Lucent NCLEX Review

New Born
Peds

LUCENT NCLEX REVIEWS
Growth and Development, Maternal New-Born

Pediatrics

Leading cause of Death – Injury (especially falls and MVA's)
Leading Cause of Illness (Morbidity) – Respiratory (US) GI/Dehydration (World)

DDST – 4 components – Social, Language, Fine Motor, Gross Motor

Erikson's Stages of Psychosocial Development

Approximate Age	Psychosocial Crisis/Task	Virtue Developed
Infant - 18 months	Trust vs Mistrust	Hope
18 months - 3 years	Autonomy vs Shame/Doubt	Will
3 - 5 years	Initiative vs Guilt	Purpose
5 -13 years	Industry vs Inferiority	Competency
13 -21 years	Identity vs Confusion	Fidelity
21- 39 years	Intimacy vs Isolation	Love
40 - 65 years	Generativity vs Stagnation	Care
65 and older	Integrity vs Despair	Wisdom

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Vaccination	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4 to 6 years
HepB (protects against hepatitis B)	1st	2nd			3rd					
DTaP (protects against diphtheria, tetanus, pertussis)			1st	2nd	3rd		4th			5th
Hib (protects against haemophilus influenzae type b; may be 3 or 4 doses)			1st	2nd	3rd	4th				
IPV (protects against polio)			1st	2nd	3rd					4th
RV (protects against rotavirus; may be 2 or 3 doses)			1st	2nd	3rd					
PCV13 (protects against pneumococcal disease)			1st	2nd	3rd	4th				
Flu (protects against influenza)					1 or 2 doses each year					
MMR (protects against measles, mumps, rubella; if travelling outside the U.S., your baby can get his first dose at 6 months)						1st				2nd
Varicella (protects against varicella, also called chickenpox)						1st				2nd
HepA (protects against hepatitis A)						1st and 2nd 6 to 18 months apart				

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Trust vs Mistrust - INFANT – 18 mos

Safety - Bulb syringe, temperatures, back to sleep, never microwave food/formula
Bath water < 120 degrees, choking/aspiration
Car Seat – rear facing, back seat until 20 pounds

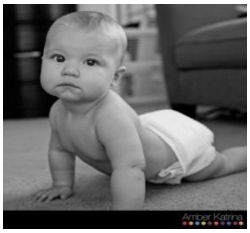
Immunizations – **Hep B, DTaP, HIB, PCV, IPV** @ 2-4-6 mos
(Hepatitis B, Diptheria-tetanus-pertussis, Hemophilus Influenza B and Pneumococcal, and Inactivated Polio)

2 months – posterior fontanel closes
strong grasps
Eats every 3-4 hours at 4-6 ounces (formula or breast)
"head lag"

3 months – Steady head control when upright
Attempts to push head up when prone "upward dog" 45 degrees
Fist to mouth
Hold rattle – not grab for it

4 months – Palmar, Root, Tonic, Moro, Startle reflexes disappear
(Babinski and plantar remains)
Head control when pulled into a sitting position (No "head lag")
Roll over – front to back
Safety –roll off bed/table

5 months – Roll back to front



6-8 months – Birth Weight Doubles
Pursues object that drops (Object permanence) – Peek a boo
Cries when parent leaves (Stranger anxiety)
Responds to name
Rolls – back to belly and belly to back
First Teeth (# mos – 6 = # teeth should have)
Sleeps all night with 1-2 naps/day
Food introduced should be one at a time – Iron fortified cereal then veg then fruit
Transfer objects hand to hand
Reaches for and grasps objects – bottle

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Pushes head up to 90 degrees "upward dog"
Safety – aspiration small objects, never prop bottle, no bottles to bed (milk teeth), roll around floor and find things that they can find
Car Seat – probably 20 pounds, turn to front facing – back seat

9 months – sits by self - unsupported
up on knees and rock or crawl commando style
"ma ma, bye bye" with meaning
Follows simple commands like wave bye bye, So Big! Pat a Cake
Pincer grasp – finger foods
Lead and Hemoglobin level (WATCHOUT)

12 months – Birth Weight Triples
5-10 words – mama, juice, NO
cruises or walks – pulls self up to standing
Anterior fontanel closes
Babinski reflex disappears
Follows Simple commands like give me a kiss, go get your ball
Lots of table foods – transition to Milk and to sippy cup

Safety - walk around house on your knees and look for danger
Electric sockets, clips on cabinets for chemicals, little stuff on the floor, pots on stove with handles turned outward, no lighters or matches, no space heaters
15-18 months is period of Highest accident rate!!

