

<p align="center">St. Joseph's / Candler Health System</p>	<p align="center">Patient Care Policy</p> <p>Title: Care of the Pediatric/Adolescent Patient</p>	<p>Policy Number: 6072-PC Effective Date: 11/17/2023 Page 1 of 7</p>
---	--	---

Policy Statement

It shall be the policy of St. Joseph's/Candler Health System (SJ/C) to provide age and developmentally appropriate care for Pediatric Patients based on identified needs.

Definition of Terms

Pediatric Patient - a child that is between the ages of 1 day to 12 years, excluding patients in the Newborn/Special Care Nursery areas.

Adolescent - a child from the age of 13 through the age of 18 years.

Osteogenesis Imperfecta (OI) – a group of disorders characterized by fractures with minimal or absent trauma. Fractures can occur in any bone, but are most common in the extremities.

Licensed Independent Practitioner (LIP) – physician or any other individual permitted by law and by the Hospital to provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.

Procedure

The patient is identified by using the name and medical record number or account number and comparing it to one other document, such as the patient identification band, MAR, face sheet or specimen label. If the patient cannot speak, identification will be verified by one of the following individuals in the following order of priority: durable power of attorney for healthcare, spouse, adult child, parent, other family member, individual involved in the plan of care or authorized agent. If patients have the same name, verification will be obtained by using the medical record number or account number and date of birth.

- A. Pediatric Patients will be admitted, transferred, and discharged in accordance with specific policies.
- B. Notification to the following departments will be made when there is an admission of a Pediatric Patient to another unit within SJ/C other than the designated Pediatric Unit on the Candler Campus or ext. 5526. On the St. Joseph's Campus, the unit charge nurse will notify the ED charge nurse when a Pediatric Patient is admitted.

1. **Dietary** (for appropriate meals and parent trays for the patient 18 years and younger);
 2. **Pharmacy** (to obtain an Advanced Life Support: Pediatric Drug Sheet from Lexicomp and place a copy in the patient folder and in the patient's room);
 3. **Emergency Department** (in the event that they may have to respond to a code for a Pediatric Patient) (Refer to **Emergency Resuscitation/Code 99, Code CAT and Code White, Patient Care Policy #6080-PC**)
- C. Medications will be ordered by LIP for Pediatric and Adolescent Patients through 18 years of age. Advanced Life Support: Pediatric Drug Sheet from Lexicomp Medication Sheets will be placed on the medical record (folder) and will provide weight-based dosing guidelines. All medications for neonatal patients (less than 28 days) will be ordered by weight when appropriate.
- D. Documentation of care provided to Pediatric Patients will be done in the appropriate electronic medical record documentation forms designated for Pediatric Patients. This will be in addition to other documentation required by SJ/C.
1. Pediatric medical inpatient documentation will include the Pediatric Admission & History, Pediatric Admission Assessment, the Age Specific/Developmental Assessment, and the Pediatric Shift Assessment in the electronic medical record.
 2. Cardio-pulmonary resuscitation for Pediatric Patients will be in accordance with **Emergency Resuscitation/Code 99, Code CAT and Code White (Patient Care Policy #6080-PC)**.
 3. All patients are to be measured and weighed on admission.
 4. Place the Advanced Life Support: Pediatric Drug Sheet from Lexicomp above head of bed or on the patient room door.
- E. Safety precautions for Pediatric Patients will be in accordance with General Safety Policies.
- F. Safety measures for Pediatric Patients:
1. If patient is able to hold their bottle, use one that is plastic, not glass. Use a clean bottle and nipple for each bottle of fluid given. Parent may use patient's bottle from home, and nipples, at the discretion of the nurse and LIP. The parent must be instructed to sanitize the patient's bottle and nipple from home, after each use. Use of an antibacterial soap and thorough rinsing and drying is necessary.
 2. Provide the patient/significant other with information regarding SJ/C safety at the time of admission.
 3. All Pediatric Patients less than 3 years of age will be in a crib with the side rails in the full upright position. A Crib Release Form must be signed by the parent/legal guardian when patients are less than 3 years of age and refuse to stay in a crib or at the parent's request stay in a bed. The Crib Release Form CL 40100 can be found in the Forms Repository and must be scanned into the

electronic medical record.

4. An assessment of the patient and parent's educational needs will be completed and recorded in the Teaching Record Assessment.
5. Child patients may not be carried through the hospital. They must be transported via wheelchair, bed, wagon, and stroller.

G. Vital Signs:

1. Take temperature by any of the following routes as indicated by age, diagnosis, procedure performed, and cooperation of the child: oral, axillary, temporal, or rectal temperature if unable to obtain by other route and/or if ordered. Due to the accurateness, rectal temperature is the preferred route of children less than 3 years of age if they are febrile.

NORMAL TEMPERATURE RANGES

Age	Fahrenheit	Celsius
Preterm	97.7-98.6	36.5-37
Term Infant	97.2-99.9	36.2-37.7
0-6 months	97.2-99.4	36.2-37.4
6-12 months	96-99.7	35.6-37.6
1-13 years	95.9-99	35.5-37.2
> 13 years	96.4-99.6	35.8-37.6

NOTE: Measurement method and circadian rhythm must be considered in determining normal.

2. Obtain an apical heart rate if the patient is less than or equal to 3 years of age. Count the rate for 1 full minute. Obtain a radial heart rate if the patient is greater than 3 years of age and count the rate for 1 full minute.

HEART RATE

Age	Heart Rate Normal Range (bpm) AWAKE	Sleeping Rate
Neonate (<28 days)	100-205	90-160
infant (1month-12 months)	100-180	90-160
Toddler-1-2 years	98- 140	80-120
Preschooler 3-5 years	80-120	65-100
School age 6-12	75-118	58-90
Adolescent 12-15	60-100	50-90

3. Respirations will be counted for one full minute. Both chest and abdominal movement will be observed. Rate, depth, quality of respirations, and activity level will be observed.

