Clarence has been brought in for his 15-month-old health supervision visit by his father, Ben, and mother, Karie. Clarence is a healthy but very active toddler and his parents have many questions about his development. They are concerned that Clarence is very active and needs constant supervision. Since both parents work and Clarence is at childcare during the day, they are busy in the evening trying to spend time with him and meet other family obligations. You notice on the record that Clarence missed his 12-month health supervision visit and was last seen when he was 9 months old.

What health promotion activities will be appropriate for this visit? How will you integrate Ben and Karie’s questions about Clarence’s activity level into the visit? Since Clarence has not been seen in health care for some time, what are some likely health maintenance needs?

LEARNING OUTCOMES

After reading this chapter, you will be able to do the following:

1. Define health promotion and health maintenance.
2. Describe how health promotion and health maintenance are addressed by partnering with families during health supervision visits.
3. Describe the components of a health supervision visit.
4. Explore the nurse’s role in providing health promotion and health maintenance for children and families.
5. Describe the general observations made of children and their families as they come to the pediatric healthcare home for health supervision visits.
6. Describe the areas of assessment and intervention for health supervision visits—growth and developmental surveillance, nutrition, physical activity, oral health, mental and spiritual health, family and social relations, disease prevention strategies, and injury prevention strategies.
7. Plan health promotion and health maintenance strategies employed during health supervision visits.
8. Apply the nursing process in assessment, diagnosis, goal setting, intervention, and evaluation of health promotion and health maintenance activities for children and families.
One of the two major goals of Healthy People 2010 is to help individuals of all ages increase life expectancy and improve their quality of life. The concepts of health promotion and health maintenance provide for nursing interventions that contribute to meeting this goal. Many students in health professions begin their studies with a strong interest in care of ill individuals. However, as time progresses, they learn that “well” people need care also. They need teaching to improve diet, reduce stress, and obtain immunizations. They may seek information about how to exercise properly or ensure a safe environment for their children. These examples of care and teaching are components of health promotion and health maintenance.

Nursing is a holistic profession that examines and works with all aspects of individuals’ lives, and has a strong focus on family and community as well. Nurses therefore are uniquely positioned to provide health promotion and health maintenance activities. In fact, these activities should be a part of each encounter with families.

The pediatric nurse applies health promotion and health maintenance in all settings in which children are served—well-child clinics, schools, mobile vans, physician and nurse practitioner offices, and hospitals. This nurse must possess a comprehensive background on all aspects of childcare and an understanding of child growth and development (see Chapter 3). The family’s role in children’s health is critical (see Chapter 2). The impact of contemporary influences on children provides an essential context to realistic nursing care planning (see Chapter 6). Finally, a thorough understanding of the healthcare conditions that affect children is needed so that health promotion and health maintenance can be integrated within the framework of comprehensive health care. Some children have special healthcare needs and these are integrated into the provision of health promotion and health maintenance.

What is the difference between health promotion and health maintenance? When should nurses engage in activities that focus on health? How can these activities be integrated into health supervision visits for the infant and young child? How do nurses collaborate with other healthcare professionals to offer comprehensive health services in settings accessible to parents and young children? How can nurses help children and their families to maximize the length and quality of life? These questions will be explored in this chapter, along with specific activities that target families with infants and young children.

**GENERAL CONCEPTS**

In order to understand health promotion and health maintenance, it is important to develop a definition of health. The World Health Organization defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity (World Health Organization, 1996). Even individuals with chronic disease can be viewed as healthy if they successfully adapt to their conditions. Health is viewed as dynamic, changing, and unfolding; it is the realization of a state of actualization or potential (Pender, Murdaugh, & Parsons, 2006). This basic human right is necessary for development of societies.

Health promotion refers to activities that increase well-being and enhance wellness or health (Pender, Murdaugh, & Parsons, 2006). These activities lead to actualization of positive health potential for all individuals, even those with chronic or acute conditions. Examples include providing information and resources in order to:

- Enhance nutrition at each developmental stage
- Integrate physical activity into the child’s daily events
- Provide adequate housing
- Promote oral health
- Foster positive personality development

Health promotion is concerned with developing sets of strategies that seek to foster conditions that allow populations to be healthy and to make healthy choices (World Health Organization, 2001). Improved health requires coherent policies on health
INTRODUCTION TO HEALTH PROMOTION AND HEALTH MAINTENANCE

Health promotion, as well as collaboration among governments, international organizations, the society, and private agencies (World Health Organization, 2005). Nurses engage in health promotion by being active in policies that promote health in institutions where they are employed, and by partnering with children and families to promote family strengths in the areas of lifestyles, social development, coping, and family interactions. You will provide anticipatory guidance for families when you understand the child’s upcoming developmental stages and teach families how to provide an environment to assist in meeting each stage’s milestones. Examples of application of this are found in Chapters 8 and 9.

Health maintenance (or health protection) refers to activities that preserve an individual’s present state of health and that prevent disease or injury occurrence. Examples of these activities include developmental screening or surveillance to identify early deviations from normal development, providing immunizations to prevent illnesses, and teaching about common childhood safety hazards. Health maintenance activities are commonly preventive in nature and terminology common to community or public health nursing explains the levels and aims of preventive actions. Prevention levels are identified as primary prevention, secondary prevention, and tertiary prevention (Table 7–1).