Immunizations – MMR and Varicella
(measles, mumps, and rubella)

<u>Autonomy (self control) vs Shame and Doubt -</u>

18 months – Walking, running is clumsy, climbs stairs holding one hand of another
Scribbles – Throws ball overhand
Takes clothes off (shoes, socks, shirt)
Likes feeding self – spoon use
Imitates all – loves to mimic
Picky eating – "physiologic anorexia begins"
Tower of 3-4 blocks
"MINE" - "NO" – Parallel play – no connection, might be next to another
Hospital disrupts – Routine, feeling of safety, separation, lack of control
Does not fear bodily harm or body image

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2 years – 300 word vocabulary – 2-3 word sentences

Runs, kicks ball, throws ball underhand, up/down stairs by self with 2 feet/step

Tantrums are normal (ignore) – way of separating self from parent

Fears intrusive procedures – use stuffed animal/doll to teach, use distraction

Reward them after procedure with prize/toy/video – examine ears and NMT (nose, mouth and throat) last

"Associative" play – no organization, but communicates with another, connected - mom sit here, you be fireman"

Toilet training readiness – awareness of urge, desire to be changed, watch you in Bathroom, awakens dry from nap

Safety - climbs, opens drawers and cabinets, takes apart things, picks at paint chips (lead), swimming pool safety,

<u>Initiative vs Guilt (self-starting, self-esteem)</u>

3 years – jumps, runs, tricycle, stairs with alternating feet

Draws a face – not a stick figure, a circle

3-4 word sentences – 1000 word vocabulary

Feeds self entirely – Dress self except buttons or zippers

Imitation, role play, pretend, dress up, active games, rituals (bedtime)

Fears Body Mutilation – Intrusive procedures, Monsters –

Imaginary friends for comfort – encourage dramatic and therapeutic play, coping

Car seat – move to booster seat – front facing , back seat

4 years - scissors, 3 part face and stick body

Skips or hops

Pride in activities

examine genitals last – privacy

5 years – cooperative play

School – pride, homework, responsibility, desire to please

Cooperative play – organized, rule-follower, games with others

Lose baby teeth - get permanent

tie shoes, zippers, bicycle without training wheels

Fears loss of control - guided imagery will work for procedures

Safety - Teach good touch/bad touch, don't go with strangers, bicycle/car/streets

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Industry vs Inferiority (work hard, school, clubs, sports – self esteem)

8- 12 years - Girls puberty with breast bumps
Boys – testicular enlargement
Fear body image changes
Car seat 8 years, 80 pounds – sit in front seat – booster

Identity vs Role Confusion – Adolescent

"who am I?" what do I believe?
Peer group is most important – question family and faith
Experimentation – sex, drugs, diet (obesity, anorexia), driver's education
#1 cause of injury is Motor vehicle – no seatbelts
Immunizations – add Meningococcemia

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GROWTH AND DEVELOPMENT:

1. **When does birth length double?** = by 4 years
2. **When does the child sit unsupported?** = 8 months
3. **When does a child achieve 50% of adult height?** = 2 years
4. **When does a child throw a ball overhand?** = 18 months
5. **When does a child speak 2-3 word sentences?** = 2 years
6. **When does a child use scissors?** = 4 years
7. **When does a child tie his/her shoes?** = 5 years

CHILD HEALTH PROMOTION:

