

Nursing Care Plan

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Introduction

The case study that has been provided for the purpose of this research paper pertains to a three year old boy named Elias. The patient has been referred to the hospital by their GP for investigation of having a history of malaise, irritability and delayed motor development. The child is accompanied by his parents and younger brother. The family is relatively new in Australia and has limited understanding of the English language. The patient and his sibling have a diagnosis of chronic vitamin D deficiency that has caused them to have sores around their mouths as well. The paper aims to identify the nursing priorities for the patients further with an evaluation of the risk factors that could be presented in the case. The problems that occur during nursing and the interventions that will be suggested. Furthermore the paper will also analyze and develop a nursing care plan along with an educational plan for the patient and his family.

Delayed motor development

Motor development in children follows a fixed path that demonstrates the optimum maturation from head to toe of a child in context to the CNS or the central nervous system .the most reliable system for reporting any delay in this process of motor development are the parents of the child while it is entirely up to the health care provider to make use of the parents diagnosis or use his own observations for correctly diagnosing delayed motor development. This is a fairly common health issue witnessed in refugee families and has a severe outcome. Children who commonly exhibit delayed motor development achieve their basic milestones at later age groups while some children demonstrate permanent disability for motor skills such as cerebral plays. Some children may suffer from DCD or developmental coordination disorder as well. As the degree of severity

of the motor development becomes more evident the likelihood of an underlying neuromuscular disorder is likely to be present (Ali, 2013). Thus motor delays are one of the most visible signs of an underlying condition. For most infants these skills are indicative of an early development. Early diagnosis is the key to helping to solve the problem as it helps the family to lower their stress levels and uncertainty of a possible prognosis. Children who suffer from a neuromuscular disorder can have several options for treatment however their outcome is entirely dependent on the implementation of the intervening therapies.

Malaise

Malaise is described by a number of factors, it comprises of having an overall feeling of weakness, having a perpetual sense of discomfort, feeling ill all the time and a general feeling of lethargy. Malaise is related to fatigue as well where the patient is unable to resume their health despite taking rest. Malaise can take place suddenly or develop at a gradual pace and sustain for long time duration. The underlying factors that cause malaise can be several conditions. These conditions comprise of mental disorders that consist of depression and anxiety (de Seny et al., 2015). It can also be due to parasitic infections, occurrence of flu, mononucleosis, cancer, diabetes and adrenal gland dysfunction.

Impetigo

Possible diagnosis of impetigo due to the occurrence of yellow sores around the mouth and nose of the patient are indicative of impetigo. Yellow or honey colored sores that occur on the upper lip and the nasal openings are indicative of impetigo. These sores can be blisters that have discharge filled in them that causes them to become encrusted. Impetigo is a transmissible disease and can cause infection to spread to other parts of the body as well. If it is caused by

streptococcus then the sore will be honey colored while if it is staphylococcus the sore will be filled with a clear fluid.

Vitamin D deficiency

Vitamin D is essential for the development of muscles and bones in children. Diet alone cannot complete the requirement of vitamin D by the body and most children are dependent on the production of the body for this essential vitamin. The sun is responsible for the action of vitamin D. Australia is a country that is famous for its sun and its weather. The patient Elias is a refugee and comes from Somalia a country that does not have excessive sunshine and he is breast feeding as well (Autier, Boniol, Pizot & Mullie, 2014). Thus both the factors have contributed for the occurrence of vitamin D deficiency in the patient. Safety practices before going in the sun and lack of time spent outdoors are the main factors that cause this deficiency. Children that have a darker skin tone are at most risk of having Vitamin D deficiency in comparison to children who have a fair skin tone. Children that are born to mothers who have vitamin D deficit are most likely to develop it as well. Lack of calcium intake also causes this deficiency. The symptoms are not always obvious however this vitamin is essential for the overall development of a child. Lack of vitamin D can cause broken bones and weakness. Vitamin D deficiency also gives rise to dental problems and causes the enamel to become brittle.

Risk factors

The risk factors that could be presented while providing treatment to Elias can comprise of the following: those children that have been suffering from delayed motor growth can also be diagnosed with a developmental disability at later stages that are explanatory for the delay in motor development. The patient could be exposed to a risk of cerebral palsy and muscular dystrophy. A child that has not been able to achieve his or her cognitive and social milestones can be at a risk of autism. Elias has a possibility of suffering from Cerebral palsy if he does not show any improvement despite the nursing interventions. Associated risk factors of delayed motor development comprises of cognitive delays as well that can have an impact on the intellectual functioning of the child and demonstrating difficulties in learning. This becomes clearer as the child starts school (Levitt, 2013). Cognitive delays can cause problems while communication and playing with other children. It usually takes place in children that have suffered some form of injury to the brain due to an infection of meningitis or encephalitis. Down's syndrome. Shaken baby syndrome and chromosomal defects can also lead to cognitive delays.

Motor Delays

Delay in the motor skill development of the children can cause defects in the ability to coordinate the larger muscles that consists of the arms, legs and the smaller muscles as well. Children suffering from delayed motor skills can cause problems while walking, rolling and crawling while children in the age group of 1-3 years can have trouble walking and problems while holding objects and carrying out small tasks such as having a bath, brushing their teeth and even tying their shoe laces (Nasreen, Nahar Kabir, Forsell & Edhborg, 2013). Motor delay can be caused due to achondroplasia that causes the limbs to become short.

Impetigo

Impetigo occurs commonly in children in the age group of 2-6 years. It is easily transmitted and is common to occur in warm and humid kind of weather. It makes the patient more vulnerable to skin infections. It can also give rise to Ecthyma if left untreated (Koning, van der Sande, van Suijlekom-Smit & van der Wouden, 2014).

