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Original Research Article

Role of pediatric nurse in management of child with special needs

Mir Uzma Ashraf^{1,*}, Priyanka Choudhary¹¹Dept. of Nursing, Desh Bhagat University, Punjab, India

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ABSTRACT

Background: Children facing life with chronic illness and disability are increasing in number. There are multiple factors which are responsible for that. Most of the children survive well into adulthood with early intervention, treatment and care. Pediatric nurses may create excellent professional roles caring for children with special health care needs and their families. The main responsibility will be to provide the children medical care and developmental training so that they can handle basic daily functions and lead happy, healthy lives. The role of a pediatric nurse in this field is not fixed. They may have to carry out different kinds of responsibilities based on the type and extent of special need.

Introduction: Pediatric nurses are responsible for helping children adapt to a hospital setting and prepare them for medical treatment and procedures. These nurses have special training to provide expert care to the child with special needs while working with the family to address their concerns, problems and help them to understand different treatment options and services available for the child with special needs.

Conclusion: Pediatric nurses not only focus on the child with special needs but involve themselves in the wellbeing of other family members. They have special training in caring of children, good interacting skills, good empathy, immense love for children, flexibility, having control over their own emotions and stress management skills.

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1. Nursing Management

1.1. Role and responsibilities

1. The pediatric nurses working in different areas like pediatric clinics, hospitals, schools, under- 5 clinics, Child guidance clinics etc. need to be knowledgeable about the child's condition.
2. They should recognize and support the families ability to care for the child with special needs to increase self-esteem of family members.
3. Family-centered care is very important for the family of a child with special needs.

4. Parents and child's adjustment to the disability will depend on the type of disability, availability of resources and support of family.
5. Interacting with parents and children is very important for pediatric nurses conducive to ventilate their feelings and provide proper care and education to them.

1.2. Nursing implications

1. Emphasize the positive activities of the child; stress what the child can do and praise the child for each accomplishment, no matter how small or big that is.
2. As it is difficult for many children to develop a positive self-image, pediatric nurses should always encourage the development of positive self-esteem.

* Corresponding author.

E-mail address: miruzma589@gmail.com (M. Uzma Ashraf).

3. Pediatric nurse should always find a balance between the need for assistance and achieving independence in activities of daily living.
4. Pediatric nurse should always involve family in planning the care and activities of child with special needs.
5. The child and family members will get discouraged sometimes; listen to their problems and allow them to express their feelings.
6. Pediatric nurse should review the strengths and weaknesses of family and educate them about the different support group which are available in the community /area.

1.3. Nursing process overview of a child with special needs

1.3.1. Nursing assessment

1. Pediatric nurse should discuss the history of current illness/injury, relevant past history, allergies and reactions, medications, immunisation status, implants and family and social history. For neonates and infants consider maternal history, antenatal history, delivery type and complications if any, Apgar score, resuscitation required at delivery and New-born Screening Tests (see Child Health Record for documentation).¹
2. Assessment of the child's overall physical, emotional and behavioural state. Considerations for all children include: looks well or unwell, pale or flushed, lethargic or active, agitated or calm, compliant or combative, posture and movement.
3. A structured physical examination allows the paediatric nurse to obtain a complete assessment of the child. Observation/inspection, palpation, percussion and auscultation are techniques used to gather information. Clinical judgment should be used to decide on the extent of assessment required.
4. Primary assessment (Airway, Breathing, Circulation and Disability) and Focussed systems assessment of specific body system relating to the presenting problem or other current concern required. This may involve one or more body system. Paediatric nurses should utilize their clinical judgement to determine which elements of a focussed assessment are pertinent for the child with special needs.¹

1.4. Nursing diagnosis

Appropriate nursing diagnosis is very important which may include:

1. Risk for delayed growth and development
2. Impaired nutrition; less than body requirements
3. Impaired physical mobility

4. Inability to wash body, take off or put on clothing ,feed self
5. Interrupted family processes
6. Compromised family coping²

1.5. Nursing management

Paediatric nurses working in different settings /areas help the children with special needs to function to their greatest capability and to fulfil their highest possible potential. Nursing care for the child include promoting proper growth and development, optimizing mobility and preventing further deformity, maintaining adequate nutrition, increasing family coping, strengthening family support and educating them about the condition.