1. **List 2 contraindications for live virus immunization.**
   - Immunocompromised child or a child in a household with an immunocompromised individual.
2. **List 3 classic signs and symptoms of measles.**
   - Photophobia, confluent rash that begins on the face and spreads downward, and Koplik's spots on the buccal mucosa.
3. **List the signs and symptoms of iron deficiency.**
   - Anemia, pale conjunctiva, pale skin color, atrophy of papillae on tongue, brittle/ridged/spoon-shaped nails, and thyroid edema.
4. **Identify food sources for Vitamin A.**
   - Liver, sweet potatoes, carrots, spinach, peaches, and apricots.
5. **What disease occurs with vitamin C deficiency?**
   - Scurvy.
6. **What measurements reflect present nutritional status?**
   - Weight, skinfold thickness, and arm circumference.
7. **List the signs and symptoms of dehydration in an infant.**
   - Poor skin turgor, absence of tears, dry mucous membranes, weight loss, depressed fontanel and decreased urinary output.

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8. **List the laboratory findings that can be expected in a dehydrated child.**
   - Loss of bicarbonate/decreased serum pH, loss of sodium (hyponatremia), loss of potassium (hypokalemia), elevated Hct, and elevated BUN.

9. **How should burns in children be assessed?**
   - Use the Lund-Browder chart, which takes into account the changing proportions of the child's body.

10. **How can the nurse BEST evaluate the adequacy of fluid replacement in children?**
    - Monitor urine output.

11. **How should a parent be instructed to "child proof" a house?**
    - Lock all cabinets, safely store all toxic household items in locked cabinets, and examine the house from the child's point of view.

12. **What interventions should the nurse do FIRST in caring for a child who has ingested a poison?**
    - Assess the child's respiratory, cardiac, and neurological status.

13. **List 5 contraindications to administering syrup of ipecac.**
    - Coma, seizures, CNS depression, ingestion of petroleum-based products, and ingestion of corrosives.

14. **What instructions should be given by phone to a mother who knows her child has ingested a bottle of medication?**
    - Administer syrup of ipecac if the child is conscious. Bring any emesis or stool to the emergency room. Bring the container in which the medicine was stored to the emergency room.

RESPIRATORY DISORDERS:

1. **Describe the purpose of bronchodilators.**
   - Reverse bronchospasm

2. **What are the physical assessment findings for a child with asthma?**
   - Expiratory wheezing, rales, right cough, and signs of altered blood gases.

3. **What nutritional support should be provided for the child with cystic fibrosis?**
   Cystic fibrosis (CF) is an inherited disease in which the body makes very thick, sticky mucus. The mucus causes problems in the lungs, pancrease and other organs.
   - Pancreatic enzyme replacement, fat-soluble vitamins, and a high carbohydrate, high protein, moderate fat diet.

4. **Why is genetic counseling important for the cystic fibrosis family?**
   - The disease is autosomal recessive in its genetic pattern.

5. **List 7 signs of respiratory distress in a pediatric client.**
   - Restlessness, tachycardia, tachypnea, diaphoresis, flaring nostrils, retractions, and grunting

6. **Describe the care of a child in a mist tent.**
   - Monitor child's temperature. Keep tent edges tucked in. Keep clothing dry. Assess child's respiratory status. Look at child inside tent.

7. **What position does the child with epiglottis assume?**
   - Upright, sitting, with chin out and tongue protruding ("tripod" position).

8. **Why are IV fluids important for the child with an increased respiratory rate?**
   - The child is at risk for dehydration and acid/base imbalance.

9. **Children with chronic otitis media are at risk for developing what problem?**
   - Hearing loss

10. **What is the most common post-operative complication following a tonsillectomy? Describe the signs and symptoms of this complication.**
    - Hemorrhage; frequent swallowing, vomiting fresh blood, and clearing throat.

CARDIOVASCULAR DISORDERS:

1. **Differentiate between a right to left and left to right shunt in cardiac disease.**
   - A left to right shunt moves oxygenated blood back through the pulmonary circulation. A right to left shunt bypasses the lungs and delivers unoxygenated blood to the systemic circulation causing cyanosis.

2. **List the 4 defects associated with Tetralogy of Fallot.**
   - Ventricular Septal Defect (VSD), overriding aorta, pulmonary stenosis and right ventricular hypertrophy

3. **List the commons signs of cardiac problems in an infant.**
   - Poor feeding, poor weight gain, respiratory distress/infections, edema and cyanosis

4. **What are the 2 objectives in treating heart failure?**
   - Reduce the workload of the heart and increase cardiac output.

