Nursing diagnoses for the stages of growth and development of children using ICNP®

Ana Márcia Nóbrega Dantas[1], Gabriela Lisieux Lima Gomes[2],

Kenya de Lima Silva[3], Maria Miriam Lima da Nóbrega[4]

[1] Nurse. Student of the Nursing Graduate Program, Master level, Universidade Federal da Paraíba. João Pessoa, PB, Brazil. E-mail: am_nobrega@hotmail.com.

[2] Nurse, Master in Nursing. Student of the Nursing Graduate Program, Doctoral level, Universidade Federal da Paraíba. Substitute Professor at Universidade Federal da Paraíba. João Pessoa, PB, Brazil. E-mail: gabylisieux@gmail.com.

[3] Nurse, Ph.D in Fundamental Nursing. Adjunct Professor at Universidade Federal da Paraíba. João Pessoa, PB, Brazil. E-mail: kenya_enf@hotmail.com.

[4] Nurse, Ph.D in Nursing. Full Professor at Universidade Federal da Paraíba. João Pessoa, PB, Brazil. E-mail: miriam@ccs.ufpb.br.

ABSTRACT

A descriptive exploratory study, which objective was to build statements of nursing diagnoses for the stages of infant growth and development at primary care, using terms from the Growth and Development Manual from the Health Ministry and from the International Classification for Nursing Practice (ICNP®). One hundred and eleven statements of nursing diagnoses were built, and classified according to infant development and growth stages, 23 from the neonatal period, 40 from the first childhood, and 48 from the pre-school phase. It is believed that building statements of nursing diagnoses for infant growth and development stages directly contributes to quality improvement of provided assistance. There is an intention to proceed with the clinical validation statements of nursing diagnoses, to allow integration of scientific knowledge with practice, and to assist children at primary health care.

Descriptors: Nursing Diagnosis; Child; Growth and Development.

INTRODUCTION

Attention to children's health is a priority field in respect to health care, considering that during childhood many capacities of an individual are developed , as well as, body dysfunctions, so the individual is more vulnerable during early years of life, and it could result in sequelae at adulthood[1].

With regards to nursing assistance to children, it is fundamental that nurses conduct the process in an organized and careful way to attend needs from the child and family. Thus, verbal and non-verbal communications are essential tools during the care process. However, many barriers impede the communication progress, as the lack of interaction in assisting activities. For this reason, a constructive and

comprehensible bond should be established to soften conflicts and, to stimulate the child and the child's family to be trusting and capable to change the lifestyle[2] and, to guarantee the insertion of the family as protagonists in the caring process.

In the perspective of the primary care in Brazil, provided childcare presents health promotion, prevention, early diagnosis and recovery from infant diseases, as a base of its structure; as well as, accompaniment of growth and development. It has integrating actions, characterized by the control of prevalent diseases, incentive for breastfeeding, information about eating conditions and the importance of immunization[1].

The reduction of infant mortality and assistance expansion contributed with a progressive growth in infant health care. For this reason, assistance to infant health broadened its horizons and it does not focuses only in the disease perspective, it is necessary to have growth and development accompaniment, especially during the period of zero to six years, to guarantee excellence of quality of life[3].

The steps comprehending growth and development until six years old are denominated pre-natal period, from conception to birth; neonatal period, from birth until 28 days; first childhood, from 29 to two years old; and preschool phase, from two to six years of life[4]. Considering the steps and many aspects related to infant growth and development, it is indispensable for nurses, as member of the health team, to know how to assess nutritional status data, sleep state data, curves of the encephalic perimeter, weight, length, height, body mass index per age and, developmental milestones[5].

The referred milestones are observed during the neonatal period and it relates to predominance of flexor tone, postural asymmetry, reflex hold, perception of the mother's face; at the first childhood the baby assumes a prone position raising his head and shoulders, demonstrates social smile, presents voluntary hold of hands, turns the head in the direction of a voice or a sound object, acquires notion of depth, sits without support, has visual acuity of an adult, runs or climbs small steps, says ones' own name, recognizes oneself in the mirror; and during milestones in the pre-scholar phase is it noted that the child gets dressed without help, tells or makes up small stories, one's memory and language increases, presents egocentric behavior, starts to understand gender constancy, and friends become important[4].

It is still indispensable to register the vaccination calendar in the Child's Health Booklet and to observe the interaction with the family, leisure, health conditions, child's needs and complaints exposed by parents. From these parameters, it is possible to assess if the growth and development are within normality or if there is a deficit risk in the referred process[5].

It is indispensable to follow infant growth and development, because it provides aids to establish nursing diagnoses and, as consequence, to plan care. Such facts directly contribute to improve the quality of provided assistance, to systematize assistance and to implement stages of the nursing process that aggregate value to infant quality of life.

