



EVERYTHING IS JUST SMALLER....RIGHT?

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What is monitoring??

Monitoring is the series of standard assessments required to ensure a goal is being met

In healthcare, the goal for patients is similar, but how we measure it and the assessments we use can be different

When we know the goal, the assessments become easier to apply

What is the goal?

Look on your table to find envelope **ONE**

Decide together which description best fits your role as monitors and the goal you are observing for...

The goals we measure against are:

- Quiet breathing which looks effortless and allows oxygen and carbon dioxide to be exchanged sufficiently to meet the body's needs
- Body systems work effectively as enough oxygen, glucose and water is provided to cells and waste products are removed successfully
- Consistent age-appropriate alertness and responses to people and the environment without discomfort: physical or emotional
- External appearance indicates no impact from injury, infection or poor temperature control
- Carer interactions are respectful and offer safety to express concerns with plan of care

Now find envelope TWO

Raise what you believe is the appropriate response to the statements on the screen...work together to come up with the answers!

You will have 10 seconds for each statement to decide your response

1. Airways are smaller
2. Mucus in noses means infants are more at risk of obstruction
3. Tongue is proportionately larger
4. Tonsils take up more space in the pharynx
5. The chest wall is less compliant
6. The diaphragm is relied for breathing on more in infants
7. Muscles of neck, chest and back are less developed
8. Lungs have less alveoli until age 8
9. Energy use for breathing is larger

Airway and Breathing

Compared to
adults....

THIS MEANS WHEN YOU OBSERVE:
NOISY BREATHING: SNORING, STRIDOR, WHEEZE
NASAL FLARING
RECESSION: SUBCOSTAL, INTERCOSTAL, SUPRA-STERNAL
LACK OF ENERGY: FEEDING, PLAYING, INTERACTING
ABDOMEN MOVING MORE THAN CHEST
HEAD BOBBING
TRIPODING
THEN YOU SHOULD ESCALATE YOUR ASSESSMENT

...ALONGSIDE OBSERVATIONS WHICH TRIGGER AN EARLY WARNING SCORE

1. The heart is less able to change volume of blood going into blood vessels
2. Blood vessels are more reactive to stress hormones
3. Blood Pressure may be less reactive to change
4. Glucose is metabolised at a larger rate than adults
5. Kidneys are less able to retain water under 2
6. Less ability to rehydrate easily
7. Skin is more elastic

Special question envelope 1: what best represents the volume of blood in a 6-month-old?

Circulation

Compared to
adults...

THIS MEANS WHEN YOU OBSERVE:

PALLOR: REMEMBER TO LOOK AT SOLES OF HANDS AND FEET/MUCUS
MEMBRANES IN CHILDREN WITH DARKER SKIN TONES

PULSES WHICH FEEL WEAK/BOUNDING

VOMITING WHICH IS PERSISTENT

MORE THAN 8 EPISODES OF **DIARRHOEA** IN 24 HOURS

>2 MISSED FEEDS

DRY NAPPIES OR **PROLONGED PERIOD** WITHOUT URINE

DULL, DARK EYE SOCKETS

DRY DUMMIES

SKIN LOSING ITS 'PING' OR PUFFY EYES, FACE, GROIN OR HANDS/FEET

THEN YOU SHOULD ESCALATE YOUR ASSESSMENTS

...ALONGSIDE OBSERVATIONS WHICH MIGHT TRIGGER AN EARLY WARNING SCORE

1. Brain uses more oxygen
2. Changes in oxygen, water, glucose and removal of waste products have a larger impact
3. Developmental stages are more variable
4. The environment affects socialisation more
5. Pain is less obvious and assessment is easier
6. Tools to assess levels of consciousness are more difficult to apply

Disability

Compared to
adults...

