



Care of Pediatric Wounds-Is It Child's Play?

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No Disclosures

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Objectives

- Discuss how to implement wound care practices tailored to the developmental stage of pediatric patients, considering their unique physiological and psychological needs.
 - ▶
- Foster active participation of the pediatric patient in their wound care routines when appropriate to take ownership of their health and wellbeing.

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Children Are Not Small Adults

Unique Considerations:

- ▶ Physical Size
- ▶ Cognitive Ability
- ▶ Psychosocial Development
- ▶ Child with special healthcare needs

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Erikson's Stages of Psychosocial Development

Erik Erikson developed the 8 stages of psychosocial development. He believed that social interaction and relationships played a role in the development and growth of human beings.

Each stage in Erikson's theory builds on the preceding stages and paves the way for following periods of development. In each stage, Erikson believed people experience a conflict that serves as a turning point in development.

For the purpose of this presentation, we will only discuss the first 5 stages in Erikson's Theory of psychosocial development.

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Erikson's Stages of Psychosocial Development

▶ Infancy-Birth to 18 months

▶ Trust vs Mistrust

Feeding
Response to crying
Showing affection
Physical comfort
Touch

Outcome= Hope

▶ Early childhood-2 to 3 years

▶ Autonomy vs Shame and Doubt

Toilet training
Make choices
Independence
Food choices
Increasing physical control

Outcome= Will

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Erikson's Stages of Psychosocial Development

- ▶ Preschool years-3 to 5 years
- ▶ Initiative vs Guilt
 - ▶ Asserting control
 - ▶ Play
 - ▶ Social interaction
 - ▶ Exploration
- ▶ Outcome=Purpose
- ▶ Middle School years 6 to 11 years
- ▶ Industry vs Inferiority
 - ▶ Social interactions
 - ▶ School
 - ▶ Academic demands
 - ▶ Group activities
- ▶ Outcome= Confidence

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Erikson's Stages of Psychosocial Development

Adolescence-12 to 18 years

Identity vs Role confusion

Social relationships
Who am I?
Independence
Risk taking

Outcome= Fidelity

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Piaget's Cognitive Development

Jean Piaget published his theory of cognitive development in 1936. This theory is based on the idea that a child's intelligence changes throughout childhood and cognitive skills—including memory, attention, thinking, problem-solving, logical reasoning, reading, listening, and more—are learned as a child grows and interacts with their environment.

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Piaget's Cognitive Development

Four Stages of development include:

Sensorimotor: Birth to 2 years
Preoperational: 2-7 years
Concrete Operational: 7-12 years
Formal Operational: 12- Adult

Schemas
Assimilation
Accommodation
Equilibration

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Sensorimotor Birth to Two Years Sensorimotor

- ▶ Rapid cognitive development in this stage
- ▶ Movement and sensations
- ▶ Learn about the world through grasping, sucking, touching, listening and looking
- ▶ Object permanence
- ▶ Start to understand their actions can cause things to happen in their environment
- ▶ Begin to realize they are separate from people and objects around them

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Preoperational Two to Seven Years

- ▶ Language and vocabulary explode in this stage
- ▶ Egocentric and usually can only see things from their perspective
- ▶ Begin to think symbolically and learn to use words and pictures to represent objects
- ▶ Concrete thinkers
- ▶ Good at pretend play
- ▶ Many “layers” to this stage



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Concrete Operational 7 to 12 years

Begin to show reasoning and understanding of how other people feel and that not everyone feels they way they do, less egocentric

- Begin to think logically about concrete events; more than one way to do a task
- Begin to understand the concept of conservation. For example, 3 fun size candy bars equal one large candy bar
 -
- Thinking becomes more logical and organized, but still very concrete
- Reversibility is a step to more advanced thinking-a pet can be a cat or a dog and both are animals
- Starts to use inductive logic, or reasoning from specific information to a general principle

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Formal Operational 12 years to adult

- Begins to think abstractly and reason about hypothetical problems
- Begins to think more about moral, philosophical, ethical, social, and political issues that require theoretical and abstract reasoning
- Begins to use deductive logic, or reasoning from a general principle to specific information
- Starts to show the ability to take previously known information

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Are you going to hurt me? Versus Is this going to hurt?

