

Toddler (1 - 3years)

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, drowning was the leading cause injury death for those 1 to 4 years of age. This includes pools, toilets, buckets, and even puddles. Toddlers are learning the environment around them and need constant directions to keep safe. http://www.cdc.gov/safecild/Child_Injury_Data.html

Developmental Stage:

- **Autonomy vs, Shame and Doubt** – Erik Erickson: Developing independence vs. making the wrong choices. At this point the child has an opportunity to build self-esteem and autonomy as he/she learns new skills and right from wrong. The toddler learns to do things for him/herself and exert his/her own emerging sense of individuality. As skills develop, a sense of pride develops and confidence in his/her abilities and begins the important task of building positive self-esteem. Children who are thwarted at this stage and not allowed to develop naturally may develop a sense of shame or guilt and lack confidence in their abilities. During the “terrible twos,” defiance, temper tantrums, and stubbornness can also appear. Children tend to be vulnerable during this stage, sometimes feelings shame and low self-esteem during an inability to learn new skills.
- **Key Characteristics:** increasing control of bodies, themselves and environment; making choices
- **Socializing Agent:** Caregivers
- **Goals:** self-control and will power

Domain	Developmental Milestones	Developmental Caregiving Techniques
Personal/Social	<ul style="list-style-type: none"> • Play ball • Use cup • Imitate activities • Use spoon & fork • Help with dressing self • Help in house • Feed doll • Hand washing 	<ul style="list-style-type: none"> • Smile, establish eye contact and use calm approach • Have caregiver stay with child • Perform most uncomfortable tasks last (BP, ear exam) • Use comfort measures (blanket) • Use distraction techniques (toys, books) • 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?”) • Demonstrate on caregiver or doll • Use rewards, such as stickers • Foster independence consistent with home routine • May experience regression with illness or hospitalizations

Cognitive/ Language	<ul style="list-style-type: none"> • Words emerging • Point to pictures • Name body parts • Expect “NO!” 	<ul style="list-style-type: none"> • Use simple, concrete words and explanations (example, “I am going to measure your muscle” instead of “I am going to take your blood pressure”) • Explain all procedures • Provide positive feedback
Physical/ Gross Motor	<ul style="list-style-type: none"> • Walking • Running • Climbing • Kicking • Throwing • Jumping 	<ul style="list-style-type: none"> • Supervision important – safety concerns • Allow child to assist with care and participate in exam by undressing self, rolling over, and turning around
Fine motor	<ul style="list-style-type: none"> • Container play • Scribble • Stack blocks 	<ul style="list-style-type: none"> • Allow child to touch, play, and hold equipment

Disorders Common with Toddlers:

- Fever- defined as body temperature higher than use range of normal, usually higher than 100.4°F or 38°C. Recommended route to measure temperature is rectal.
- 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 to be aware of:

- 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. It often occurs during times of dietary transitions. Inquire about onset, duration of symptoms, if the passage of BM appear painful, and if any bleeding.
- Rotavirus - Before the introduction of an effective vaccine, rotavirus was the top cause of diarrhea-related deaths in young children. The main symptoms are vomiting and watery diarrhea, which can make babies become dehydrated very quickly. There are now two rotavirus vaccines for infants, and studies indicate a dramatic drop in the number of new cases.

Genitourinary

- Urinary Tract Infection – pyelonephritis (upper UTI) and cystitis (lower UTI) – should always be ruled out when infants present with fever. Symptoms include fever, vomiting, strong-smelling urine, abdominal pain, poor feeding, and irritability.

Respiratory

- RSV- Respiratory syncytial virus is a respiratory virus that infects the lungs and breathing passages. RSV can be serious, especially for infants and older adults. RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lung) and pneumonia in children younger than 1 year of age in the United States.
- 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.

Musculoskeletal

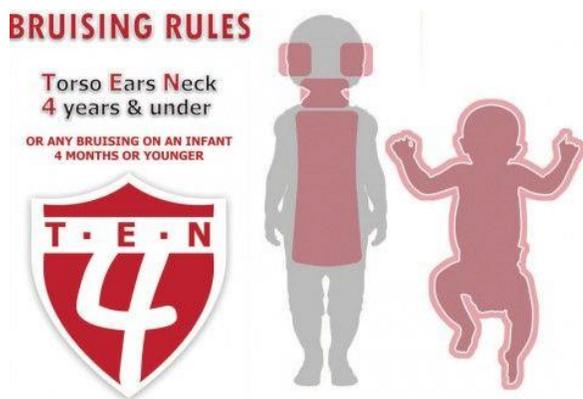
- Toddler Fractures - also known as childhood accidental spiral tibial (CAST) fractures. Usually occurs in walking toddlers less than 3years old. It is nondisplaced spiral or oblique fracture of tibial shaft only. This fracture takes about 3 to 4 weeks to heal. Mechanism for injury: low energy trauma with rotational component which involves distal half of tibia. Unlike non-accidental injury, which typically involves proximal half of tibia. Patient will present with pain, bruising, limping or refusal to bear weight on extremity. On physical exam there may be warmth, swelling over fracture site, tenderness over fracture site, and pain on ankle dorsiflexion.



Interventions specifically related to Toddlers:

- Pain Assessment – use FLACC

- Explain to families that crying is normal in young babies and is also usually a daily part of toddlerhood. Most children do not gain the ability to stop crying on demand until at least 4 years of age or even older – depending on the reason the child began to cry.
- Complete a thorough skin exam on all children under 4 years of age whenever possible, but especially at well-child exams or visits related to injury. Document all injuries that are noted on children during physical exams—even those that appear normal and benign. Include “no bruises or other injuries” as a pertinent negative when documenting skin exam findings. Infants are at high risk for abuse and neglect. Use the TEN-4 rule. Bruising to the Torso, Ears, Neck, or anywhere under 4 years old are significant indicators of abuse. “If the baby isn’t cruisin’, they shouldn’t be bruising!”



- During head-to-toe assessment perform the most intrusive aspects last (example BP).