THIS MEANS WHEN YOU OBSERVE:
CHILD APPEARS **ANXIOUS/AGITATED**
CHILD APPEARS TO BE **LESS RESPONSIVE TO WORLD AROUND THEM**
POSTURE/BEHAVIOUR INDICATES PAIN
NO DESIRE TO ENGAGE WITH PLAY
DEVELOPMENTAL CAPABILITY IS LESS THAN EXPECTED
BLOOD GLUCOSE IS LOW
DEHYDRATION IS EVIDENT
OXYGEN DELIVERY IS AFFECTED
THEN YOU SHOULD ESCALATE YOUR ASSESSMENTS

...ALONGSIDE OBSERVATIONS WHICH MIGHT TRIGGER AN EARLY WARNING SCORE

1. Variances of surrounding temperature have a larger impact
2. More reliant on others to meet hygiene needs
3. More risk of injury due to normal activity and development
4. Rashes in children are more common

Special question envelope 2: can you place rashes in order of concern?

Exposure

Compared to
adults...

THIS MEANS WHEN YOU OBSERVE:
COLD SKIN: CLOSER TO BODY, MORE WORRYING IT IS
MOTTLING
HOT, DRY 'SANDPAPER' SKIN
INAPPROPRIATE CLOTHING FOR SEASON
SIGNIFICANT NAPPY RASH
ANY WOUNDS/SCARRING
BRUISING WHICH IS NOT 'AGE APPROPRIATE'
UNKEMPT APPEARANCE
EXCESSIVE DESIRE TO MAINTAIN MODESTY
THEN YOU SHOULD ESCALATE YOUR ASSESSMENTS

...ALONGSIDE OBSERVATIONS WHICH MIGHT TRIGGER AN EARLY WARNING SCORE

1. Stress affects how we interpret every interaction more
2. Carers have larger role as expert voice
3. Language or cognitive barriers make communication more difficult

Special question: Carers have own expectations of healthcare: what affects this?

**Exposure
includes the
dynamic
around the
child...**

When thinking
about
relationships with
carers...

THIS MEANS WHEN YOU OBSERVE:
NOT ASKING FOR EXPLANATIONS
EXCESSIVE QUESTIONING
LACK OF INTEREST/INTERACTION
WARINESS/WATCHFULNESS
LANGUAGE OF **FEAR**
CARER VOICE NOT BEING HEARD DURING REVIEW
THEN YOU SHOULD ESCALATE YOUR ASSESSMENTS

...ALONGSIDE ANY OTHER CONCERNS ABOUT THE CARER'S WELLBEING AND MANNER



Time for a
quick
stretch!
5 minutes



GROWING BODIES NEED GROWING BRAINS...

Time for envelope number 3!

- Take out the pictures and look at them.

Each of these ages has a purpose in terms of development....talk to one another about what that might be

Next, look at the learning activities and put them with the age you believe best matches

Some common development activities include:

Copying facial expressions
Kicking legs/holding feet
Reaching out for toys
Repetitive play



Building blocks & knocking them down
Saying 'NO!'
Distress when parent leaves
Tries copying chores



Dressing up games
'Reading' books
Asking questions
Listening when warned something is hot



Making friends
Pays attention for up to 10 minutes
Likes to play games
Beginning to ask 'what if?...'



Worrying about death
Experimenting with hairstyles/clothes
Voices strong opinions
Exploring reason and consequence



Activities

Distraction

Development
monitoring

How could
you use this
knowledge
in your
practice?

- **Infants** are learning how to interact with people and the world around them

They are also learning what their bodies can do

- **Toddlers** are learning how to communicate these interactions and what else can be done...

They are also learning that actions can have consequences which may not be pleasant

- **Pre-schoolers** are living in the present whilst learning about time and place

They are also learning to use their imaginations and societal norms

- **School-age children** are learning about the levels of friendships there are

They are also learning to become independent

- **Secondary school age** is long: early on, there can be learning about loss and its permanence

Then hormones affect brain development and bring about re-learning what you know about yourself and how you look, act and behave

- **By the time adulthood arrives**, appreciating the realities of life and acceptance of others' thoughts begin to appear....but can take many years to fully develop

In
summary...

“OBSERVATION IS LIKE A MUSCLE. IT GROWS STRONGER WITH USE AND ATROPHIES WITHOUT USE. EXERCISE YOUR OBSERVATION MUSCLE AND YOU WILL BECOME A MORE POWERFUL DECODER OF THE WORLD AROUND YOU”

joe navarro