While it is clear that health promotion and health maintenance activities are closely linked and often overlap, there are some differences. Health maintenance focuses on known potential health risks and seeks to prevent them, or identify them early so that intervention can occur. Health promotion looks at the strengths and goals of individuals, families, and populations, and seeks to use them to assist in reaching higher levels of wellness. It involves partnerships with the family as health goals are set, and with other health professionals and resources to provide for meeting the goals (Figure 7–1 ➤). Apply both health promotion and health maintenance concepts when providing health care, recognizing that the concepts overlap. Health promotion and health maintenance are integrated into healthcare visits for children, with the care provider applying both knowledge of health maintenance concepts and adding information the family has identified that will assist in increasing health or wellness (health

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Example of Nursing Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary prevention</td>
<td>Activities that decrease opportunity for illness or injury</td>
<td>Giving immunizations Teaching about car safety seats</td>
</tr>
<tr>
<td>Secondary prevention</td>
<td>Early diagnosis and treatment of a condition to lessen its severity</td>
<td>Developmental screening Vision and hearing screening</td>
</tr>
<tr>
<td>Tertiary prevention</td>
<td>Restoration to optimum function</td>
<td>Rehabilitation activities for child after a car crash</td>
</tr>
</tbody>
</table>

Adapted from Murray & Zentner, 2005, p. 44.

<table>
<thead>
<tr>
<th>Health Promotion Overlap</th>
<th>Health Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nutrition to meet all RDAs and enhance health and well-being, with emphasis on whole grains, fruits, vegetables.</td>
<td>• Nutrition to prevent obesity or growth retardation.</td>
</tr>
<tr>
<td>• Activities to promote self-concept formation including body image and decision-making skills.</td>
<td>• Limiting television viewing to decrease exposure to violence, which may lead to disturbed sleep and aggressive behaviors.</td>
</tr>
</tbody>
</table>

Health Promotion and Health Maintenance Overlap

Figure 7–1 ➤ Health promotion and health maintenance overlap. While the focus and goals for health promotion and health maintenance differ, there is often overlap in nursing activities and expected outcomes, as demonstrated in these examples.
The American Academy of Pediatrics and the National Association of Pediatric Nurse Practitioners concur that a pediatric healthcare home should offer:

- Family-centered care and trusting partnership
- Sharing of unbiased and clear information
- Provision of primary care to include acute and chronic care, breastfeeding promotion, immunizations, growth and development, screenings, healthcare supervision, counseling about health, nutrition, safety, and parenting and psychosocial issues
- Continuous available care
- Continuity of care
- Referral to specialists as needed
- Referral to early intervention and childcare
- Coordination of services
- Maintenance of a comprehensive central record
- Provision of developmentally appropriate and culturally competent care

(American Academy of Pediatrics, 2002; NAPNAP, 2002)

Health supervision is the provision of services that focus on disease and injury prevention (health maintenance), growth and developmental surveillance, and health promotion at key intervals during the child’s life. What health promotion and health maintenance activities are parts of health supervision visits? How can these activities be integrated into all settings where care is provided for children? What are the recommended times for health visits to occur and what care is provided at certain times? How can you organize a health supervision visit to accomplish goals of family and health professionals? These and other questions will be answered in this section and the section that follows on nursing management.

Children all need a medical home, where ongoing health supervision is provided during the developmental years. A medical home or pediatric healthcare home is the site of comprehensive health care by a pediatric healthcare professional in order to ensure optimal health (NAPNAP, 2002). See Chapter 1 for further description of a medical home or pediatric healthcare home. When a family has an established partnership with a care provider, comprehensive, family-centered health services can be provided based on the family’s risks and protective factors. These services may be provided at physician offices, community health clinics, and in the home, schools, childcare centers, shelters, or mobile vans (Figure 7–2). National guidelines for preventive health services have been developed for infants, children, and adolescents by the U.S. Department of Health and Human Services (DHHS), the American Academy of Pediatrics (AAP), and the American Medical Association. The National Association of Pediatric Nurse Associates and Practitioners supports the list of comprehensive services of a pediatric healthcare home identified by the AAP.

The health supervision visit is individualized to the family and child. Standardized screenings and examinations are included, and time is provided for the family’s specific concerns and questions about the child’s health. Nurses play an integral part in these comprehensive visits and they partner with other healthcare providers to accomplish health supervision.

A tracking system in the pediatric healthcare home site helps to identify appropriate health supervision activities for each child at every visit. Computers are often used to list appropriate topics for visits at specific ages. If a child misses a visit, the family can be contacted by phone and encouraged to come in for the recommended care. A family may be called if their young child is lacking some immunizations. Recognizing that not all families get into the healthcare home for each visit, every health visit, including an
episodic illness visit or care for a chronic illness, is a potential time to complete health promotion and health maintenance activities. For example, immunizations may sometimes be given during a visit for an acute condition such as otitis media (ear infection) if the child has missed a prior health supervision visit. Even when you see children in hospitals, emergency rooms, or other settings, ask about their pediatric healthcare home, and when the last visit occurred. Identify children who need basic health supervision services and provide them or refer to other settings for meeting these needs at another time.