5. **Describe nursing interventions to reduce the workload of the heart.**
   - Small, frequent feedings or gavage feedings. Plan frequent rest periods. Maintain a neutral thermal environment. Organize activities to disturb child only as indicated.

6. **What position would best relieve the child experiencing a "tet" spell?**
   Sometimes, babies who have tetralogy of Fallot will suddenly develop deep blue skin, nails and lips after crying or feeding, or when agitated. These episodes are called tet spells
   - Knee-chest position, or squatting.

7. **What are common signs of digoxin toxicity?**
   - Diarrhea, fatigue, weakness, nausea and vomiting. The nurse should check for bradycardia prior to administration.

8. **List 5 risks of cardiac catheterization.**
   - Arrythmia, bleeding, perforation, phlebitis, and obstruction of the arterial entry site.

9. **What cardiac complications are associated with rheumatic fever?**
   Rheumatic fever is one of the complications associated with strep throat. It's a relatively serious illness that usually appears in children between the ages of 5 and 15
   - Aortic valve stenosis and mitral valve stenosis.

10. **What medications are used to treat rheumatic fever?**
    - Penicillin, erythromycin, and aspirin.

<u>NEUROMUSCULAR DISORDERS:</u>

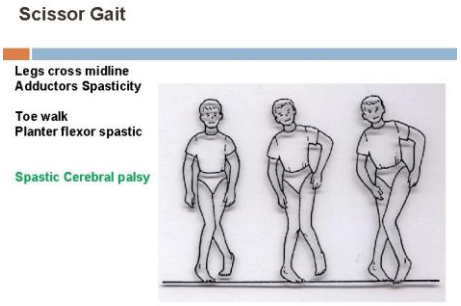
1. **What are the physical features of a child with Down syndrome?**

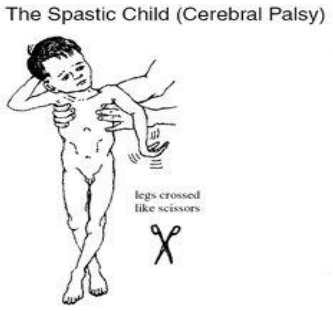
   Down syndrome is a genetic disorder caused when abnormal cell division results in an extra full or partial copy of chromosome 21. This extra genetic material causes the developmental changes and physical features of Down syndrome.
   - Simian creases of palms, hypotonia, protruding tongue, and upward/outward slant of eyes.

2. **Describe "scissoring." First know what is cerebral palsy!!!**
   Cerebral palsy is a group of disorders that affect movement and muscle tone or posture. It's caused by damage that occurs to the immature brain as it develops, most often before birth. People with cerebral palsy can have problems swallowing and commonly have eye muscle

imbalance, in which the eyes don't focus on the same object. They also might have reduced range of motion at various joints of their bodies due to muscle stiffness.

- A common characteristic of spastic cerebral palsy in infants. The legs are extended and crossed over each other, the feet are plantar flexed.





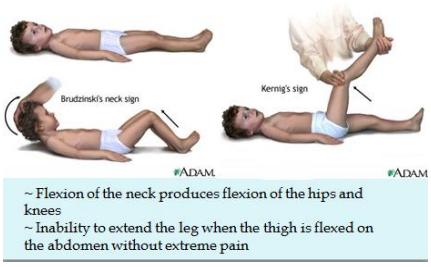
3. **What are 2 nursing priorities for a newborn with myelomeningocele?**
   Myelomeningocele is a type of spina bifida. Spina bifida happens when a baby's backbone (spine) does not form normally during pregnancy. The baby is born with a gap in the bones of the spine.
   - Prevention of infection of the sac and monitoring for hydrocephalus (measure head circumference; check fontanel; assess neurological functioning).

4. **List the signs and symptoms of increased ICP in older children.**
   - Irritability, change in LOC, motor dysfunction, headache, vomiting, unequal pupil response, and seizures.

5. **What teaching should parents of a newly shunted child receive?**
   - Signs of infection and increased ICP (decreased pulse, increased blood pressure). Shunt should not be pumped. Child will need revisions due to growth. Provide guidance for growth and development.

