

# Childrens functional health pattern assessment essay sample

[Life](#), [Childhood](#)



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BUSTER**

When assessing children from toddlerhood through school-aged, the health practitioner will find that some of the expected results to be similar. Patterns of sleep and rest prove to be the most similar through the development of a child. A child's required hours of sleep do not significantly change between the ages of eighteen month and twelve years (Edelman, 2014). Routines, rituals and feeling of security set-up the child to independently go to bed without difficulty on their own in the school aged years. School aged children will often follow the same routines established years earlier but simply perform these tasks on their own. Like sleep patterns, patterns of values and beliefs also are established early on and carry through the years. Children from a young age build a conscience, demonstrate empathy and have a desire to please their parents.

They feel remorse when they have wronged another. The only difference is as a child ages, they are faced with more complex ethical issues that require them to pull from their previous learning and apply to situation. Their social environment begins to contribute to their personal value system. Although there are many differences in assessment findings between the stages of development, one must remember that theses differences are simply advances and building on previous learning based on what the child is developmentally capable of doing. The most striking difference is cognition. Toddlers go from basically thinking the world revolves around them to school aged children being cooperative members of society who value the perspective of others.

Toddlers understand the world only as it relates to them while school aged children can think beyond themselves, and into abstract thinking. Another striking difference is in their patterns of elimination. Toddlers usually learn to control their bowels first, then urinary control (Edelman, 2014). This can be a lengthy process for some, often regressing back to diapers or bed wetting when major changes or stressors occur. School aged children in contrast are totally independent and manage their elimination on their own.

Summarize how a nurse would handle physical assessments, examinations, education, and communication differently with children versus adults.

Consider spirituality and cultural differences in your answer.

The way a competent nurse would interact with a child patient would be quite different than the way they would interact with an adult patient. In general, children need more initial trust building time, need a caregiver to assist with the assessment, and need specialized care when assessing for abuse. Children can be quite fearful of strangers and building trust with both the parent and child is important. Toddlers and preschoolers feel safest in a parent's lap and can essentially be ignored at first while you interact with the parent. This allows the child to warm up to you (Jarvis, 2012). Allowing the child to handle the medical instruments, participate in the assessment, and express their thoughts will help put the child at ease and be more cooperative during the examination. School aged children with increased vocabulary should not be treated like little adults.

They are still children and the “ level of understanding does not match that of his or her speech” (Jarvis, p. 125). These children are able to express themselves quite clearly and can provide some of their current and past medical history, but like toddlers and preschoolers, a parent is needed for a full and complete history. Lastly, assessing for signs of maltreatment is imperative as children are a vulnerable population unable to take action on their own. Careful assessment of neglect, physical, emotional, or sexual abuse is important. The child may not be able to verbalize abuse to the nurse as an adult would due to limited vocabulary and the likelihood that their abuser is their caregiver. The nurse must carefully assess the child’s body and emotional cues (Maurer, 2013). The nurse must also be mindful of cultural practices like coining and cupping that can appear to be abuse but in fact are not.

## References

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