Nurses play an important role in managing health supervision visits. Depending on the setting, the advanced practice nurse may provide all services or support other care providers by obtaining an updated health history, screening for diseases and other conditions, conducting a developmental assessment, and providing immunizations, anticipatory guidance, and health education. And nurses in all settings are instrumental in identifying children who need health supervision and are not obtaining recommended care (Figure 7–3 ➤).

While health supervision visits can address many health-related topics, a limited time generally exists in which to engage a child or family. The nurse needs to direct the encounters and have some ideas for pertinent agendas. Bright Futures, an initiative of the United States Maternal and Child Health Bureau, promotes the foundational belief that each child deserves to be healthy and that the community, health professional, family, and child must partner together to achieve this goal. A series of Bright Futures booklets on health supervision, nutrition, physical activity, and mental health provide guidance about how the nurse can manage health supervision visits. These publications are now available through the American Academy of Pediatrics and are used throughout Chapters 8–10 to provide essential guidance for provision of healthcare for children. (Additional resources are also available to assist in implementing the Bright Futures concepts in healthcare agencies.) Six concepts should be integrated into child health care and are listed in the following text:

1. The care provider builds effective partnerships with the family. A partnership is a relationship in which participants join together to ensure healthcare delivery in a way that recognizes each partner’s critical roles and contributions in promoting health and preventing illness. The partners in child health include the child, family, health professionals, and the community.
2. The nurse fosters family-centered communication by showing interest in the child and family, and effectively conveying information and understanding.
3. The nurse focuses on health promotion and health maintenance topics during visits, recognizing that families may not initiate these discussions.

Figure 7–3 ➤ The nurse plays many roles in providing health promotion and health maintenance for children. A, Data are collected from the time a nurse calls the child and family to the examination room and during the history-taking phase. The nurse asks questions while observing the child’s behaviors and the relationship between parent and child. The nurse also performs screening tests, including blood pressure, tuberculosis, vision and hearing, and developmental screening. B, Interventions that include teaching may take place. C, A nurse may administer immunizations as parents watch and assist by holding the child. Nurses also play important roles in teaching families information to enhance health.
4. The nurse manages time well to enable health promotion topics to be addressed during visits. This includes reviewing the child’s health record and selecting topics pertinent for the child’s age and the family’s situation.

5. The nurse educates the family during “teachable moments.” Large teaching plans are not always needed; children and families often learn best when presented with small bits of information based on parent’s questions or your observations.

6. The nurse becomes an advocate for child health issues. When an issue arises as you care for a child, seek additional data from various sources, talk with others, and strategize how the problem could be solved (Green & Palfrey, 2002).

COMPONENTS OF HEALTH PROMOTION/HEALTH MAINTENANCE VISITS

The nurse identifies and isolates pertinent topics for health promotion and health maintenance during health supervision visits. You will apply your knowledge of areas that need to be addressed with an infant or child of a particular age, and then make general observations of the child and family to guide you to additional topics. While categories to consider vary depending on the child’s age, the family’s particular needs, and community resources, some common topics generally require attention. Start with the topics described in the following text, integrating general observations as you progress with the visit, and further areas as needed in particular situations.

Contacts with the Family

Healthcare providers work with families in diverse settings and must adapt approaches and interventions dependent on the needs of these families. Prospective parents sometimes interview potential healthcare providers while pregnant with a child in order to choose the pediatric healthcare home that will best meet their needs and approaches to child health. In other situations, parents choose the most convenient setting or a facility that is included in their health insurance coverage. Some families remain with one care provider for years, while others have multiple providers.

Whatever the individual situation, the nurse recognizes that all contacts with family members are a vital link to the child. They are a time to learn about the development of the child, to observe interactions among family members, and to implement effective nursing interventions. Telephone calls, face-to-face meetings, and brief encounters all serve to provide a mutual interaction with the goal of ensuring child health. Consider Clarence’s parents, who are described in the opening scenario. They have questions about Clarence’s activity level and will likely be receptive to nursing interventions that help them meet parenting challenges.

General Observations

As a pediatric nurse, you will be making general observations of infants and their families whenever you encounter them. Be observant during the health supervision visit, and you will have many opportunities for assessing the family. These general observations begin as you call the family in and welcome them to the facility. They continue as you weigh and measure the infant or child, and throughout the visit. Observe the physical contact between the child and other family members, the developmental tasks displayed by the child, and parental level of stress or ease in conducting childcare activities.

Growth and Developmental Surveillance

Growth and developmental surveillance provide important clues about the child’s condition and environment. In order to evaluate growth, child height, weight, and body mass index are calculated at each health supervision visit, and results are placed on percentile charts (see Chapters 4 and 5). Parents are given the information in written form and it is interpreted for them. Physical assessment is performed to be sure the child is growing as expected and has no abnormal or unexplained physical findings (see Chapter 5). Developmental surveillance is a flexible, continuous process of skilled observations that also provides data about the child’s capabilities, allows for early identification of any neuro-
logical problems, and helps to verify that the home environment is stimulating. Information may be collected from several sources; for instance, a questionnaire that the parent completes, trigger questions asked during the interview, or observation of the child during the visit. Parents can also be interviewed to identify any developmental concerns they may have about the child or adolescent. When talking with parents, review physical, social, and communication milestones for infants, young children, older children, or adolescents. Detailed milestones for each age group are found in Chapter 3.