6. **State the 3 main goals in providing nursing care for a child experiencing a seizure.**
   - Maintain patent airway, protect from injury, and observe carefully.

7. **What are the side effects of Dilantin?**
   - Gingival hyperplasia of the gums, dermatitis, ataxia, and GI distress.



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8. **Describe the signs and symptoms of a child with meningitis?**
   - Fever, irritability, projectile vomiting, neck stiffness, opisthotonos- *(spasm of the muscles causing backward arching of the head, neck, and spine, as in severe tetanus, some kinds of meningitis, and strychnine poisoning*), positive Kernig's sign, positive Brudzinski's sign. Infant does not show all classic signs, but is very ill.

9. **What antibiotics are usually ordered for bacterial meningitis?**
   - Ampicillin, penicillin, and/or Chloramphenicol.

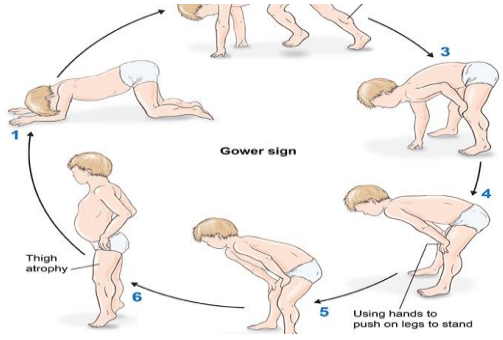
10. **How is a child usually positioned after brain tumor surgery?**
    - Flat on his/her side.

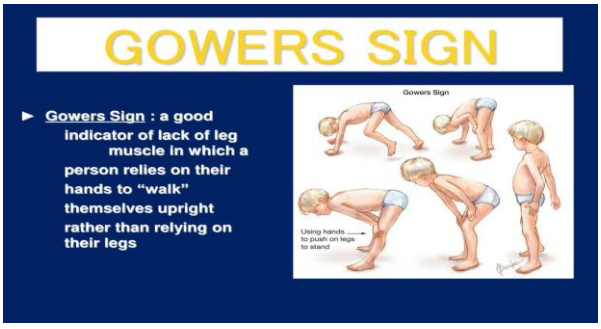
11. **Describe the function of an osmotic diuretic.**
    - Osmotic diuretics remove water from the CNS to reduce cerebral edema.

12. **What nursing interventions increase intracranial pressure?**
    - Suctioning and positioning/turning.

13. **Describe the mechanism of inheritance for Duchenne muscular dystrophy.**
    Duchenne muscular dystrophy is the most common form of muscular dystrophy, a genetic disorder that gradually makes the body's muscles weaker, it is progressive. Children with Duchenne may start walking later than average, and have large calves as toddlers. Often the disease goes unnoticed until age 3–5, when muscle weakness affects walking, climbing steps, and other activities. Children with DMD may run slowly, fall often, toe walk, and have learning disabilities.
    - Duchenne muscular dystrophy is inherited as an X-linked recessive trait.

14. **What is "Gower's sign?"**
    The Gower sign is a classic physical examination finding in MD and results from weakness in the child's proximal hip muscles. To get up from a sitting or supine position, the child must first become prone on the elbows and knees. Next, the knees and elbows are extended to raise the body.
    - Gower's sign is an indicator of muscular dystrophy. The child has to "walk" up legs using hands to stand.





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RENAL DISORDERS:

1. **Compare the signs and symptoms of acute glomerulonephritis (AGN) with nephrosis.**
   AGN: gross hematuria, recent strep infection, hypertension, and mild edema.
   Nephrosis: severe edema, massive proteinuria, frothy-appearing urine, anorexia.

2. **What antecedent event occurs with acute glomerulonephritis?**
   - Beta-hemolytic strep infection

3. **Compare the dietary interventions for acute glomerulonephritis and nephrosis.**
   - **AGN**: low-sodium diet with no added salt.
   - **Nephrosis:** high-protein, low-salt diet.

4. **What is the physiologic reason for the lab finding of hypoproteinemia in nephrosis?**
   - Hypoproteinemia occurs because the glomeruli are permeable to serum proteins.