The construction of statements for diagnoses for each development stage is a tool that will significantly contributes with the assistance process, once accompaniment of growth and development are important

indicators for quality of life[6]. In addition, structuring it will guide care needs, clarifying to nurses their attributions when facing the child, standardizing the universal language, and facilitating comprehension between nurses and other health professionals. Also, it allows to document nursing information, assisting childcare and, it offers more visibility for professional knowledge[7].

Considering the relevance to implement the nursing process for children in different stages of growth and development, this study's objective was to build statements of nursing diagnoses by steps of infant development and growth.

METHODS

An exploratory and descriptive study, conducted during February to April of 2014, connected to the Study and Research Group about Fundaments of Nursing Assistance (GEPFAE), from the Nursing Graduate Program at Universidade Federal da Paraíba (UFPB). Our aim was to structure statements of nursing diagnoses for stages of infant growth and development at primary care. We used terms identified on the Growth and Development Manual from the Health Ministry. We chose and submitted 576 terms to the crossing map process, resulting in 187 constant terms and 389 non-constant terms on the Model of Seven Axis from ICNP® 2011.

To identify terms, we conducted readings of the Manual highlighting terms to isolated them, which later on, we cut and used them in a selection function from the Word® software for Windows 2007. We paid attention on the normality of terms with their maintenance and/or expressions of interest for the study objective. We eliminated those considered *ad hoc* because they were not adequate. Then, identified terms and ICNP® terms were included in two spreadsheets at Excel for Windows, after we imported them to Access for Windows to build the table of terms. They were submitted to cross mapping process, which culminated the link between identified terms in documents with ICNP® terms, and the identification of constant and non-constant terms in this terminology[8].

To be part of the statements for nursing diagnoses, we followed the guidelines from the International Council of Nurses (ICN), embodied in the norm ISO 18.104 that preconizes the mandatory use of a term from the axis **Focus** and one of the axis **Judgement**, which can be added to other axes, according to the need to elucidate the concept of structured diagnosis[9]. Besides these guidelines, we considered the clinical judgement and authors' experience for infant assistance, which allowed us to analyze the diagnostic hypothesis with subsequent judgement regarding its adequacy to determined steps of growth and development, besides that, regarding pertinence of these stages for care practice.

After that, we classified built statements by steps of infant development and growth: neonatal period, from birth until 28 days, first childhood, from 29 days until two years old; and the preschool phase, from two to six years old. We analyzed these statements considering the Growth and Development Manual from the Health Ministry[4].

Because there was no involvement with human beings in this study, the project did not need

submission to the Ethics in Research Committee from the Institution.

RESULTS

We built 111 statements of nursing diagnoses, and we classified them according to stages of infant growth and development – 23 (20.7%) from the neonatal period; 40 (36.0%) for the first childhood; and 48 (43.3%) for the preschool phase, demonstrated on Charts 1, 2 and 3.

Chart 1: Statements of nursing diagnoses developed from ICNP®, for the **neonatal** stage to follow infant development and growth. João Pessoa, PB, Brazil, 2014.

Statements of nursing diagnoses	
1. Accompaniment of complete growth and development;	12. Colic (specify the level);
2. Accompaniment of incomplete growth and development;	13. Impaired motor behavior;
3. Allergy;	14. Impaired child's development;
4. Exclusive breastfeeding;	15. Deficient development pattern;
5. Interrupted breastfeeding;	16. Effective development pattern;
6. Positive breastfeeding;	17. Effective response to medication;
7. Impaired (decreased) hearing;	18. Risk of pathological conditions;
8. Absence of crying;	19. Adequate sleep;
9. Complete vaccine schedule;	20. Impaired sleep;
10. Incomplete vaccine schedule;	21. Deficient suction;
11. Crying (specify the level)	22. Normal suction;
	23. Deficient vision.

Chart 2: Statements of nursing diagnoses developed from ICNP®, for **first childhood** (29 days to two years) to follow infant development and growth. João Pessoa, PB, Brazil, 2014.