Development is a fragile process determined by both innate conditions and environmental influences. Developmental screening of all children using a regular and organized approach is needed, since about 16% of children have some type of developmental delay or disability (Earls & Hay, 2006). Standardized developmental questionnaires are effective for developmental surveillance of most children, especially when time for health supervision visits is limited (see Tables 7–2 and 7–3). A commonly used test is the Denver II, which can be applied as a developmental chart, like a growth curve, to monitor the child’s developmental progress (see Figures 7–4 and 7–5➤).

To perform developmental screening with the Denver II or any other standardized screening tools, make sure all directions are followed:

- Choose the proper test for the child’s age and desired information.
- Read directions thoroughly or utilize specific training tools available.
- Practice as needed until proficient with the test.
- Calculate the infant’s or child’s age correctly, especially if premature.
- Attempt to develop rapport with the infant or child to get the best performance.
- Follow directions for administration of items; in some cases, parents can be asked if a child demonstrates specific skills at home, especially if the child is not willing to perform an item during testing.
- Note the child’s behavior and cooperativeness during the screening process.
- Analyze the findings using the test instructions to make the correct interpretation.

Failure to perform an item in a single domain does not mean the child has failed the test. The child should be reevaluated at a future visit. Schedule the appointment at a time of day when the child is awake and rested. Failure of multiple items within one domain or across multiple domains is of greatest concern. When poor development patterns in one or more domains are revealed, referral for diagnostic developmental assessment is needed.

Table 7–2  DEVELOPMENTAL SURVEILLANCE QUESTIONNAIRES

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Guidelines for Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent’s Evaluation of Developmental Statusa (birth to 8 years)</td>
<td>Consists of 10 questions for parents to answer in interview; based on research about parents’ concerns. Requires less than 5 minutes to complete. English and Spanish forms are available.</td>
</tr>
<tr>
<td>Prescreening Development Questionnaire (birth to 6 years)</td>
<td>Parents complete an age-specific form. Helps identify children who need Denver II (PDQ and Revised-PDQ)b assessment. Requires less than 10 minutes to complete. PDQ is available in English, Spanish, and French versions; R-PDQ in English only.</td>
</tr>
<tr>
<td>Ages and Stages Questionnairec (4–48 months)</td>
<td>Questionnaires for 11 specific ages, with 10–15 items each in areas of fine motor, gross motor, communication, adaptive, personal, and social skills. Parents try each activity with the child. Requires less than 10 minutes to complete. English and Spanish versions are available.</td>
</tr>
<tr>
<td>Child Development Inventoriesd (3–72 months)</td>
<td>Consists of 60 yes-no descriptions for three separate instruments to identify children with developmental difficulties. Requires about 10 minutes to complete.</td>
</tr>
</tbody>
</table>

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aFrances P. Glascoe, Ellsworth & Vandermeer Press Ltd, P.O. Box 68164, Nashville, TN 37206.

bDenver Developmental Material, Inc., P.O. Box 371075, Denver, CO 80237-5075.

Brookes Publishing Co., P.O. Box 10624, Baltimore, MD 21283-0625.

Behavior Science Systems, Box 580274, Minneapolis, MN 55458.
Table 7–3
DEVELOPMENTAL SCREENING TESTS FOR INFANTS AND YOUNG CHILDREN

<table>
<thead>
<tr>
<th>Screening Test</th>
<th>Guidelines for Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denver II* (birth to 6 years)</td>
<td>Consists of observation of the child in four domains; personal social, fine motor-adaptive,</td>
</tr>
<tr>
<td></td>
<td>language, and gross motor. Requires 30 minutes to complete. A training video is available.</td>
</tr>
<tr>
<td>Bayley Infant Neurodevelopment Screener</td>
<td>Consists of observation of child with 10–13 items for each of six age-specific scales to assess</td>
</tr>
<tr>
<td>(BINST)b (3–24 months)</td>
<td>neurological processes, neurodevelopmental skills, and developmental accomplishments. Requires</td>
</tr>
<tr>
<td></td>
<td>10–15 minutes to complete.</td>
</tr>
<tr>
<td>McCarthy Scales of Children’s Abilitiesb</td>
<td>Consists of observation of child in domains of motor, verbal, perceptual-performance, quantitive,</td>
</tr>
<tr>
<td>(2.5–8.5 years)</td>
<td>general cognition, and memory. Requires 45 minutes to complete.</td>
</tr>
<tr>
<td>Denver Articulation Screening Exam (DASE)a</td>
<td>Consists of observation of child’s articulation of 30 sound elements and intelligibility.</td>
</tr>
<tr>
<td>(2.5–6 years)</td>
<td>Requires 5 minutes to complete.</td>
</tr>
<tr>
<td>Early Language Milestone Scale—2 (ELM)c</td>
<td>Consists of observation of child to assess auditory expressive, auditory receptive, and visual</td>
</tr>
<tr>
<td>(birth to 36 months)</td>
<td>components of speech. Requires 5–10 minutes to complete.</td>
</tr>
</tbody>
</table>

*Denver Development Materials, Inc., P.O. Box 371075, Denver, CO 80237–5075.