What stage of cognitive development does this transition occur?

Overlap of stages is very common

Many factors can influence cognitive development

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Children with Special Healthcare Needs

- ▶ Increasing number of children with SHCN
- ▶ May not progress through any or all the stages of cognitive or psychosocial development
- ▶ There may be a mismatch between physical appearance and the cognitive and social ability of the child with special healthcare needs (SHCN)
- ▶ Children with SHCN should receive care that meets their unique needs and maximize their potential
- ▶ Collaboration between family and caregivers
- ▶ Allow children with SHCN to have independence and autonomy if applicable for their state of health

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Children with Special Healthcare Needs

► Project Austin

- Children with special health care needs have unique medical histories and require very special medical treatment. Ideally, pediatric tertiary care centers, such as Children's Nebraska, are the home hospitals for these children and are prepared to care for their complex medical needs. In an emergency, many of these children are cared for by EMS and hospitals that may not be familiar with their special needs leading to an increased risk of delayed treatment, unnecessary tests, and even serious preventable errors.
- Overall goal is to provide continuity of care to children with special health care needs as they transition from the hospital to home by initiating community awareness and/or education to local EMS the child with special health care needs (CWSHCN)

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Children with Special Healthcare Needs

- **PATCH Program:** The Patient Assistance Team at Children's Nebraska or PATCH is a program that helps us improve the hospital experience for a child with autism spectrum disorder or other developmental, neurological, and behavioral challenges. We work with parents to create individualized adaptive care plans unique to their child that is based on their communication needs, sensory differences, and past healthcare experiences.
- Patch Program helps the Wound Service when interacting with patients in Wound Clinic and the hospital

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Children with Special Healthcare Needs

Individualized wound care: use approach that meets the patient's developmental stage

Parent involvement-how does your child express pain?

Pain medication as needed

Position for comfort and medical safety

Encourage independence based on child's ability level

Know child's ability

Collaborate with other specialties involved with child

Ask adaptive questions

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Interdisciplinary Collaboration

- ▶ Child Life Specialists
- ▶ Healing Touch Therapy
- ▶ Massage Therapy
- ▶ Pet Therapy
- ▶ Pain Program
- ▶ Chaplains
- ▶ Bedside RN