RESPIRATORY RATE

Age	Respiratory Rate Normal Range (breaths/min)
Infant (less than 1 year)	30-53
Toddler 1-2 years	22-37
Preschooler 3-5	20-28
School age 6-12 years old	18-25
Adolescent 12-15	12-20

4. Take blood pressures on all patients greater than or equal to 3 years of age, using the appropriate size cuff. Use the right arm whenever possible for consistency of measurement and comparison with standard norms. Use a noninvasive blood pressure monitor when possible.
 - a. All pediatric patients will have an **admission** blood pressure taken and as ordered. Take blood pressures on patients less than 3 years of age only if ordered. Note method and location with BP value along with child's response.
 - b. If the infant/child is crying, the vital signs will be repeated when the child is calm. Document in medical record how child is responding to care.

NOTE: Do not routinely measure BP in children with Osteogenesis Imperfecta. Measure only with direct order from healthcare provider.

BLOOD PRESSURE MEASUREMENT

Age	Systolic	Diastolic	Mean Arterial
Birth (12 hours, less than 1000 grams)	39-59	16-36	28-42
Birth (12 hours, 3kg)	60-76	31-45	48-57
Neonate (96 hours of age)	67-84	35-53	45-60
Infant 1-12months	72-104	37-56	50-62
Toddler 1-2 years old	86-106	42-63	49-62
Preschooler 3-5 years old	89-112	46-72	58-69
School age 6-9 years old	97-115	57-76	66-72
Pre-adolescent 10-12 years old	102-120	61-80	71-79
Adolescent 12-15 years old	110-131	64-83	73-84

5. Daily weights will be obtained on patients under the age of 18 months. Additional weights are to be performed according to LIP order. An infant will be without clothing or diapers and weighed at the same time each day and on the same scale. Patient's weight and height are to be plotted on the appropriate growth chart for age found on the Intranet under CDC.
- H. Emergency Treatment - Respiratory Therapy will provide Pediatric Emergency Respiratory Care to the unit to which the patient is admitted, according to the policies and guidelines in the Respiratory Department.
- I. Specimen Collection: To collect a routine urine specimen on an infant/toddler:
1. Cleanse perineal area with perineal wipes, wash area with washcloth first, if indicated. Dry area thoroughly.
 2. Attach adhesive surface of urine collector bag firmly around perineum. Place a diaper over collection bag to discourage the child from tampering with it.
 3. Check the urine collector bag at frequent intervals
 4. Remove bag when specimen is obtained and pour into container. Label container according to hospital procedure and send to the lab.
 5. Obtain Intake and Output at every shift and additionally as ordered by LIP. (See strict I&O below).
 6. **Blood Specimens:**
For children 2 months of age or younger, use only alcohol and then betadine for skin preparation for blood cultures. Do NOT use ChloroPrep products.
- J. IV Therapy:
1. IV Therapy or RNs/LPNs with pediatric competencies in initiating IVs in children will initiate IV.

NOTE: If unable to obtain access, notify the LIP. When prepping IV site for

infants less than 2 months old, ChloroPrep products are contraindicated for this age.

- a. When administering IV fluids, an IV infusion pump will be used, except in OR/PACU, according to their policy on IV infusions. For children under 5 years of age, a *syringe infusion pump* will be used.
- b. IV site is to be checked and documented **hourly** on patients who are unable to verbalize sensation of pain and location of pain, and every 2 hours when able to verbalize pain, but not location.

K. Intake & Output

Any patient with an IV or diagnosis of dehydration, nausea, vomiting, or gastritis will have strict I&O per LIP orders. All diapers will be weighed deducting the dry amount.

L. Therapeutic Play:

1. Contact Pediatric unit for diversion material appropriate to the child's age. Clean non-electrical play materials may be provided by the parent/caregiver in accordance with General Infection Control Policies. Age-appropriate toys will be given - coloring books, crayons, and games.

M. Academic Needs

1. Notify the social worker about referrals to programs for children with special needs ages 3 and under - Babies Can't Wait, ages 3-5 - Children's 1st program.
2. For school age children (grade 1-12), notify the social worker if the child's absence from school is expected to be greater than 14 days to facilitate a smooth transition from hospital to home or school.
3. The social worker will coordinate with the child's school and the parent/guardian about the child's educational needs and how it will be delivered. Documentation will be completed on the multi-disciplinary worksheet.

NOTE: Policies are intended to serve as training tools and as general guidelines for when questions arise or when unusual events occur. Personnel should not use policies as a substitute for the exercise of good judgment as it is recognized that a guideline may not be uniformly appropriate. If you have a specific question that is not addressed by this policy or if you have questions about the application of this policy, please contact a supervisor, the compliance officer, or legal department.

Approved:



Sherry Danello, DHA, MSN, RN, NEA-BC

Original Implementation Date: See below

Next Review Date: 11/17/2026

Originating Department/Committee: Nursing Procedure Committee

Reviewed: 09/07, 03/09, 10/09, 10/12, 01/15, 03/18, 08/20, 10/24

Revised: 05/02, 08/04, 06/07, 03/09, 10/09, 10/12, 01/15, 03/18, 08/20, 10/24

Rescinded:

Former Policy Number(s):

107 (Pediatric Patient, Care of the) (CH)

Original: 5/81

Reviewed: 1/90, 4/99

Revised: 3/91, 4/93, 6/93, 5/95, 4/96, 4/99

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Policy Number: 6072-PC
Effective Date: 11/17/2023

Page 7 of 7