Harcourt Assessment: The Psychological Corporation, 19500 Bulverde Rd., San Antonio, TX 78259.

PRO-ED, Inc., 8700 Shoal Creek Blvd., Austin, TX 78758-6897.

Parents are key participants in their children’s developmental screening. They often recognize problems not observed in brief healthcare encounters. Enable them to ask questions and state their observations of the child, provide them with expected developmental tasks and ways to stimulate development, and encourage them to write down observations to form the basis for developmental screening during healthcare visits (Frankenburg, 2004; Williams & Holmes, 2004).

Nutrition

Nutrition is a vital part of each health supervision visit. It makes important contributions to general health and fosters growth and development. Include observations and screening relevant to nutritional intake at each health supervision visit. Eating proper foods for...
CHAPTER 7

DIRECTIONS FOR ADMINISTRATION

1. Try to get child to smile by smiling, talking, or waving. Do not touch him/her.
2. Child must stare at hand several seconds.
3. Parent may help guide toothbrush and put toothpaste on brush.
4. Child does not have to be able to tie shoes or button/zip in the back.
5. Move yarn slowly in an arc from one side to the other, about 8” above child’s face.
6. Pass if child grasps rattle when it is touched to the backs or tips of fingers.
7. Pass if child tries to see where yarn went. Yarn should be dropped quickly from sight from tester’s hand without arm movement.
8. Child must transfer cube from hand to hand without help of body, mouth, or table.
9. Pass if child picks up raisin with any part of thumb and finger.
10. Line can vary only 30 degrees or less from tester’s line.
11. Make a fist with thumb pointing upward and wiggle only the thumb. Pass if child imitates and does not move any fingers other than the thumb.


13. Which line is longer? (Not bigger.) Turn paper upside down and repeat. (pass 3 of 3 or 5 of 6).


15. Have child copy first. If failed, demonstrate.

When giving items 12, 14, and 15, do not name the forms. Do not demonstrate 12 and 14.
16. When scoring, each pair (2 arms, 2 legs, etc.) counts as one part.
17. Place one cube in cup and shake gently near child’s ear, but out of sight. Repeat for other ear.
18. Point to picture and have child name it. (No credit is given for sounds only.)
   If less than 4 pictures are named correctly, have child point to picture as each is named by tester.

19. Using doll, tell child: Show me the nose, eyes, ears, mouth, hands, feet, tummy, hair. Pass 6 of 8.
22. Ask child: What do you do with a cup? What is a chair used for? What is a pencil used for?
   Action words must be included in answers.
23. Pass if child correctly places and says how many blocks are on paper. (1, 5).
   (Do not help child by pointing, moving head or eyes.)
25. Ask child: What is a ball?... lake?... desk?... house?... banana?... curtain?... fence?... ceiling? Pass if defined in terms of use, shape, what it is made of, or general category (such as banana is fruit, not just yellow). Pass 5 of 8, 7 of 8.
26. Ask child: If a horse is big, a mouse is _____? If fire is hot, ice is _____? If sun shines during the day, the moon shines during the _____? Pass 2 of 3.
27. Child may use wall or rail only, not person. May not crawl.
28. Child must throw ball overhand 3 feet to within arm’s reach of tester.
29. Child must perform standing broad jump over width of test sheet (8 1/2 inches).
30. Tell child to walk forward, heel within 1 inch of toe. Tester may demonstrate.
   Child must walk 4 consecutive steps.
31. In the second year, half of normal children are non-compliant.

OBSERVATIONS:

Figure 7–5B ➤ Directions for administration of Denver II.
age and activity ensures that children have the energy for proper growth, physical activity, cognition, and immune function. Nutrition is closely linked to both health promotion and health maintenance. See Chapter 4 for detailed nutritional assessment recommendations, and this chapter as well as Chapters 8, 9, and 10 for specific nutritional questions to ask for each age group. Find out what questions parents have about feeding their children. Integrate the special nutritional needs of children with chronic conditions. Use the information gathered to provide both health promotion and health maintenance interventions.

**Physical Activity**

*Physical activity* provides many physical and psychological health benefits. However, there is growing disparity between recommendations and reality among most of our children (Patrick, Spear, Holt, & Sofka, 2001). Research by the Centers for Disease Control and Prevention (CDC) using the Youth Media Campaign Longitudinal Survey (YMCLS) of parents and children found that 61.5% of 9- to 13-year old children report that they do not participate in any organized physical activity during hours outside of school. While organized activities are important and consistent forms of exercise, not all children can participate or desire to do so. However, 22.6% of these children reported that they do not engage in ANY physical activity outside of school. Parents noted that barriers to physical activities included transportation problems, lack of opportunities in area, expenses, lack of parental time, and lack of neighborhood safety (CDC, 2003). The nurse inquires about activities the child prefers and the amount of time for activity during the day. As the child grows older, insert questions about sedentary activities such as number of hours spent watching television or playing computer games. See if the child plays sports at school or in the community. Ask about activities in a typical day to measure amount of activity. Once the nurse gathers data about physical activity, interventions are implemented to enhance activity patterns.

