

Week 5

Health & Medicine, Nursing



Week 5 due: Week 5 This paper will discuss a case study a case of a 5-year-old female brought to the health facility by her mother complaining of urinary frequency in the past three days, low-grade fever, dysuria and decreased appetite. The child is said to have mild mental retardation, developmental delay, but she goes to preschool. The child is usually left under the care of the mother's boyfriend in the evening while the mother is working as a waitress. The mother has noticed on several events the child dancing in front of the boyfriend in a grown up way. In addition, the mother suspects that the boyfriend is sexually abusing the daughter and has requested for a thorough examination of the child's urinary symptoms.

a. Additional history questions

In this case, additional history questions will be asked to the mother, for example;

- Did you take any alcohol during pregnancy?
- Did you take any over the counter drugs, prescription drugs for illnesses such as antiepileptic medicine during pregnancy?
- Did you suffer from medical conditions such as phenylketonuria, hyperthermia, diabetes, and infections?
- Is there any family member with neurodevelopmental conditions, developmental delays, and mental retardation?
- Have you noticed any behavior change in the child and for how long?
- Has the child been treated of urinary tract infection before?
- Have you noticed any marks on the child?
- Have you noticed any blood stains on the child's urine or clothes?

b. Approach to evaluation of the child

The child may have emotional and behavioral reactions because of her mental retardation illness. Therefore, confidence and skills are required to comprehend the patient. The approach used is by checking the level of consciousness to determine if she comprehends questions asked and the manner of response. In addition, the level of consciousness will establish if the patient will lose track of the subject and keep silent or fall asleep. If the patient does not respond, the questions asked, there is a need to elevate the stimulus through various steps. First, speak to the patient by her name in a high tone, and then shake the girl gently like when waking up someone from sleep. If there is no reaction to these actions, the patient should be evaluated for a severe drop in the level of consciousness. The motor and posture conduct is assessed observing if the patient prefers to walk around or lie in bed and her capability to relax. In addition, facial expression is detected when she interacts with others and at rest (Bickley, Szilagyi & Bates, 2013).

c. Local laws and forensic examination resources

The 2014 Florida Statutes 39. 201 describe the ‘ Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline’. Clause 1(b) applies to this case because there is reasonable cause to suspect that the 5-year-old mentally challenged girl is abused by the caregiver (The Florida Legislature, 2015). Florida Council Against Sexual Violence is a resource provides various local centers in Florida State. It provides free services to children, persons with disabilities and adults. The services range from legal, medical, therapy, short-term counseling, HIV/AIDS testing (Florida Council Against Sexual Violence, 2009).

d. Plan for the patient

1. Diagnostic studies

The symptoms presented by the patient indicate that the child might be suffering from a urinary tract infection. Tests to confirm the disease include gram stain, dipstick and microscopy (Snodgrass, 2013). Other tests carried out to establish if the 5-year-old is sexually abused includes culture to test for chlamydial and gonorrhea infections (Fleisher & Ludwig, 2010).

2. Treatment

To treat uncomplicated UTI, 1 to 3 days of antibiotics administration is sufficient. In case of febrile UTI, therapy should take at least ten days. The selection of antibiotics is determined by its local susceptibility pattern and the most likely organism (Hari & Bagga, 2011). In case the results for gonorrhea and chlamydial infections are positive, the antibiotic regime should be inclusive (Fleisher & Ludwig, 2010).

3. Education

The mother is educated the mother is trained about hygiene because most UTI occurring in girls aged 5 years is acquired during toilet training (Amieva-Wang, 2010). She also educated on common signs of a sexually abused child. These signs include becoming withdrawn, nightmares, anger, mood swings and becoming secretive in an unusual way (Parents Protect, 2015).

4. Referrals

The child is referred to a child development center to a clinical psychologist for further review. In addition, the patient is referred to other medical specialists. The medical specialists include ophthalmology, neurology, genetics and developmental pediatrics (Schwartz, 2012).

References

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