1.6. Promoting growth and development³

1. Pediatric nurses should reassess developmental levels at intervals to evaluate about the effectiveness of nursing care.
2. Age related play activities and the activities that strengthen gross and fine motor development, sensory and cognitive development are encouraged e.g. put white balls on front side and black balls on back side to enhance growth and development of the child.
3. Choose appropriate toys that match the child's skills e.g. Give a rattle or soft toy that is easy to grasp.
4. Collaborate with speech, physical and occupational therapist to improve speech, physical, cognitive and social abilities of a child.
5. Special education should be provided to child and parents at each developmental level that meet the individual needs of child.
6. Discourage over protectiveness as it may impede the child's physical and psychosocial development
7. Encourage stimulating activities appropriate to the child's developmental stage. Collaborate with the family members to develop a manageable plan of care that prevents discouragement and exhaustion.
8. Encourage families to allow children with special needs to participate in appropriate extracurricular activities according to their developmental level and physical limitations.

1.7. Optimizing mobility and preventing further deformity⁴

1. Pediatric nurse should assess the type of auditory, motor, visual or intellectual deficit to aid in planning interventions appropriate for the child.
2. Facilitate activities in using fine and gross motor skills e.g. holding a spoon or pencil
3. Allow the child to perform activities at his/her own pace as the child may have difficulty in completing tasks by time compared to normal child.

4. Activities should be followed by a brief periods of rest to maintain energy of the child.
5. Range of motion exercises are performed every 4-5 hours to promote movement and minimize the risk of contractures.
6. If the child uses an orthotic device to build stability, educate the family about that.

1.8. Promoting proper nutrition³

1. Pediatric nurse should check the anthropometric measures of the child with special needs as they are used as a basis for caloric and nutrient requirements.
2. Assess the infants sucking and swallowing ability
3. Promote breast feeding exclusively for 6 months
4. Provide small frequent meals to the child as per the age and give adequate time for between meals for natural swallowing.
5. Upright position is given to the child during meals and soft and blended food are chosen over solid hard foods.
6. Encourage adequate fluid intake and high fibre foods e.g. fruits, vegetables (in mashed form), whole grain cereals to promote gastric motility and avoid straining during defecation.
7. Protein rich diet and protein supplements are given based on individual needs to increase calories .
8. Provide enteral feeding to the children who are unable to meet the nutritional requirements orally and educate the family regarding the same.

1.9. Increasing family coping³

1. Pediatric nurse should assess the family coping methods used and their effectiveness; family ability to cope with a child that needs long-term care and guidance.
2. Encourage family members to express problem areas and explore solutions together to reduce anxiety and enhance understanding.
3. Assist family members to identify healthy coping mechanisms they can use to find the solution appropriate for them.
4. Assist family to establish short and long-term goals for child and importance of integrating the child into family activities in order to promote involvement and control over situations.
5. Encourage to follow home routines and meet child's needs with the participation of family members to increase child's sense of security and sense of belonging.⁵
6. Teach family that overprotective behaviour may hinder growth and development and to treat the child as

normally as it is possible as it enhances family understanding.

7. Pediatric nurse should encourage normal social contacts. Family and child should participate in peer activities.
8. Offer emotional support, listen to the problems and allow the children and parents to express themselves.

1.10. Educating the children and parents

1. Pediatric nurse should educate the children about their strengths and competencies
2. Parents should be educated that they should not compare the performance of their child with other siblings or other normal children.
3. Impart information regarding condition of the child with special needs. Avoid giving misleading information or building false hopes in the parents.⁶
4. Help parents to develop right attitude towards their child
5. Create awareness in parents regarding their role in training a child
6. Educate parents about the different training programmes for children with special needs in the community.

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3. Conflict of Interest

None.

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Author biography

Mir Uzma Ashraf, P. hd Scholar

Priyanka Choudhary, Associate Professor

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