

## Preschooler (4-6 years)

### Overview

According to the CDC, on average, 12,175 children 0 to 19 years of age died each year in the United States from an unintentional injury. Falls was the leading cause of nonfatal injury for all age groups less than 15. However, for children 5 to 19 years of age, the most injury deaths were due to being an occupant in a motor vehicle traffic crash. This should reinforce the importance of proper car seats and seat belt restraint use in motor vehicles!

[http://www.cdc.gov/safecild/Child\\_Injury\\_Data.html](http://www.cdc.gov/safecild/Child_Injury_Data.html)

### Developmental Stage:

- **Initiative vs. Guilt** – Erik Erickson: At this stage, children display great curiosity about the world, and begin to assert their power and control over the world through directing play and other social interaction. They transfer old knowledge to new experiences versus doing wrong and the guilt of knowing better. They are beginning to see the cause and effect relationships of their actions. For example, “I made a mud pie for Mom and it made her happy. I will make her another one.” “I made a mud pie for my mom and she was not happy that I got mud all over my pants. I will not make her another one.” Children at this stage feel a sense of guilt when they take a negative initiative and are punished. Tracking mud into the house on the way to delivering a beautiful mud pie and plunking it on the new sofa is a neutral initiative until there is a negative reaction (and perhaps punishment). According to Erikson, the child at this stage will feel guilt when there is a negative reaction to the initiative taken. The hope, as the child approaches the end of this stage, is for feelings of guilt over a negative initiative to be transformed to feelings of remorse. The child realizes that his or her action has caused Mom or Dad to spend almost an hour cleaning up the mud and s/he feels badly that the initiative caused others “pain”.
- **Key Characteristics:** Very strong imaginations; vigorous; intrusive behavior; modesty emerges
- **Socializing Agent:** Caregivers
- **Goals:** Direction and purpose

Domain	Developmental Milestones	Developmental Caregiving Techniques
Personal/Social	<ul style="list-style-type: none"> <li>• Dress self</li> <li>• Brush teeth</li> <li>• Board games</li> </ul>	<ul style="list-style-type: none"> <li>• Use comfort measures (blanket)</li> <li>• Use distraction techniques (toys, books)</li> <li>• Offer choices rather than ask permission (example: Do not say “Do you want to take your medicine?” rather “Do you want to take your medicine with juice or water?”)</li> <li>• Use rewards, such as stickers</li> <li>• Foster independence consistent with home routine</li> <li>• May experience regression with illness or hospitalizations</li> <li>• Concerned with body integrity – use Band-Aids</li> </ul>

		<ul style="list-style-type: none"> <li>Promote medical play (tongue blades, masks, gloves)</li> </ul>
<b>Cognitive/ Language</b>	<ul style="list-style-type: none"> <li>Speech is now understandable</li> <li>Can count</li> <li>Known colors</li> <li>Knows opposites</li> </ul>	<ul style="list-style-type: none"> <li>Use simple, concrete words and explanations (example, "I am going to measure your muscle" instead of "I am going to take your blood pressure")</li> <li>Explain all procedures completely as they occur</li> <li>Provide positive feedback – "You are such a good helper"</li> <li>Use simple explanations and pictures</li> <li>Answer all questions</li> </ul>
<b>Physical/ Gross Motor</b>	<ul style="list-style-type: none"> <li>Balance</li> <li>Hop</li> <li>Heel to toe</li> </ul>	<ul style="list-style-type: none"> <li>Allow child to assist with care and participate in exam by undressing self</li> </ul>
<b>Fine motor</b>	<ul style="list-style-type: none"> <li>Copy drawings</li> <li>Distinguish sizes</li> <li>Draw person</li> </ul>	<ul style="list-style-type: none"> <li>Allow child to touch, play, and hold equipment</li> <li>Allow child to act out medical play</li> </ul>

### Disorders Common with Preschoolers:

The introduction to school exposures children to many bacterial and viral infections. Be aware of the following:

- Fever** is the single most common complaint of pediatric patients. It is defined as body temperature higher than use range of normal, usually higher than 100.4°F or 38°C.
- Hand-foot-and-mouth** - Hand-foot-and-mouth disease causes a fever along with blisters on the inside of the mouth, the palms of the hands, the buttocks, and the soles of the feet. In the U.S., it is usually caused by coxsackievirus A16. This virus tends to spread among children during summer and early fall. Most cases are not serious and last a week to 10 days.



- Conjunctivitis** - Tearing, redness, itching, and crusty eyelashes are all signs of conjunctivitis. Often caused by the same viruses as the common cold, pinkeye spreads rapidly in schools and

day care centers. Need to rule out any corneal abrasions or foreign bodies. Most cases clear up in four to seven days.

- **Strep Throat**- Signs of strep include a sore throat that lasts more than a week, painful or difficult swallowing, excessive drooling, a rash, exudate in the back of the throat, fever over 100.4 degrees, or contact with someone with strep throat. Complete bedside culture and treat with a course of antibiotics.