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Pediatric Wound Care

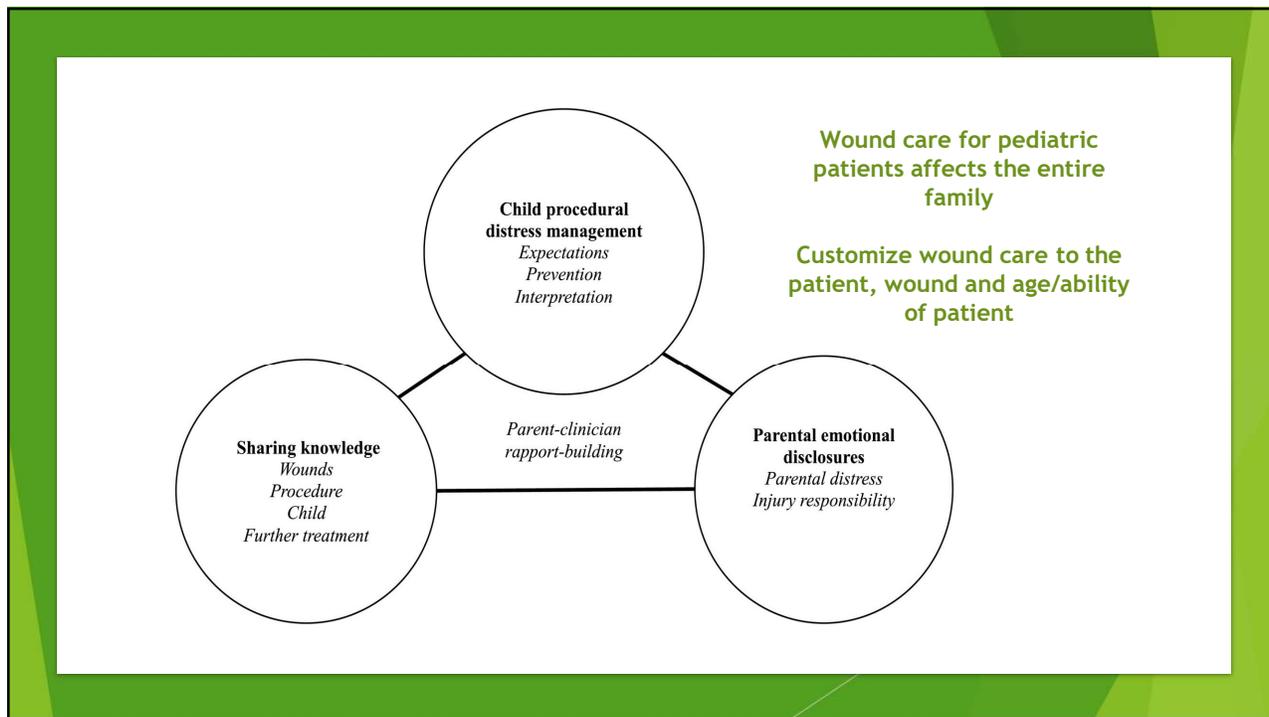
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Tips for Working with Pediatric Patients

- ▶ Observe
- ▶ Use common sense
- ▶ Interact with patient and caregiver(s)
- ▶ Stay flexible and patient
- ▶ Be consistent and reassuring
- ▶ Use cues to interact with the child during cares
- ▶ Take your time
- ▶ Be positive
- ▶ Be prepared, organized and quick if possible
- ▶ Have a back up plan
- ▶ Reward

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Tips for Infant Wound Care

- ▶ Swaddling
- ▶ Pacifier with sucrose prior to starting wound care
- ▶ Pain medication as needed
- ▶ Position for comfort-side or stomach
- ▶ Shushing sounds
- ▶ Involve parent to provide comfort
- ▶ Quiet soothing voice-avoid loud noises