Vitamin D deficiency

It can give rise to rickets in children, because darkening of the skin, obesity, less milk drinking; exclusive breast feeding is one of the most prominent risk causing factors that leads to vitamin D deficiency in infants and children. Osteoporosis at later stages is another risk factor associated to vitamin D deficiency ("Low Levels of 25-Hydroxyvitamin D in the Pediatric Populations", 2017).

Nursing problems

The foremost nursing problem that can be faced while treating Elias is the language barrier, as the patient's family is from Somalia and have recently come to Australia. This language barrier can cause while providing nursing care to the patient along with lack of education. The second problem that can be faced is the difference in cultures and beliefs. As the family is a refugee the cultural values may differ from the nurse's perception. Hence care needs to be taken to ensure that the patient receives treatment keeping in mind the cultural differences that exist. In Australia most refugees have common issues that comprise of poor oral health and hygiene, delayed

growth in children and infectious diseases. Those who have a refugee background have dire health needs and factors that can affect their treatment can also comprise of unfamiliarity with health issues pertaining to refugees, language barriers and anxiety. The patient in the provided case study has separation issues as the child seems to be very clingy to the mother and is dependent on the mother for breast feeding and has a limited intake of solid foods. The child needs to be put on a care plan that addresses all these issues that have been mentioned above so that the overall health of the patient improves and shows positive outcomes in the short term.

Nursing assessment and priorities

According to the case study that has been provided for the purpose of investigation the first priority as a nurse that needs to be fulfilled is to conduct all the necessary evolutions for the patient so that an appropriate prognosis and diagnosis can be made prior to the commencement of the treatment. The patient gives a history of malaise that has a deeper root cause. Hence it is imperative to conduct a history with a physical exam so that a diagnosis can be made. It is advised that Elias undergoes the following:

1. A complete blood count or a CBC for detection of infection and blood cancer.
2. X-ray that comprises of a chest x-ray to rule out possibility of infection and any form of cancer.
3. Thyroid function test for optimum functioning of the metabolism.
4. Psychological tests for impairments either physically or mentally.
5. Vitamin D3 test for checking vitamin D levels.
6. Streptococcus test for impetigo

As a nurse my main priority is also to educate the family about the importance of maintaining hygiene so that infection does not spread in the family. To ensure that suitable interventions are put to use to treat the delayed motor development in the patient and to check for the possibility of any neuromuscular disorder (Wang, Lekhal, Aarø & Schjølberg, 2012).

Nursing intervention/ care plan

Diagnosis	Nursing intervention	Rationale
Delayed motor growth	<ul style="list-style-type: none"> • Provide the child with communication that is age appropriate. • Give consideration to their cultural practices and beliefs • Encourage self care activities that comprise of self feeding and self dressing. • Read stories aloud and ask for verbal 	<p>The child will show increased age-appropriate behaviors as evidence by the following indicators</p> <ul style="list-style-type: none"> • Socialization • Language • Motor skills • Self-care • Cognitive skills (Wang, Lekhal, Aarø & Schjølberg, 2012)

	responses (Levitt, 2013).	
Vitamin D deficiency	50µg [2000 IU]/day for children aged one to 10 years (Rolland et al., 2013).	Allow sun exposure. Helps in enhancing low levels of vitamin D.
Impetigo	Maintenance of proper hygiene. Topical application of Mupirocin (Romani, Steer, Whitfeld & Kaldor, 2015).	Can be treated successfully with topical interventions and better standard of hygiene.
Malaise	Identify the underlying factors causing malaise: <ol style="list-style-type: none"> 1. Anxiety 2. Depression 3. Sleep disorder 	Identification of the related factors can help to diagnose the underlying cause and help in developing a collaborative care plan.

Short term goals:

1. To overcome vitamin D deficiency.

2. To treat the underlying cause of Malaise.
3. To treat impetigo
4. Start communicating with the family

Long term goals:

1. Signs of improvement in motor skills.
2. Patient begins to walk.

Family centered care

Family centered care is a new concept that promotes health care delivery to enhance pediatric care. The care ensures that the family of the patient is a part of the decision making process and share the best interests of the child. It follows a professional partnership that is based upon four chief principles that comprise of dignity and respect, information sharing, participation and collaboration. As a nurse it is essential that to know that the patient's family is from a different cultural background thus having information pertaining to their culture will be beneficial.

Identification of the cultural practices, strengths and beliefs of the family can help in developing a better care plan (Kuo et al., 2011). The socio economic status, the lack of education, communication barriers and previous experiences will have an impact on the patient's health outcome. The short term goal for Elias is to firstly increase the level of Vitamin D, then find the underlying cause of malaise, diagnose the probability of impetigo and the long term goal is to address the delayed motor growth so that the above recommended interventions can be made.

The parents and the health care provider with the society form a triad for the overall development

of the child as its main interest. This theory helps in ensuring that the parents are educated and made aware of the impending risks towards the health status of their child and allows for maximum care to be taken to provide the best outcome for the child.

Conclusion

The research paper has clinically researched the relationship that exists between the delayed motor growth and malaise and the deficiency of Vitamin D are common health issues that are seen in refugee families. It helped me to understand my role and responsibility as a health care provider while dealing with a family that has diverse cultural background. The patient needs to be provided care for treating the underlying issue associated to a history of malaise as well. The case study has helped in understanding the importance of having knowledge pertaining to other cultures so that help can be provided to patients coming from different cultures, values and beliefs.

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