Statements of nursing diagnoses	
1. Accompaniment of incomplete growth and development;	21. Delayed growth;
2. Accompaniment of complete growth and development;	22. Normal emotional development;
3. Agitation (specify the level);	23. Impaired emotional development;
4. Allergy;	24. Normal psychomotor development;
5. Exclusive breastfeeding;	25. Impaired psychomotor development;
6. Interrupted breastfeeding;	26. Fever (hyperthermia);
7. Positive breastfeeding;	27. Hypothermia;
8. Delay in the growth;	28. Irritability (specify the level);
9. Impaired hearing;	29. Effective development pattern;
10. Complete vaccine schedule;	30. Impaired development pattern;
11. Incomplete vaccine schedule;	31. Altered perception;
12. Ability to play in group;	32. Effective sensorial perception;
13. Ability to say their own name;	33. Deficient visual perception;
14. Ability to bring foods to mouth;	34. Effective response to medication;
15. Ability to recognize colors;	35. Effective response to enteral nutrition;
16. Crying (specify the level)	36. Risk of agitation;
17. Colic (specify the level);	37. Risk of fever;
18. Effective growth;	38. Risk of falling;
19. Deficient physical growth;	39. Ineffective thermoregulation;
20. Normal physical growth;	40. Normal thermoregulation.

Chart 3: Statements of nursing diagnoses developed from ICNP®, for **pre-scholar phas**
to follow infant development and growth. João Pessoa, PB, Brazil, 2014.

Statements of nursing diagnoses	
1. Accompaniment of complete growth and development;	25. Pain;
2. Accompaniment of incomplete growth and development;	26. Acute pain;
3. Agitation (specify the level);	27. Absent pain;
4. Allergy;	28. Chronic pain;
5. Emotional wellbeing;	29. Improved pain;
6. Complete vaccine schedule;	30. Impaired development;
7. Incomplete vaccine schedule;	31. Deficient psychomotor development;
8. Ability to play in group;	32. Normal psychomotor development;
9. Ability to say their own name;	33. Fever (hyperthermia);
10. Ability to bring foods to mouth;	34. Hypothermia;
11. Ability to recognize colors;	35. Irritability (specify the level);
12. Deficient attention (attention deficit);	36. Social isolation;
13. Impaired hearing;	37. Effective olfaction;
14. Ability to get dressed;	38. Complete development pattern;
15. Effective verbal communication;	39. Incomplete development pattern;
16. Impaired verbal communication;	40. Effective response to medication;
17. Adequate knowledge of the mother (specify);	41. Effective response to enteral nutrition;
18. Deficient knowledge of the mother;	42. Risk of agitation;
19. Deficient physical growth;	43. Risk of fever;
20. Normal physical growth;	44. Risk of lesion;
21. Deficient psychic functioning;	45. Ineffective thermoregulation;
22. Deficient emotional development;	46. Normal thermoregulation;
23. Normal emotional development;	47. Vomit;
24. Dependent infant development;	48. Absent vomit.

DISCUSSION

Infant growth and development are defined and they vary according to the theoretical reference. They are presented by the literature as distinct phenomena that, invariably, influence one another. They are processes starting at conception and last through all physical, cognitive and social maturation periods of the child, characterizing its dynamism considering changes pertinent to each stage, which are related to age periods[8].

Thus, structuring of nursing diagnoses is relevant in a sense to guide nursing assistance. Its identification is driven by the diagnostic judgment, helping the nurse to plan actions and consequently, implementing activities and evaluating the provided plan of care.

The 23 statements of structured nursing diagnoses for neonatal period, from birth until the 28th day of life, reflect the accelerated and immature process from the neonate development, associated to the baby's nutritional needs. From another point of view, there were changes related to the mother's puerperal period, as breastfeeding, for example.

In this step, the professional's sight helps the family to better understand infant growth and development, to perceive and minimize possible changes, once changes that are identified and not treated during the neonatal period could result in future issues. Considering this, the professional should be able to

carefully assess and perform specific diagnoses for the age group, contributing with good quality assistance, aiming at promotion, prevention, and health rehabilitation.

At the first neonate consultation, the main goals are to identify breastfeeding and child's hygiene issues, immunization and neonate triage; which is a group of exams that can reveal metabolic, genetic and infectious pathologies, which in most cases, symptoms are unnoticeable during this period[10]. Such exams concern the heel pick test, ear and heart tests. This is the unpredictable moment to identify nursing diagnoses that will guide the assistencial plan and that will focus in subsequent assessments.

The accompaniment of the cephalic perimeter, which is an important factor, should be observed in nursing consultations, because through this accompaniment, it is possible to observe if the encephalic growth is within normal parameters or not. Nutritional factors are aspects favoring an adequate growth, breastfeeding provides nutrients as iron and polyunsaturated fatty acids, which are differential elements benefiting growth. For children who are breastfed in long term, the cephalic perimeter growth is related to better mental and psychomotor development[11].

The breastfeeding strategy should be exclusive during the first six months and, until the first childhood; nutritional complement is advised, according to the child's age. There are many benefits from breastfeeding due to its high nutritional value that has a protective effect against infections, allergies, metabolic disorders, within others. Thus, nurses should adopt favorable conducts for breastfeeding, verifying suction, swallowing, breathing, the breast state and, if needed, to intervene when lactation is not sufficient. Moreover, they should guide the puerperal woman about the importance to breastfeed, to solve doubts and to let her safe to breastfeed[12].