5. **Describe safe monitoring of prednisone administration and withdrawal.**
   - Long term prednisone should be given every other day. Signs of edema, mood changes, and GI distress should be noted and reported. The drug should be tapered, not discontinued suddenly.

6. **What interventions can be taught to prevent urinary tract infections in children?**
   - Avoid bubble baths, void frequently; drink adequate fluids especially acidic fluids such as apple or cranberry juice, and clean genital area from front to back.

7. **Describe the pathophysiology of vesicoureteral reflux.**
   - a malfunction of the valves at the end of the ureters allowing urine to reflux out of the bladder into the ureters and possibly the kidneys.

8. **What are the priorities for a client with Wilms' tumor?**
   Wilms tumor is a rare kidney cancer that is highly treatable. Most kids with Wilms tumor survive and go on to live normal, healthy lives. ***Also known as nephroblastoma***, Wilms tumor can affect both kidneys, but usually develops in just one. Doctors believe that the tumor begins to grow as a fetus develops in the womb, with some cells that should form into the kidneys instead forming a tumor.
   - Protect the child from injury to the encapsulated tumor. Prepare the family/child for surgery.

9. **Explain why hypospadias correction is done before the child reaches preschool age.**
   Hypospadias is a birth defect (congenital condition) in which the opening of the urethra is on the underside of the penis instead of at the tip. The urethra is the tube through which urine drains from your bladder and exits your body.
   - Preschoolers fear castration, are achieving sexual identity, and acquiring independent toileting skills.

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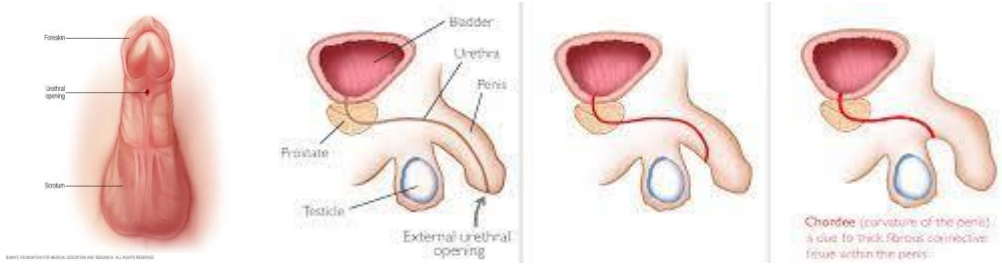

GASTROINTESTINAL DISORDERS:

1. **Describe feeding techniques for the child with cleft lip or palate.**
   - Lamb's nipple, or prosthesis. Feed child upright with frequent bubbling.

2. **List the signs and symptoms of esophageal atresia with Transeosophageal Fistula (TEF).**
   TE fistula is a birth defect, which occurs in 1 in 5,000 births, and occurs as a fetus is forming in its mother's uterus. When a baby with a TE fistula swallows, the liquid can pass through the abnormal connection between the esophagus and the trachea. When this happens, liquid gets into the baby's lungs.
   - choking, coughing, cyanosis, and excess salivation.

3. **What nursing actions are initiated for the newborn with suspected esophageal atresia with Tracheoesophageal fistula (TEF)?**
   - NPO immediately and suction secretions.

4. **Describe the post-op nursing care for an infant with pyloric stenosis.**
   Pyloric stenosis is an uncommon condition in infants that blocks food from entering the small intestine. Pyloric stenosis can lead to forceful vomiting, dehydration and weight loss. Babies with pyloric stenosis may seem to be hungry all the time. Surgery cures pyloric stenosis.
   - Maintain IV hydration and provide small, frequent oral feedings of glucose and/or electrolyte solutions within 4-6 hours. Gradually increase to full strength formula. Position on right side in semi-Fowler's position after feeding.

5. **Describe why a barium enema is used to treat intussusception.**
   Intussusception happens when one part of the bowel slides into the next, much like the pieces of a telescope. Intussusception is a medical emergency that needs care right away. It's the most common abdominal emergency in children under 2 years old.
   - A barium enema reduces the telescoping of the intestine through hydrostatic pressure without surgical intervention.

