

Childhood and physical examination



**ASSIGN
BUSTER**

1 Compare and contrast identified similarities as well as differences in expected assessment across the childhood age groups.

The Similarities: Growth and development influence by emotional health as well as ethnic and cultural practices that influences child rearing, life style, and health care practices. Children of all age groups follow their parents in imitating the behavior regarding the health practices, nutritional pattern, activities, role perception and sexually reproductive pattern. Children of any age group are interested in play through which the communication and different skills are developed. They express their emotional feelings through play and like to eat fatty foods, sweets and drink sugary fluids.

Dental carries, obesity and other nutritional problems are common in all age groups. Children of all age groups are curious about their sex and want to explore the sex organs. They are very active and interested in exploring the environment and are risk for accidents, injuries, and child abuse. Social expectations can influence developmental tasks with expectations that an individual achieve certain landmarks during each period of development.

The differences: Children are different in coping and stress tolerance, cognitive/perceptual pattern, role relationship pattern and in pattern of value and beliefs according to age group. Toddlers cope with stress by temper tantrums and pre- school children can verbalize frustration while the school-age children depend on defense mechanisms. Toddlers develop language skills, pre-school children are oriented to space and school aged children are interested in mysteries. In role relationship pattern, toddler imitates their parents while preschool and school age children get information from peers.

Older children take some responsibilities in family. Children of different age group vary in sleep pattern. Toddlers sleep for 12 hours a day with 1-2 naps and totally depend on consistent bed time rituals whereas preschool and school aged children sleep for 8-12 hours.

2 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.

Since childhood is a time of rapid physiologic and behavioral changes their exposure to environment and other external factors is different from adults. Children and adults are different in knowledge and understanding and so the assessment differs in both groups. The technique and approaches of physical examination, normal findings, pathological conditions, and interpretation of exam results vary in both children and adults. The environmental settings for examination of children should be safe, pleasant, and comfortable. The toddler may be difficult to examine; do not take this personally. Because he or she is acutely aware of the new environment, the toddler may be frightened and cling to the parent. Also, the toddler has fear of invasive procedures and dislikes being restrained. (Jarvis, Carolyn.

Physical Examination and Health Assessment, 6th Edition. Saunders, 032011. p. 123). The preschooler takes on tasks independently and plans the task and sees it through. (Jarvis, Carolyn. Physical Examination and Health Assessment, 6th Edition. Saunders, 032011. p. 124). During the examination, the school child is cooperative and is interested in learning about the body. Language is more sophisticated now, but do not overestimate and treat the

school-age child as a small adult. The child's level of understanding does not match that of his or her speech. (Jarvis, Carolyn. *Physical Examination and Health Assessment*, 6th Edition. Saunders, 032011. p. 125).

The presence of toys and parents will reduce the anxiety in children. Age appropriate literature or items for teens or older children will provide diversion in waiting area. Standard measurements in children are height, weight, head and chest circumference, and head to toe examination, which focus on the growth and development of the children. The approach to physical examination depends on the age and developmental level. Children should get acquaintance to the environment using play technique and the exam place can be the table, parent's lap or examiner's lap. The least intrusive areas like hands, legs should be examined first and the sensitive, painful or intrusive areas like ears, nose, mouth, and eyes are examined last. In school aged children, address questions more directly to the child and can be explained in concrete terms.

Medical diagrams or models can be useful in teaching. Race, with its related economic and cultural issues, can influence health care practices at this age, as is the case during all ages. Cultural preferences and economic issues, therefore, influence the environments and other health-promoting behaviors, such as nutrition and recreation (Brotanek et al., 2005; Harrison, 2006). (Edelman, Mandle. *Health Promotion throughout the Life Span*, 7th Edition. Mosby, 092009. p. 481).

Assessment in adults differs in physical, mental, emotional, spiritual, and cultural aspects. Children may think that illness is a punishment from God.

Family may have different cultural practices and the nurse can make use of the cultural back ground to explain the reason for physical examination. Also occurrence of much health conditions are age related.