For the first childhood, we built 40 statements of nursing diagnoses, and they keep a direct relationship with advances in infant growth and development; once it is during this period that the biggest and fastest changes occur in the child, especially those from neuro-psychomotor domain.

The neurological development stimulates the most diverse perceptions and abilities[13]. Thus, the child starts an independence process, when starting to crawl, to sit, to walk[14], to recognize people, objects and colors, to smile, to play in groups, to pronounce words, within others. Considering this, the psychomotor maturity will influence growth and, on motor and psychosocial abilities, and speech domain and acquisition. Biological and environmental factors can alter the infant growth and development process[15].

Within biological determinants, changes in emotions, attention and behavioral state noted from the six months of life are revealed as possible causes of developmental delay in children[16]. Moreover, genetic and hormonal matters can also contribute for changes in growth and development. Concerning the environment, socioeconomic and family beliefs can also be related[15].

The nurse's sight to the rhythm of changes is a substantial factor contributing to an efficient growth and development during first childhood. For that, the nursing professional should assist the child in a global manner and, to be attentive to verbal and non-verbal signals from the child and her companion, trying to investigate and minimize changes in a timely fashion.

Forty-eight statements of nursing diagnoses were structured for the preschool phase. The higher percentage in this stage relates to the child being more exposed to the social context, once abilities are still improving. Consequently, language is one of the most important acquisitions during this period. With stimulation, comprehension and rational thinking starts to broaden and knowledge increases. Besides, it favors motor development and child's interaction with the environment[17]. One of the factors that impedes to inter-relate is hearing impairment, as the child cannot assimilate what is happing in her surrounding[18].

About cognitive maturity, it is seen that to play during childhood promotes interaction with other children and adults, memory, mimicking, and the assimilation of what is imaginary and what is real[17].

Allergy is an important factor to note in the assistance to children because it can relate to many causes, as medications and food for example, which are the last important cause of changes during growth and development. Allergy to cow milk can cause gastrointestinal changes, as diarrhea and weight loss, as well as respiratory, cutaneous, and risk of anaphylactic shock[19].

The immunization during infancy is an expressive factor to prevent diseases and to promote health. When aggregated to the infant development and growth process, vaccination tends to be more efficient[20]. Although free and benefic, it is estimated that millions of children still die from immuno-preventable diseases[21], due to lack of knowledge about the importance of immunization, associated to distress from parents when facing a painful procedure[20] or the fear of adverse events.

In this perspective, the nurse is responsible to adopt strategies to guide the caregiver about immunization. A good relationship with the parents[20] and child can contribute with the effect of these actions. To actively search children with an incomplete vaccination schedule and to conduct lectures with pregnant women about the importance of vaccination, from birth throughout childhood, are measures that need to be constantly conducted in basic health units.

The study found the number of statements of nursing diagnoses that could be used in a standardized matter to increase care actions during consultations of children aged zero to six years, to keep up with their growth and development. Although a standardized pattern to accompany their development already exists, the nursing consultation should be in a way that professional proceed to the nursing process, and diagnoses are essential to conduct interventions focused on specific problems and parameters for assessments at following consultations. Moreover, there is evidence that it is hard to note risk factors for infant development and growth. Most times, this fact occur because professionals of primary health care do not address this theme[22].

CONCLUSION

The use of nursing process in the professional practice favors the establishment of a bond between the nurse, the child and the mother, and it allows the identification of statements that, with the implantation of assistance, will culminate with the qualification of this professional's work.

The construction of statements of nursing diagnoses per steps of infant growth and development,

viable through the crossing of terms identified on the Growth and Development Manual from the Health Ministry with the International Classification for Nursing Practice (ICNP®), can contribute with the nursing professional to assist children and to establish a mutual help relationship with the family during infant growth and development, with the perspective to improve quality of life.

In the context of child assistance and care specificity, it is also necessary to create nursing diagnoses for the family, especially for the parent figure. In this sense, we highlight the limitations of this study regarding the relevance to identify statements of nursing diagnoses for the family, overall considering the insolubility of the mother-child binomial.

We recommend the development of other studies, to structure statements of nursing diagnoses for children in their different stages growth and development, and for their families, considering the use of other literature pertinent to the field of infant assistance. Posteriorly, our objective is to proceed with the clinical validation of statements of nursing diagnoses that were brought up in this study, to allow the integration of scientific knowledge with practice, as well as, to use a unified language to document the nursing practice for infant assistance at primary health care.

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