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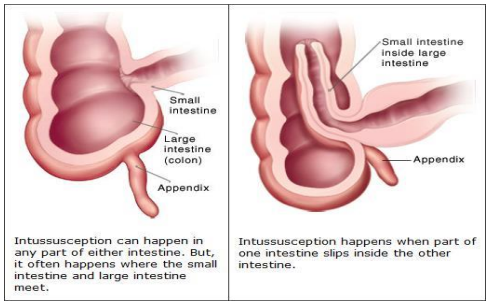
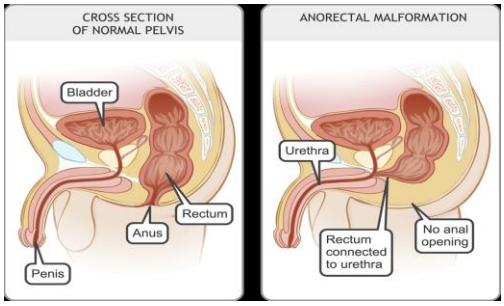


6. **Describe the pre-op nursing care for a child with Hirschsprung's disease.**
   Hirschsprung disease affects the large intestine (colon) of newborns, babies, and toddlers. It makes them have trouble emptying their bowels. Most of the time, the problems with pooping start at birth, although in milder cases symptoms may appear months or years later. Treatment almost always requires surgery. Fortunately, most children who have surgery are fully cured and able to pass bowel movements (BMs) normally.
   - Check vital signs and take axillary temps. Provide bowel cleansing program and teach about colostomy. Observe for bowel perforation; measure abdominal girth.

7. **What care is needed for the child with a temporary colostomy?**
   - Family needs education about skin care and appliances. Referral to an enterostomal therapist is appropriate.

8. **What are the signs of anorectal malformation?**
   - A newborn who does not pass meconium within 24 hours, meconium appearing from a fistula or in the urine, or an unusual appearing anal dimple.



9. **What are the priorities for a child undergoing abdominal surgery?**
   - Maintain fluid balance (I&O, NG suction, monitor electrolytes), monitor vital signs, care of drains if present, assess bowel function, prevent infection of incisional area and other post-op complications, and support child/family with appropriate teaching.

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HEMATOLOGICAL DISORDERS:

1. **Describe what information families should be given when a child is receiving oral iron preparations.**
   - Give oral iron on an empty stomach and with vitamin C. Use straws to avoid discoloring teeth. Tarry stools are normal. Increase dietary sources of iron.

2. **List dietary sources of iron.**
   - Meat, green leafy vegetables, fish, liver, whole grains, legumes.

3. **What is the genetic transmission pattern of hemophilia.**
   - It is an X-linked recessive chromosomal disorder, transmitted by the mother and expressed in male children.

4. **Describe the sequence of events in a vaso-occlusive crisis in sickle cell anemia.**
   - A vaso-occlusive crisis is caused by clumping of red blood cells which cannot get through the capillaries, causing pain and tissue/organ ischemia. Lowered oxygen tension affects the HgbS, which causes sickling of the cells.

5. **Explain why hydration is a priority in treating sickle cell disease.**
   - Hydration promotes hemodilution and circulation of the red blood cells through the blood vessels.

6. **What should families and clients do to avoid triggering sickling episodes?**
   - Keep child well hydrated. Avoid known sources of infections. Avoid high altitudes. Avoid strenuous exercise.

7. **Nursing interventions and medical treatment for the child with leukemia are based on what 3 physiological problems?**
   - Anemia (decreased erythrocytes). Infection (neutropenia). Bleeding thrombocytopenia (decreased platelets).

SKELETAL DISORDERS:

1. **List normal findings in a neurovascular assessment.**
   - Warm extremity, brisk capillary refill, free movement, normal sensation of the affected extremity, and equal pulses.

