

# Pediatric developmental care plan



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## Pediatric Developmental Paper

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## Subjective

Clarissa is a 3 year old girl with upper respiratory infection. She has always lived with her parents and, grandmother in the same place. Her parents are mainly responsible for raising her since she was born. However, the child spends most of the time with her grandmother as the parents go to work. The caregiver described the child as calm, playful, hot tempered and shy. The grandmother spends more than 8 hours with the child as her parents go to work at 8. 00am and come back at 5. 00pm. The child wakes up at 8. 00 am and eats her meals with the grandmother. However, the child interacts with her parents during dinner and bedtime. The caregiver and the child interact well as the toddler shows affection by hugging. However, the caregiver identified the child's upsetting behaviors including pushing people when she is angry. The caregiver disciplines the child when she misbehaved or went to dangerous places (Burns et al., 2013).

Additionally, the parents worry about the child's safety at home since she likes going to dangerous places. The grandmother finds it challenging to control the child's movement since she is starting to learn about her surroundings. The parents also do not get adequate support from family members as they only rely on the child's grandmother. However, they count on few friends for help since they have a large social network (Burns et al.,

2013). The parents and the grandmother do not spend adequate time with friends, and thus the small social circle. The father is involved in the care giving role according to the grandmother and the mother. The father is helpful as he assists in feeding the child and playing with her. In addition, the mother did not have complications during pregnancy and the baby was not born premature. The baby was almost 3.2 kgs and 19 inches at birth. The parents take the child for healthcare at different facilities including emergency rooms and walk-in clinics (Burns et al., 2013).

The child has normal growth, appetite, bowel movement, urination and sleep patterns. However, the caregiver claims the child got sick often and she has to call her parents to take her to the hospital. Despite the sickness, the child has managed to learn new words and sounds. The child does not have visual and hearing (Burns et al., 2008). The child interacts well with other people, but the caregiver is worried about the child's frequent sickness. The family has no major issues and concerns as there is one ill, alcoholic, using drugs or behaving strangely (Provence & Apfel, 2001). The family has satisfactory housing and lives in a safe neighborhood. The family does not deal with fear of violence and no one owns a gun. Nonetheless, the family has financial problems and found it challenging to meet basic needs like paying rent and bills.

### Observation

The child has had normal gross and motor development from 6 months up to now according to the caregiver (Provence & Apfel, 2001). The child was able to sit alone, stand and grasp objects with the index and thumb finger

according to the caregiver by 12 months. She could walk independently and scribble with crayon on paper. Additionally, she could build towers of cubes by the age of 18 months and squat and stand at 21 months. Also, she could jump off floor with two feet. She can hold crayon with thumb and finger and duplicate cross on the paper. The child has also had a normal social and emotional development as reported by the caregiver. The child was able to differentiate the main caregiver from other people and establish social contact by smiling by 6 months. She also played social games and enjoyed playing with dolls. She also showed affection to the caregiver and helped her with house chores and organizing things. Nevertheless, she expressed different emotions including anger, anxiety and sadness by 12 months. She also found it challenging to cooperate while playing with other children. The child has no language development problems as she can speak and answer comprehension questions well. She has coping and self-development issues (Provence & Apfel, 2001). She pushes away unwanted people, diet and objects. On the other hand, she can feed self with a spoon and drink from the cup without assistance. She also helps with dressing. Therefore, the child's gross and fine motor development, language development and coping and self-help development are at age level. The child's social and emotional development is below age level.

### Assessment

Clarissa has a normal development in different areas including language, fine and gross motor, coping and self-help development (Provence & Apfel, 2001). However, she has an abnormal social and emotional development. She is unable to manage her emotions when playing with other children, with

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the caregiver and other people. She expresses negative emotions including anger and sadness. She pushes away people, objects and foods she does not like. The caregiver and the child interact well as she shows affection to the caregiver by hugging. The child has a positive relationship with the family members including mother and father. Nonetheless, the frequent sickness may affect the child's development as she has upper respiratory infection (Provence & Apfel, 2001). The family seeks medical care from the emergency room or walk-in clinics when the child is sick. However, the family concerns include inadequate finances to meet basic needs and safety of the child at home. The child spends most of the time with the grandmother and she is unable to control and prevent the child from going to dangerous places. The family members have a small social network as they do not spend sufficient time with friends. They get financial and social support from the grandmother and few friends. The family has no history of alcoholism or fear of violence.

## Plan

The following interventions will be implemented to address the concerns and issues raised by the caregiver and parents. Improving the safety at home is critical to prevent accidents. In this case, parents and the grandmother will be educated on the importance of safety at home to improve the child's wellbeing. Dangerous substances including poisonous liquids should be stored far from the child to decrease accidents (Burns et al., 2008). The home should be redesigned to eliminate dangerous places and hence promote the child's safety. Adaptations including fireguards and stair gates make the home safe. Further, providing medical care to the child is

important to improve her health outcome and quality of life. Different medications will be administered to treat upper respiratory infections including Tylenol, Motrin, Benadryl and cough drugs. Additionally, social support interventions will be provided to improve the social wellbeing of the family. Social support interventions are important in increasing social networks or circles and enhancing physical and mental wellbeing (Burns et al., 2013). The parents and the grandmother will be able to share their concerns with friends and get necessary support. Lastly, the child should socialize with caregiver, peers and other adults to develop social and emotional skills. Adults should respond to the child's signals in a reliable and predictable manner to enable her regulate emotions (Burns et al., 2013).

#### Reference

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