**Oral Health**

While oral health may seem to require the knowledge of a specialist, many implications relate to general health care. Oral health is important because teeth assist in language development, impacted or infected teeth lead to systemic illness, and teeth are related to positive self-image formation. Between 4–5 million children in the United States are affected by tooth decay and pain that interfere with activities of daily living such as eating, sleeping, attending school, and speaking (Ryan, 2003). The nurse applies health promotion to dental health by teaching about oral care and access to dental visits. Health maintenance activities relate to prevention of caries and illness related to dental disease.

**Mental and Spiritual Health**

*Mental and spiritual health* are important concepts to address in health promotion and health maintenance visits. Parents can be encouraged to keep a record of mental health issues to bring to health supervision visits. This helps them understand that the healthcare professional is willing to partner with them to assist in dealing with mental health. Suggest topics such as child and parental mood, child temperament, stresses and ways that family members manage stress, or sleep patterns. Make notes in the record as a reminder of questions to ask at the next visit (Jellinek, Patel, & Froehle, 2002). The child and family are both observed for appropriateness of affect and mood. Be alert for signs of depression, stress, anxiety, and child abuse/neglect. The nurse establishes both health promotion and health maintenance goals related to child and family mental health. Health promotion goals relate to adequate resources to meet family challenges, protective factors such as involvement in extended family and the community. Teaching stress reduction techniques such as meditation, relaxation, and imagery, as well as providing resources for yoga or other techniques, is helpful. Health maintenance goals relate to prevention of mental health problems. Examples include providing resources
when domestic violence occurs, or referring cases of suspected child abuse or neglect. The **spiritual dimension** is a connection with a greater power than that in the self, and guides a person to strive for inspiration, respect, meaning, and purpose in life (Murray, Zentner, Pangman, & Pangman, 2005). Spiritual health is seen in the large context as those entities that provide meaning in life. For some, this may be membership in a faith-based group; for others, it may be feeling part of a society with a purpose of greater good, or setting goals for the future. Ask about the family’s meaningful activities. Provide links to faith-based groups as needed.

The **relationships** that a child establishes with others begin at birth. The first and most important set of relationships develops with the family. The mother, father, siblings, and perhaps extended family are the contexts in which the baby learns to relate with others. With growth the world widens to encompass other children, friends of the family, peers, school, and the larger community network. In the opening scenario, Clarence spends time each day in childcare. The nurse should inquire about important relationships for Clarence and his parents in that setting. Analyzing the child’s relationships at all ages provides important clues to social interactions. From the moment the family is called in from a waiting area, be alert for clues to family interactions. Who is present at the visit, and what roles and interactions can be observed? Likewise, other social interactions are important to evaluate. Does the young infant interact in an age-appropriate manner with the healthcare provider or other children in the area? Ask the parents questions about family and social interactions. Once assessment has taken place, establish goals and interventions related to family and social relationships.

**Disease Prevention Strategies**

*Disease prevention* strategies focus mainly on health maintenance, or prevention of disease. Some health disruptions can be detected early and treatment for the condition can begin. **Screening** is a procedure used to detect the possible presence of a health condition before symptoms are apparent. It is usually conducted on large groups of individuals at risk for a condition and represents the secondary level of prevention (Figure 7–6 ➤). Examples include developmental screening (described earlier in this chapter), blood pressure screening, and vision/hearing screening. Most screening tests are not diagnostic by themselves but are followed by further diagnostic tests if the screening result is positive. Once a screening test identifies the existence of a health condition, early intervention can begin, with the goal of reducing the severity or complications of the condition.

Another way to prevent diseases is to immunize children against common communicable diseases. See Chapter 18 for the complete list of childhood immunizations and schedules for administration; see Chapters 8, 9, and 10 for the most commonly administered immunizations at specific ages. What immunizations are likely needed by Clarence, described in the opening scenario?

**Injury Prevention Strategies**

Most childhood mortality and hospitalization is related to injury (see Chapter 1). Therefore, it is important for the nurse to integrate **injury prevention** strategies in all health supervision visits. The family is constantly challenged to maintain a safe environment as the child grows older, reaches more advanced developmental levels, is exposed to a widening world outside of the family, and has less supervision. Safety teaching should be integrated with developmental progression. Asking parents to bring their questions about safety to each visit can be a good starting point for discussion. The nurse considers knowledge about the child’s age and information from the health supervision visit to plan health maintenance interventions related to injury. Teaching is performed, resources are made available, and parents and children who have experienced injury are invited to present their experiences.

