

- **UNIT-VI-Management of handicapped children**

# **Mental handicapped**

- Definition: refers to significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period.
- Refers to the most severe general lack of cognitive and problem solving skills.

# Child with mentally handicapped children



# CLASSIFICATION

- **BORDERLINE MENTAL RETARDATION:** Individuals whose IQ (Intelligent quotient) is approximately 80 are considered to be in the lower range of normal. They may have difficulty learning in school and may need special assistance.
- **MILD MENTAL RETARDATION:** these children score two to three standard deviations below the mean of the normal curve of average intelligence on standardized intelligence test. IQ IS 51 to 70.

# Moderate mental retardation

- These children's score three to four standard deviations below the mean of the normal curve of average intelligence on standardized intelligence tests. They exhibit limited academic and vocational skills but can learn self help skills, communication skills and social skills. IQ level is 36 to 50.

# severe mental retardation

- Children categorized as having severe mental retardation score four to five standard deviations below the mean of the normal curve of average intelligence on standardized intelligence tests.

Children exhibit limited language, motor, and speech capabilities.

I.Q-LEVEL IS 21 TO 35.

# etiology

- **Genetic causes** include chromosomal anomalies, single gene disorders, chromosomal anomalies includes such as down syndrome. Single gene disorders includes autosomal dominant.
- **Social factors includes:** poor psychological, social and environmental conditions: poor maternal nutrition and inadequate prenatal health services and low socioeconomic groups.

# assessment

- Complete assessment consist of history, developmental screening and parent child interaction assessment, vision screening, physical assessment and neurological assessment
- History: a detail history should include prenatal information,labour and delivery details, neonatal behaviour,growth and development. History can provide vital information concering possible cause and diagnosis clue.

# Developmental screening

- The developmental screening should include gross motor, fine motor and communication skills including verbal and non verbal and expressive and receptive skills, problem solving abilities, feeding, toileting and dressing should be assessed

# Physical assessment

- It gives to nurses an opportunity to observe and assess the child's adaptive and cognitive skills directly. Child social responsiveness and appropriateness of response should be observed. Physical examination height, weight and head circumference measurements. Examination of skin, eye, mouth

# Clinical manifestation

- Short attention span, poor memory
- Sleep problem
- Convulsions are commonly found with mental retardation
- Psychiatric illness, emotional problem
- Distractibility, failure to achieve independence
- Reduced spontaneous activity

# Neurological assessment

- It is important for the midwife to remember that a good developmental assessment. midwife observes children cries, alertness, balance and co-ordination are observed. cognition is assessed by the way children understand simple commands. In neurological assessment tone, strength, range of motion and reflexes.

# DIAGNOSTIC EVALUATION

- History collection
- Computerized tomography scan
- X-rays for bone age
- EEG-Electro encephalo gram
- Assessment of developmental and adaptive behavior.
- Family history
- Neurological examination

# Nursing management

- **Providing initial care at the time of diagnosis:** helping the family comprehend and accept the diagnosis of mental retardation in their infant. Severely cognitively impaired children can be identified early, as can children with clearly diagnosable genetic problems.
- nurse can play a key role in facilitating families understanding and adjustment in the care of their mentally retarded children.

# Severely retarded children

- May have accompanying motor, sensory or medical problems and may be multiply handicapped. They are frequently admitted to the hospital at an early age for comprehensive diagnostic evaluation. midwife must explain diagnostic procedure of child.

- When helping family members to work through their response, the midwife must consider the total family including ethnicity, religion, education, socioeconomic status. Infant stimulation program. Parents given little hope for improvement of their child status

# moderately retarded children

- It is generally the parents, most frequently the mother, who notice that their infant is not developing in a manner consistent with their expectations.
- They may be afraid to bring child to primary care giver. Child does not progress according to expectations.
- In many hospitals developmental screenings have become a part of routine admission assessment. Developmental screening have become a part of routine admission assessments.

# Mildly retarded children

- Infant seems slow in performing developmental tasks. Mildly retarded children appear healthy at birth and may have good apgar scores.
- Parents become concerned when communicative and affective skills seem to be slow.
- These children appear socially immature and speech may be present but unintelligible to others.

# Providing care in hospital

- nurse can promote parenteral attachment by facilitating participation in their child's physical care. Mothers of mentally retarded infants should be encouraged to breast feed if they so desire.
- Mentally retarded children may have concurrent medical problems that can cause repeated hospitalization.
- nurse can interview families concerning their children's abilities in feeding, toileting and play.

- Hospitalization is a crisis situation and may precipitate regression in children. assessment and interventions should be developed on the basis of developmental age.
- All children should receive physical examinations and care for routine pediatric problems.
- nurse can encourage families to participate in infant stimulation or special educational programme

# Care in school

- nurse coordinates the services for children with mental retardation, facilitates the understanding of school personnel concerning medical and health procedures.
- Mentally retarded children often have compounding medical problems including seizure and respiratory, cardiac and infectious conditions. The midwife can help to educate personnel in the school system concerning the health needs of these children.

