anxiety about hospitalization and the accompanying changes in their routine.

PROCESS:

- I. Assess and evaluate the school-aged child according to the normal parameters for this age.

Years	Weight		Standing Height	
	Girls	Boys	Girls	Boys
6	16.5-24kg	17.5-24kg	108-121cm	104.4-121.5cm
7	18-27kg	19.5-27kg	113-127.5cm	115-127.5cm
8	28-32kg	21-31kg	118.5-134cm	120-133.5cm
9	23-37.5kg	23.5-35.5kg	124-140.5cm	125-139.5cm
10	25.5-43kg	25.5-40.5kg	129-147cm	130-145cm
11	29-50kg	28-45.5kg	135.5-153.5cm	135-151.5cm
12	32.5-56kg	31-52.5kg	142-160cm	140-159cm

Note: The values listed represents the range between 10-90th percentile on the NCHS growth charts. A weight 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.

	Age	Girls	Boys
Blood Pressure	6 years	70-110 systolic 40-75 diastolic	
	8 years		
	10 years		
	12 years		
Heart Rate	6 years	75-115	75-115
	8 years	70-110	70-110
	10 years	70-110	70-110
	12 years	70-110	65-105
Respirations	6 years	21-26	21-26
	8 years	20-26	20-26
	10 years	20-26	20-26
	12 years	18-22	18-22
Temperature	All	36.5 – 37.0°C	

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

Age	Physical/Motor	Socialization	Language
6 years	Central mandibular incisors erupt; constantly active; likes to draw, paint, color	Shares; cooperates; same sex peers; plays roughly; jealous of others; mimic adults; cheats, tattles	Defines common objects; obeys triple commands; knows right/left; reads; cuts; folds; pastes; enjoys clay; performs bedtime activities alone; likes games, has own way of doing things
7 years	Repeats performance for mastery; maxillary central incisors and mandibular incisors erupt	"Real" family member: likes to help; wants choices; less stubborn; likes time alone; same sex playmates	Detects missing parts of a picture, copies shapes; uses clock/tell time; grooms self
8 years	Graceful; poised; jumps	Easy-going; behaved	Knows date, month, year
9 years	Chases; skips; dresses self completely; good eye/hand coordination	Likes rewards; sociable; competitive; self-critical	Makes change; likes to read books; uses hammer, saw, screwdriver; does chores, buys useful articles; more aware of time; afraid of failure; ashamed of bad grades; runs useful errands
10 years 11 years 12 years	May become overweight; adult postures; begins pubescent changes; rest of teeth erupt	Family has meaning; likes to please parents; shows affection; loves friends; talks constantly; beginning interest in opposite sex	Writes short letters to people; uses telephone; reads for enjoyment; does small jobs; responsible when left alone for short periods; can baby sit; raises pets; draw/paint; grooms self

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. Provide favorite foods, if possible. Assist with meal selection, if parent is not available. Allow choices, if possible.
6. Encourage parents to bring favorite foods from home, if appropriate to ordered diet.

IV. **SENSORIMOTOR/PLAY:**

1. Consult Recreational Therapist as needed.
2. Whenever possible, cohort children of same sex.
3. Cohort children of same age when possible.

V. **SAFETY:**

1. Reinforce wearing shoes when up and walking.
2. No running in hallways.
3. Provide regular size bed with side rails up when occupied.
4. Supervised child's activities when using sharp objects.

VI. **EQUIPMENT:**

1. Use appropriately sized BP cuff

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2. Use appropriately sized pulse oximeter sensor.
- 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 condition of IV site in medical record.
- VIII. MEDICATION ADMINISTRATION:
1. Offer choices of administration method for PO medications, (liquid vs. chewable vs. tablet, as available), if possible.
 2. Offer developmentally appropriate information about medication effects and side effects.
 3. May use gluteus maximus, vastus lateralis, or deltoid muscles for IM injections unless contraindicated.
- IX. ADJUSTMENTS TO ILLNESS/HOSPITALIZATION:
1. Consult Recreational Therapist as needed.
 2. Consult Spiritual Care as needed.
 3. Utilize interpreter services as needed.
 4. Encourage peer/family support.
 5. Engage in arts/crafts/video games for diversion, as appropriate.
 6. Arrange family meeting, as needed, for care conference.
 7. If child is hospitalized more than 30 days contact social worker to coordinate the provision of continuing education for the child while hospitalized.
 7. Provide for privacy as much as possible especially after age 9.
- X. PREPARATION FOR PAINFUL PROCEDURES:
1. Consult Recreation Therapist as needed.
 2. Utilize interpreter services as needed prior to and during procedure.
 3. Prepare child in advance for procedure.
 4. Plan for teaching sessions.
 5. Explain procedures using correct scientific/medical terminology.
 6. Explain reason for procedure using simple diagrams of anatomy and physiology.
 7. Explain function and operation of equipment in concrete terms.
 8. Allow child to manipulate equipment.
 9. Engage child in medical play with equipment and doll.
 10. Allow time before and after procedure for questions and discussion.
 11. Be honest.
 12. Allow responsibility for simple tasks.
 13. Include in decision making as appropriate and able.
 14. Encourage active participation when possible.
 15. Encourage expression of emotion about procedure and that it is "OK" to be resentful/angry.
 16. Reinforce this is not "punishment" for any previous action or behavior.
- XI. ANTICIPATORY GUIDANCE:
1. Discuss effect of hospitalization on school schedule/performance.
 2. Discuss medication regimen with patient/family.
 3. Discuss reportable signs/symptom of illness.
 4. Educate patient and parents to injury prevention needs of the school age child.

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
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Past Approval Dates	
N/A	