Some common universal injury prevention topics include car safety, pedestrian safety, sports injury prevention, poison prevention, and child abuse prevention.
NURSING MANAGEMENT

Nursing Assessment and Diagnosis

During health supervision visits, a mental portrait of a child and family should be drawn. Observe the parent-child interaction in the waiting room and all throughout the examination. If siblings are present, watch for interactions among all family members. Observe the affect and mood of the child and parents. Nursing assessment of the child and family at each visit for health supervision then focuses on the following:

- Interviewing the family and child to update the health history, to ask about the child's developmental or educational progress, and to identify dietary habits, physical activity, and safety practices
- Eliciting questions and concerns that the parent or child may have
- Conducting developmental surveillance assessments, including review of questionnaires completed by the parent in the waiting room
- Performing age-appropriate screening tests (Table 7–4)
- Performing a physical assessment

Following a thorough assessment, the nurse derives nursing diagnoses that are pertinent for the child's health status and which consider the family needs. Nursing diagnoses are developed jointly with the family as an essential component of the partnership between nurse and family. Examples of nursing diagnoses for an 18-month-old child who is brought by parents for regular health supervision and immunizations may include the following:

- Imbalanced Nutrition: More than Body Requirements related to lack of basic nutritional knowledge
- Risk for Poisoning related to lack of proper precautions with increased mobility to reach and climb
- Health-Seeking Behaviors related to needed immunizations
- Risk for Impaired Parenting related to mother's plans to return to full-time work

Planning and Implementation

Nursing management for health supervision visits begins with collaborative planning with the family. They share their concerns and questions, and the nurse also lists procedures and discussion topics to be addressed. These may include providing immunizations, offering anticipatory guidance about discipline, educating parents and children about healthy behaviors, addressing health promotion regarding nutrition, suggesting ways to prevent disease and injury, and providing referrals for follow-up care. For more information about the recommended schedule for immunizations and the nurse's role in ensuring full immunization status for children, refer to Chapter 18.

Most parents want to know how to contribute to their child's growth and development. Discussions at the conclusion of the health supervision assessments should focus on building family strengths by promoting the development of competence, confidence, and self-esteem in the growing child. Offering health promotion activities such as these provides a positive ending for the visit. Inquire about the family stresses and strengths in order to plan with them to provide for the child's health promotion.

Although health supervision most likely takes place in an office or clinic setting, most of the nursing management for health supervision can occur in any setting. The nurse recognizes that health promotion and health maintenance activities are key to any nurse-family relationship. For example, if the child is seen in an emergency room for treatment of a fracture, the nurse should ask about immunization status and safety issues. A child with a chronic disorder such as cerebral palsy may obtain most health promotion and health maintenance services in the outpatient clinic at an orthopedic hospital. A child hospitalized for an acute respiratory illness often has a parent present; the nurse should explore the health promotion questions that parent has and perform some teaching about developmental findings. Health promotion is a constant and foundational aspect of all pediatric...
Table 7-4

RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC HEALTH CARE,
COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, AMERICAN
ACADEMY OF PEDIATRICS, UNITED STATES

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal. These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with national committees and sections of the American Academy of Pediatrics. The Committee emphasizes the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

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### RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC HEALTH CARE, COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, AMERICAN ACADEMY OF PEDIATRICS, UNITED STATES

1. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement “The Prenatal Visit” (1996).

2. Every infant should have a newborn evaluation after birth. Breastfeeding should be encouraged and instruction and support offered. Every breastfeeding infant should have an evaluation 48–72 hours after discharge from the hospital to include weight, formal breastfeeding evaluation, encouragement, and instruction as recommended in the AAP statement “Breastfeeding and the Use of Human Milk” (1997).

3. For newborns discharged in less than 48 hours after delivery per AAP statement “Hospital Stay for Healthy Term Newborns” (1995).

4. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

5. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

6. If the patient is uncooperative, rescreen within 6 months.

7. All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing statement, “Newborn and Infant Hearing Loss: Detection and Intervention” (1999).

8. By history and appropriate physical examination: if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

9. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.

10. These may be modified, depending upon entry point into schedule and individual need.

11. Metabolic screening (eg, thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.

12. Schedule(s) per the Committee on Infectious Diseases, published annually in the January edition of Pediatrics. Every visit should be an opportunity to update and complete a child’s immunizations.


14. All menstruating adolescents should be screened annually.

15. Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.

16. For children at risk of lead exposure consult the AAP statement “Screening for Elevated Blood Levels” (1998). Additionally, screening should be done in accordance with state law where applicable.

17. TB testing per recommendations of the Committee on Infectious Diseases, published in the current edition of Red Book: Report of the Committee on Infectious Diseases. Testing should be done upon recognition of high-risk factors.

18. Cholesterol screening for high-risk patients per AAP statement “Cholesterol in Childhood” (1998). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.

19. All sexually active patients should be screened for sexually transmitted diseases (STDs).

20. All sexually active females should have a pelvic examination. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.

21. Age-appropriate discussion and counseling should be an integral part of each visit for care per the AAP Guidelines for Health Supervision III (1998).

22. From birth to age 12, refer to the AAP injury prevention program (TIPP*) as described in A Guide to Safety Counseling in Office Practice (1994).


24. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS. Consult the AAP statement “Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping Environment and Sleep Position” (2000).

25. Age-appropriate nutrition counseling should be an integral part of each visit per the AAP Handbook of Nutrition (1998).

26. Earlier initial dental examinations may be appropriate for some children. Subsequent examinations as prescribed by dentist.

### Table 7–4

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<th>Key</th>
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<td>subjective, by history</td>
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<td>0</td>
<td>objective, by a standard testing method</td>
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<tr>
<td>←→</td>
<td>the range during which a service may be provided, with the dot indicating the preferred age</td>
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NB: Special chemical, immunologic, and endocrine testing is usually carried out upon specific indications. Testing other than newborn (eg, inborn errors of metabolism, sickle disease, etc) is discretionary with the physician.