2. **What is compartment syndrome? -** Damage to the nerves and vasculature of an extremity due to compression

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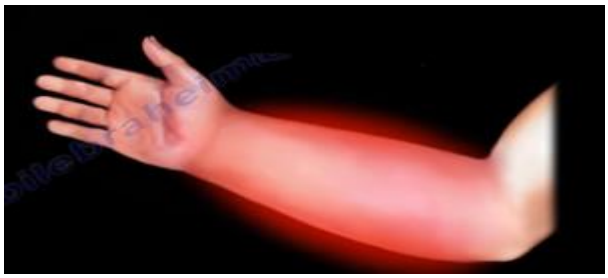


3. **What are the signs and symptoms of compartment syndrome?**
   - Abnormal neurovascular assessment: cold extremity, severe pain, inability to move the extremity, and poor capillary refill.

4. **Why are fractures of the epiphyseal plate a special concern?**
   - Fractures of the epiphyseal plate (growth plate) may affect the growth of the limb.

5. **How is skeletal traction applied?**
   - Skeletal traction is maintained by pins or wires applied to the distal fragment of the fracture.

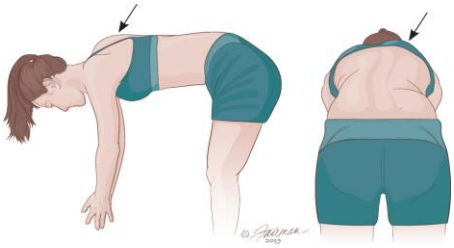
6. **What discharge instructions should be included for a child with spica cast?**
   - Check circulation. Keep cast dry. Do not stick anything under cast. Prevent cast soilage during toileting or diapering. DO NOT TURN with abductor bar.

Hip Spica Cast

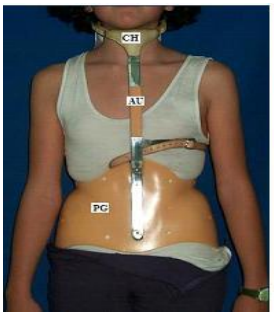
7. **What are the signs and symptoms of congenital dislocated hip in infants?**
   - Unequal skin folds of the buttocks, ortalani sign, limited abduction of the affected hip, and unequal leg lengths. *(The Ortolani maneuver moves a dislocated hip back into the socket, creating a distinct, palpable sensation. ... A positive Ortolani sign is noted if the hip is dislocated, by a characteristic clunk that is felt as the femoral head slides over the posterior rim of the acetabulum and is reduced.)*

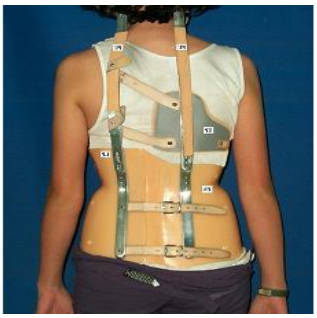
8. **How would the nurse conduct scoliosis screening?**
   - Ask the child to bend forward from the hips with arms hanging free. Examine the child for a curve of the spine, rib hump, and hip asymmetry.

LUCENT NCLEX REVIEWS
Growth and Development, Maternal New-Born

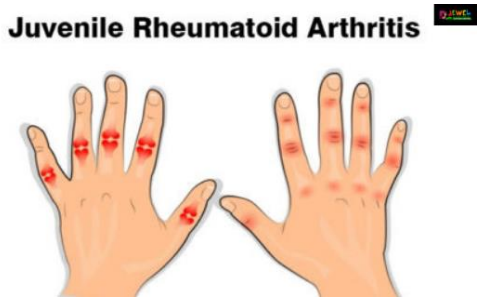


9. **What instructions should the child with scoliosis receive about the Milwaukee brace?**
   - Wear the brace 23 hours per day. Wear t-shirt under brace. Check skin for irritation. Perform back and abdominal exercises. Modify clothing. Encourage the child to maintain normal activities as able.





10. **What care is indicated for a child with juvenile rheumatoid arthritis?**
    JIA is a form of arthritis in children ages 16 or younger. It causes joint inflammation and stiffness for more than 6 weeks. The disease may affect a few joints or many joints. It may cause symptoms all over the body. The most common symptoms include swollen, stiff, warm, red, and painful joints.
    - Prescribed exercise to maintain mobility, splinting of affected joints, and teaching medication management and side effects of drugs.



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