# Promoting optimum development

- Infant stimulation programs are geared primarily to biologically and neurologically impaired children
- Self care skills: the goal of families of mentally retarded children is to maximize their children's ability to function as independently as possible.
- Feeding program for mentally retarded children follows tasks such as holding a bottle, spoon and eating finger feeds.

- Toileting: time sequence for toilet training a child with mental retardation children can be effectively toilet trained.
- Dressing and grooming: helping children to acquire dressing and grooming skills can be initiated when they cooperate in dressing. Dressing skills can be worked on as a part of daily activities.
- Parents provide positive reinforcement like praises, hugs, kisses. Show love to children.

# prevention

- Genetic counseling is the important measures to prevent genetic and chromosomal abnormalities.
- Good obstetric care is important to prevent etiological factors related to mental retardation
- Essential neonatal care to be provided to prevent neonatal complications like CNS infection.
- Neonatal assessment and screening of metabolic disorders or other congenital abnormalities.

# Physically and social handicapped

- the sequence of events leading to disability and handicapped conditions are as follows Injury or disease Impairment, Disability, Handicap

# Conti...

- BLINDNESS According to WHO the inability to count fingers in day light from a distance of 3 meters is defined as blindness.
- PROBLEM FACED BY BLIND CHILD -  
Problem of attachment ,Unable to use hand as organ of perception ,
- Problem on locomotion
- Dependence on parents and caregiver  
Behavioral problems
- Less social interaction
- Less playing activity

# Prevention Of Blindness

- Provide good antenatal care
- Immunization – mumps, measles, rubella
- Genetic counseling and screening
- Prevent infection
- Prevent pre term birth and provide excellent neonatal care
- Treatment of causes of childhood blindness

# DEAFNESS

- Definition: A person who is not able to hear as well as someone with normal hearing . It can affect one ear or both ears, and leads to difficulty in hearing conversational speech or loud sounds.

# Conti..

- **LEVELS OF HEARING IMPAIRMENT**
- Mild deafness 25 to 39dB
- Moderate deafness 40 to 69dB
- Severe deafness - 70 to 89dB.
- Profound deafness - 90dB

# IMPACT OF HEARING LOSS

- Functional impact
- Poor Academic Performance Social and emotional impact
- Economic impact.
- **MANAGEMENT**
- Sign language
- Hearing devices - hearing aids, assistive listening devices and cochlear implants.
- lip-reading skills ,Speech therapy-
- use of written or printed text

# SPEECH HANDICAPPED

- Definition: means an impairment of speech or sound production, fluency, voice or language which significantly affects a child's educational performance or their social, emotional or vocational development.

# IMPACT OF SPEECH IMPAIRMENT

- Poor Communication skill
- Less social interactions
- Behavioral problem - children may feel shame, embarrassment, frustration, anger, and depression as a result of speech impairments. Poor academic performance

# MANAGEMENT

- Early identification of speech impairment
- Elimination of hearing impairment
- Medical and surgical intervention for underlying causes
- Psychological counseling
- Avoid making fun of their voice or speech
- Voice or Speech therapy
- Physical therapy
- Cognitive rehabilitation

# ORTHOPEDICALLY HANDICAPPED

- Orthopedic disability occurs when movements in over body are affected due to disease, injury, any absence or deformities in the joints, bones, muscles or an injury in nervous system .
- Loco motor disability means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs

# MANAGEMENT

- Correction Of Deformities
- Physical Therapy
- Occupational Therapy
- Massage Therapy
- Prosthetics
- devices for positioning and mobility

# CONTI..

- **DEVICES FOR POSITIONING AND MOBILITY**
- Canes ,  
Walkers ,Crutches ,Wheelchairs  
Specialized exercise equipment
- Specialized chairs, desks, and tables  
for proper posture development

# Socially handicapped

- children may be defined as a child whose opportunity for a healthy personality development and full unfolding of potentialities are hampered certain elements in his social environment such as parental inadequacy, environmental deprivation, (lack of learning opportunity) and emotional disturbance

# CATEGORY OF SOCIALLY HANDICAPPED CHILDREN

- Orphan
- Neglected children
- Children of divorce or step parents

# Management

- Not expose child to conflict between parents
- Listen to child and provide emotional support
- Child should be reared to respect to both parents
- Child should taught that both parents are nice people but are separating because of they have different views about life

# PREVENTION OF HANDICAPPED CONDITION IN CHILDREN

- **PRIMARY PREVENTION**
- Genetic counseling
- Genetic screening
- Reduction of consanguineous marriage and Pregnancy planning
- Immunization of mother and baby
- Vitamin A prophylaxis
- Improve nutritional status of mother and child
- Prevention of iodine and folic acid deficiency