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright ©2000 by the American Academy of Pediatrics. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

care. Viewing it as essential ensures that this part of health care, which most closely reflects a partnership with families, will be part of every healthcare encounter. Health maintenance information is included to lessen disease and injury risk (see the Bindler-Ball Pediatric Healthcare Continuum in Chapter 1). Some specific nursing actions for health supervision are described in the following text.

**Provide Anticipatory Guidance**

Anticipatory guidance involves prediction of the upcoming developmental tasks or needs of a child and gears teaching to those needs. It provides the family with information on what to expect during the child’s current and next stage of development. Topics for each visit should include age-appropriate information about healthy habits, prevention of illness and injury, prevention of poisoning, nutrition, oral health, and sexuality. Use health promotional guidance to help the child and family develop strategies that support and enhance social development, family relationships, parental health, community interactions, self-responsibility, and school or vocational achievement.

Because the time for each visit is limited, build upon the parents’ current knowledge and care practices, and start with a topic about which they express interest. Time can be used to focus on anticipatory guidance to introduce new information, to reinforce what the family is doing well, and to clear up any poorly understood concepts.

Take advantage of other sources of information in the community to enhance the guidance provided. For example, state and local SAFE KIDS coalitions help inform families about injury-prevention strategies. School health programs such as the National Fire Prevention Association’s “Risk Watch” may educate children about injury prevention, and other school programs may educate students about smoking and drug avoidance. Keep informed about the types of health education provided in different community settings so it is easier to reinforce the concepts already being taught.

**Encourage Health Promotion Activities**

Families often need health education and counseling to promote healthy behaviors in their own child. Examples of focused health education and counseling may be information about environmental control to limit sedentary behaviors, dietary changes to increase fruit and vegetable intake, and switching to low-fat dairy products. Counseling in the case of the 18-month-old toddler for whom nursing diagnoses were previously stated could focus on childcare arrangements and the anticipation and management of potential behavior problems. Collaborate with the parents to learn about their concerns and how they want to improve their parenting.

Patient education and counseling are most effective when the family understands the relationship between a behavior change and the resulting health outcome. When identifying that a family would benefit from a change in health behavior, consider the family members’ perceptions about the health change, barriers and benefits to change, and plan interventions to enhance the possibility for change.

Steps in promoting patient education and counseling include:

- Clarifying learning needs of child and family
- Setting a limited agenda
- Prioritizing needs with family
- Selecting teaching strategy (explaining, showing, providing resources, questioning, practicing, giving feedback)
- Evaluating effectiveness (Green & Palfrey, 2002)

**Perform Health Supervision Interventions**

After all of the information from the interviews, physical assessment, and screening tests is collected and analyzed, specific health and developmental achievements should be summarized for the parents and child. Immunizations are provided as appropriate. Anticipatory guidance may be offered at various points during the health supervision visit.

When a child is found to be at risk for a health condition, integrate health maintenance interventions to lessen the possibility of disease or injury. If an actual health problem is detected, follow-up care must be arranged. The child may need to return for another visit to the primary care provider for further evaluation, or referral to another provider.
may be needed. The nurse needs to learn about all of the available community resources to make appropriate referrals. The range of such services may include the following:

- Hospital and community-based healthcare specialists from many disciplines (dentists, physicians, physical therapists, speech therapists, nutritionists, social workers)
- Community-based programs (childcare centers, developmental stimulation programs, home visitor programs, early intervention programs, mental health centers, diagnostic and evaluation centers, schools, family support centers, food and nutrition referral centers, public health clinics, churches, and other organizations that support families and children)

**Evaluation**

Expected outcomes of nursing care include the following:

- The child and family collaborate in a partnership with the healthcare provider in joint problem solving and decision making regarding the management of the child's healthcare needs after appropriate education and counseling.
- The child and family prepare for future health supervision visits by identifying questions or concerns they want to discuss.

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**CRITICAL THINKING IN ACTION**

Recall the parents of 15-month-old Clarence. They are working parents who are overwhelmed by their son's activity level. They express concern about how to spend time with and ensure safety for Clarence, while having some time to spend with each other.

1. Describe the physical activity skills that you expect to observe in a 15-month-old. Is Clarence typical of this age child?
2. Plan the assessment techniques you will apply to learn more about Clarence's physical activity and social interactions.
3. Clarence's parents are concerned about providing a safe environment for him. List the most important safety precautions that should be taken in the home and during car trips to promote his safety.
4. Plan several interventions that will assist his parents in planning their time so that they have time to spend with Clarence every day and also have some time alone to rest each week.

Refer to Companion Website for answers.

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**EXPLORE MediaLink**

Resources for this chapter can be found on the Prentice Hall Nursing MediaLink DVD-ROM accompanying this textbook, and on the Companion Website at http://www.prenhall.com/ball.

**DVD-ROM**
- Audio Glossary
- NCLEX-RN® Review
- Videos
  - *Health Promotion and Health Maintenance*
  - *Healthy People 2010*

**COMPANION WEBSITE**
- Audio Glossary
- NCLEX-RN® Review
- MediaLink Application
- Determine Tool Validity
- WebLinks
REFERENCES