### Childhood Illnesses:

- **Kawasaki**- Kawasaki disease is a very rare ailment that strikes children under age 5. The symptoms include a high and prolonged fever (lasting more than 5 days), patchy rash, swelling and redness of the hands and feet, bloodshot eyes, and chapped, red lips. The illness can damage the heart and may be fatal.



- **Pertussis** - Whooping cough makes children cough so hard, they run out of breath and inhale with a "whoop." The infection is most severe in infants and may require hospital treatment. Antibiotics are not especially helpful in treatment, so vaccination is essential for prevention.
- **Scarlet Fever** - The rash begins on the chest and abdomen and spreads all over the body, accompanied by a strawberry-looking tongue and high fever. Without treatment, any strep infection can lead to rheumatic fever and, in rare cases, heart damage.

### Rashes

- **Lyme Disease** - The hallmark of Lyme disease is a target-shaped rash that appears 1-2 weeks after a tick bite, though not everyone will develop the distinctive rash. The rash may be accompanied by a fever, chills, and body aches. The culprit is a type of bacterium carried by tiny deer ticks. Without treatment, Lyme disease can affect the joints, nervous system, and heart.



- **Impetigo**- Impetigo is another bacterial skin infection. It most commonly causes clusters of tiny blisters on the skin that ooze and form a golden crust. Touching the fluid can spread the infection to other parts of the body or other people. It is often caused by staph bacteria but also can be caused by strep bacteria. This type of impetigo is most common in kids ages 2 to 6. If treated with antibiotics, the sores usually heal without leaving scars.



- **Fifth Disease** - mild rash illness caused by parvovirus B19. Often called "slapped cheek" disease, fifth disease causes a bright red rash on a child's face. A rash may also appear on the torso, arms, or legs. The culprit is human parvovirus B19, a virus that may cause mild cold-like symptoms before the rash is seen. Once the rash appears, the child is usually no longer contagious. Up to 20% of kids get it by age 5, and up to 60% have had it by age 19. The rash usually disappears in seven to 10 days.



- **Measles** - It is characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis - the three "C"s! As these symptoms fade, a full-body maculopapular rash appears. The CDC has reported outbreaks among unvaccinated children. The rash usually appears about 14 days after a person is exposed; however, the incubation period ranges from 7 to 21 days. The rash spreads from the head to the trunk to the lower extremities. Patients are considered to be contagious from 4 days before to 4 days after the rash appears.



- **Mumps** - caused by a paramyxovirus. The infection often causes no symptoms, but when it does, the classic sign involves pain, tenderness, and swelling in one or both parotid salivary glands. This creates the appearance of "chipmunk cheeks." Despite high vaccination rates,

recent outbreaks have infected thousands of people in the U.S. Unvaccinated individuals are 9 times more likely to catch mumps.



- Note on RASHES - they are VERY common. Inspect skin, note color, location, size, shape, and distribution of lesions. Any nonblanching rash is an emergency and requires immediate attentions.

### Gastrointestinal

- **Constipation** – defined as infrequent or painful defecation. Often develops at the time of school entry, because they refuse to defecate at school. Common withholding behaviors include squatting, crossing ankles, stiffening behaviors, flushing, sweating, crying, holding onto furniture or caregiver, and hiding during defecation. Inquire about onset, duration of symptoms, if the passage of BM appear painful, and if any bleeding.
- **Appendicitis** - defined as the inflammation and infection of the vermiform appendix. Common symptoms include constant abdominal pain, fever, and vomiting. A child who states that the ride to the hospital was painful when the vehicle hits bumps in the road may have peritoneal irritation.

### Genitourinary

- **Urinary Tract Infection** – pyelonephritis (upper UTI) and cystitis (lower UTI). Symptoms include strong-smelling urine, abdominal pain, dysuria, urgency, frequency, and enuresis.

### Respiratory

- **Croup** – The hallmark of croup is a tight cough that sounds like a barking seal. However it may also be accompanied by inspiratory stridor, hoarseness, and signs of respiratory distress. The cause of the cough is inflammation in the upper airways, usually due to a virus. Croup is most common in children under 5. Warm, humidified steam from a shower or cold air from the freezer may benefit the child. If breathing becomes severely impaired, hospital treatment may be needed. Steroids and racemic epinephrine may be administered to those in severe distress. Radiograph should be obtained to rule out any foreign bodies. Radiograph may also show a steeple sign.



### Neurological

- **Seizures** – symptomatic of central nervous system or systemic dysfunction and may represent acute or chronic conditions. Febrile seizures are most common and induced by fevers. Seizures lasting longer than 15 minutes is considered prolonged.
- **Meningitis** – inflammation of the membranes that cover the brain and spinal cord. Commonly caused by *Neisseria meningitidis* and *H. influenza*. Signs and symptoms common to this age group include: seizures, petechiae and purpura, fever, stiff neck, altered mental status, and headache.

### Interventions specifically related to Preschoolers:

- Pain Assessment – Preschoolers may associate pain with unrelated events (pain as punishment for misbehavior); they are able to point where it hurts and have expressive responses; they are developing the ability to quantify and use a self-reported pain assessment scale. Recommended to use the FACES Pain Rating Scale, Color Analog Scale, Oucher Scale, and the Poker Chip Tool.

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