# SECONDARY PREVENTION

- Regular medical supervision and developmental assessment
- Treatment of particular handicap condition  
Correction of deformity
- Physiotherapy and exercise to improve physical condition
- Occupational therapy
- Speech therapy to improve communication ability
- Special care for mentally handicapped children with warmth , love , tolerance, discipline, avoid criticism

# REHABILITATION OF HANDICAP CHILDREN

- Medical rehabilitation
- Social rehabilitation
- Educational rehabilitation
- Psychological rehabilitation

# NURSING MANAGEMENT OF HANDICAPPED CHILDREN

- Ineffective family coping and altered parenting related to handicapped condition
- Anxiety of parents and family members related to handicapped condition
- Altered nutrition less than body requirement related to handicapped condition

# Behavioral disorders in children

## **Temper tantrum**

- Definition: It is a kind of physical behavioral where baby child will show frustration and aggressive behavior such as biting, crying, throwing objects, hitting and head banging. This behavior reaches its peak point during second and third year .Child may develop negativism

# Temper tantrum



# Management:

- During attack child should be protected from injuries and deviate the attention of the child.
- Parents should be calm and loving and should fulfill the needs of the child.
- Nurse should withhold attention until the child indicates readiness for comfort and many times temper tantrum can be prevented by showing the child better ways of resolving frustration and providing more socially acceptable outlets for anger, such as vigorous exercise.

# PICA

- Definition:-Is unnatural and abnormal craving for foods with are non nutrients and not to be eaten. Child may eat mud, plaster, chalk, clay. Small stone.
- **Etiology**
- Family disorganization,
- learning disabilities and Poor supervision,
- lack of love and affection.
- Commonly seen in 1to 2 years child.

# Management

- Child should be provided proper foods with all nutrients
- Child with pica is at risk of gastrointestinal disorders, lead poisoning deficiency.
- Counsel the family and provide proper education and guidelines.
- Child should be given proper attention, love and affection.

# Enuresis/bed wetting

- Definition: enuresis is involuntary passing of urine usually during sleep at night.
- **Etiology**
- Genetic disorders
- Sleep disorders
- Delayed neurological maturation of bladder sphincters
- Mental retardation and psychological problems like emotional stress.
- Urinary tract infection

# Management

- Take through medical history to rule out organic causes.
- Investigation should be done to rule out pathological conditions.
- Non pharmacological management
  - **Behavioural modification;**
  - Child should not be given liquids after 5 o'clock in the evening
  - Ask to urinate before going to sleep.
  - Bladder exercise: Hold urine as long as possible during the day.

# Conti...

- Practice getting up from bed and going to bathroom before sleep.
- Parenteral counseling:
  - Provide emotional support to child and parents.
  - Change the child undergarments and bed sheets.

# Thumb sucking

- Many children having the habit of thumb sucking but thumb sucking more than 4 years should be taken to dentist .these children may face problem in pronouncing and malocclusion of teeth and facial distortion.

# Thumb sucking



# Treatment:

- Fulfill the needs of the child and parents should spend sufficient time with children, provide games when feel bored.
- Use a bitter agent trying a cloth on a thumb should not be considered as first line approach.

# UNIT-X-SCHOOL HEALTH SERVICE

- Introduction: Over 2.3 billion school age children spend one third of their time in schools. Schools therefore constitute a unique setting to help children and adolescents to develop a positive outlook on life and help them establish healthy lifestyles. Yet global mortality and morbidity estimates in children and adolescents suggest that school aged children have significant needs for health promotion, prevention and health care services.

# Components

- **PHYSICAL EDUCATION AND ACTIVITY**
- **NUTRITION SERVICES**
- **SCHOOL HEALTH SERVICES**
- **SCHOOL COUNSELING, PSYCHOLOGICAL  
AND SOCIAL SERVICES**
- **HEALTHY AND SAFE SCHOOL  
ENVIRONMENTS**
- **HEALTH PROMOTION FOR SCHOOL STAFF**

# Special needs

- School health programs traditionally have involved health services,
- health instruction, and a safe school environment.
- Likewise, school health services have been provided by nurses, physicians, and appropriate administrative personnel.
- resources available to support ill children.

# Objectives of school health

- The main objectives of this service is the prevention of illness as well as the promotion of health and well being of the students through:
  - Early detection and care of students with health problems
  - Development of healthy attitudes and healthy behaviors by students
  - Ensure a healthy environment for children at school
  - Prevention of communicable diseases at school

# Conti...



# Aspects of school health service

- Ensure access to primary health care.
- Provide a system for dealing with crisis medical situations.
- Provide mandated screening and immunization monitoring.
- Provide systems for identification and solution of students' health and educational problems.

# Conti...

- Provide comprehensive and appropriate health education.
- Provide a healthful and safe school environment that facilitates learning.
- evaluation of the effectiveness of the school health program.



Thank You!!!