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Infant Wound Care

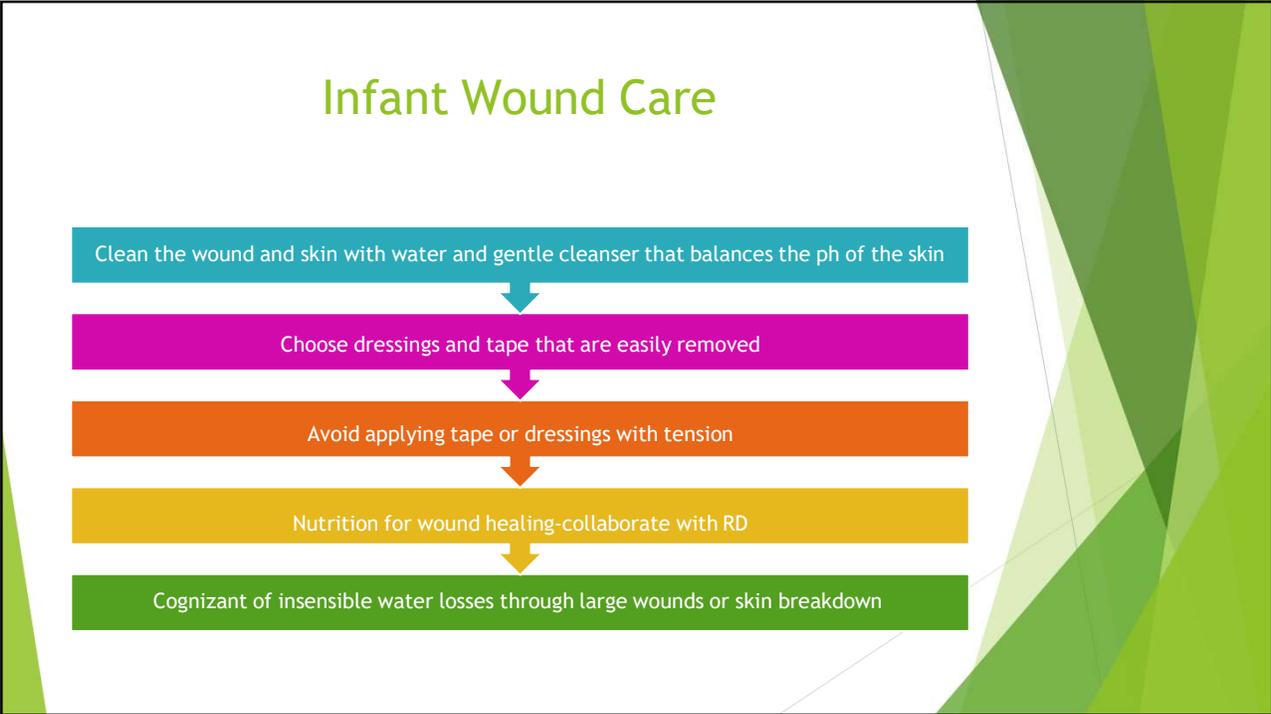


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- ▶ Variety of skin conditions
- ▶ SSSS
- ▶ Eczema
- ▶ Eczema herpeticum
- ▶ Skin injury due to prematurity
- ▶ Diaper Dermatitis

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Tips for Toddler and Child Wound Care

- ▶ Have parent present for wound care
- ▶ Provide distraction-ask favorite kind
- ▶ Involve child in cares-dressing removal
- ▶ Give child a choice
- ▶ Provide security, establish trust
- ▶ Give a reward
- ▶ Let child touch/feel dressings
- ▶ Explain in age-appropriate terms what is being done



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Toddler and Child

- ▶ Accidents
- ▶ Burns
- ▶ Ostomy
- ▶ Pressure Injuries



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Toddler and Child Wound Care

- ▶ Choose dressings that stay in place with activity
- ▶ Engage child in “wound play”
- ▶ Pain medication as needed
- ▶ Avoid dressings that stick-moisten to remove
- ▶ Be truthful about pain
- ▶ Frequent “time-outs”
- ▶ Provide comfort and praise
- ▶ Be creative with positioning for cares

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Adolescent Wound Care



Stages

- ▶ **EARLY:** Girls 11-13 and Boys 12-14
- ▶ **MIDDLE:** Girls 13-16 and Boys 14-17
- ▶ **LATE:** Girls 16-19 and Boys 17-19

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Tips for Adolescent Wound Care

- ▶ Direct your questions to the patient
- ▶ Establish a rapport with patient, ask open-ended questions
- ▶ Provide privacy
- ▶ May not want parent present for wound care
- ▶ Provide distraction
- ▶ Offer involvement with wound care
- ▶ Reassure pictures remain in medical record
- ▶ Give “time-outs”



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Adolescent Wounds

- ▶ Accidents
- ▶ Self-harm
- ▶ Ostomy
- ▶ Burns
- ▶ Pressure Injury
- ▶ Sport Injury
- ▶ Pilonidal Disease

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Adolescent Wound Care

- ▶ Pain medication as needed
- ▶ Provide privacy
- ▶ Time-outs as needed
- ▶ If practical teach patient how to do wound care
- ▶ Use dressings that work with their activities
- ▶ Nutrition for wound healing
- ▶ How “long” for healing-give timeline
- ▶ Provide positive feedback
- ▶ Teach signs& symptoms of infection

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Questions

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