

Infant (Birth – 12 months)

Overview

According to AHRQ brief on Emergency Department visits in the United States, the infant (0-1yr) had the second highest rate of ED visits with adults aged over 85 years and older being in the lead. Infants present with the following common complaints to the ED: acute bronchiolitis, fever, otitis media, and pneumonia. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb174-Emergency-Department-Visits-Overview.jsp>

For more specific information on the Connecticut's Children, please read the following: <http://www.helpmegrownational.org/includes/resource/CHDIofftohealthystart.pdf>

Developmental Stage:

- **Trust vs. Mistrust – Erik Erickson:** The trust versus mistrust stage is the first stage of the theory of psychosocial development. According to Erikson, the trust versus mistrust stage is **the most important period in a person's life and serves as the building block for future stages of development.** It is in this initial stage of development that children develop basic trust through the loving care of a nurturing person versus the lack of consistent care necessary to meet the infant's needs.
- **Key Characteristics:** a time of learning through all senses. Infants will learn that all things still exist even though they cannot be seen
- **Socializing Agent:** Caregivers
- **Goals:** Hope

Domain	Developmental Milestones	Developmental Caregiving Techniques
Personal/Social	<ul style="list-style-type: none">• Smile• Wave bye-bye• Play pat-a-cake	<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 (pacifier)• Use distraction techniques (toys, rattles)
Cognitive/ Language	<ul style="list-style-type: none">• Turn to sound• Babble• Laugh• Imitate sounds	<ul style="list-style-type: none">• Speak softly & calmly• Remember they understand more than they vocalize

Physical/ Gross Motor	<ul style="list-style-type: none"> • Lift head • Roll over • Sit up • Pull to stand • Crawling • First steps (some) 	<ul style="list-style-type: none"> • While awake, lay on stomach to encourage pushing up and lifting head • Use progressively less support for sitting and standing
Fine motor	<ul style="list-style-type: none"> • Follow with eyes • Grasp rattle • Reach for toys • Finger-thumb use • Finger foods 	<ul style="list-style-type: none"> • Keep infant bundled in blanket when possible for comfort • Allow child to touch, hold and play with equipment when appropriate

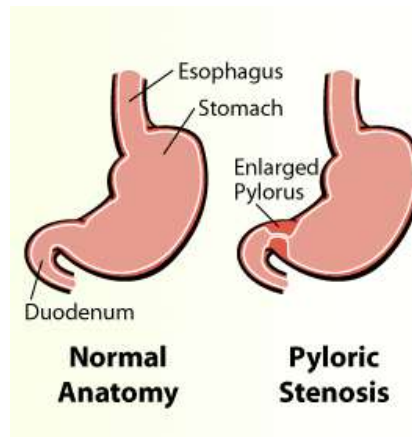
Disorders Common to Infancy:

- **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.
- **Dehydration** – fluid loss in excess of intake. Infants have higher basal metabolic rate, more total body water than adult, larger body surface area to volume ratio, lower renal filtration rates. Mild is considers less than 5% of body weight loss; moderate 5-10% loss; severe 10-15% loss.
- **Dermatological**
 - **RASHES!** - VERY common. Inspect skin, note color, location, size, shape, and distribution of lesions. Any nonblanching rash is an emergency and requires immediate attentions.

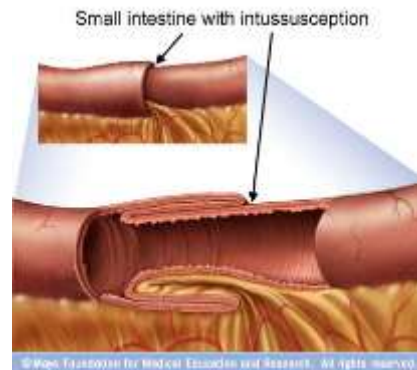


- **Gastrointestinal**
 - **Constipation** – defied as infrequent or painful defecation. It often occurs during times of dietary transitions. Inquire about onset, duration of symptoms, if the passage of BM appear painful, and if any bleeding.
 - **Pyloric Stenosis** – is the narrowing of the pylorus, which causes gastric outlet obstruction. More common in males, usually between the ages of 2-8 weeks. Presents as one with previously normal feeds with rapid onset of nonbilious, projective emesis occurring after every/some feeds. Other symptoms includes

constant hunger, belching, dehydration, abdominal pain, weight loss and a wave-like motion of the abdominal after feeds.



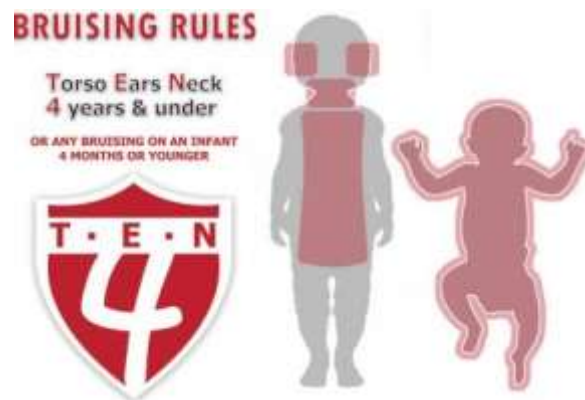
- **Intussusception** – is the telescoping or prolapse of a segment of the bowel. Patients present with abdominal pain –frequently noted with the drawing up of the legs, currant-jelly stool, and palpable abdominal mass.



- **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.
- **Immunological**
 - **Apparent Life-Threatening Event – ALTE** – defined as an experience with apnea, color change, marked muscle tone change, choking, or gagging, typically in one less than 3 months of age. Caregiver often thinks that the infant has died.
- **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.

Interventions specifically related to Infants:

- Pain Assessment – use “cry-face”, CRIES, NIPS, N-PASS, or Premature Infant Pain Profile tools for assessment.
- 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 rectal temps).