Chapter 31

Nursing Care of a Family With a Preschool Child

KEY TERMS

- broken fluency
- bruxism
- conservation
- ectomorphic body type
- Electra complex
- endomorphic body type
- genu valgus
- intuitional thought
- Oedipus complex
- secondary stuttering

OBJECTIVES

After mastering the contents of this chapter, you should be able to:

1. Describe normal growth and development as well as common parental concerns of the preschool period.
2. Identify National Health Goals related to the preschool period that nurses can help the nation achieve.
3. Use critical thinking to analyze methods of care for preschoolers to be certain care is family centered.
4. Assess a preschooler for normal growth and developmental milestones.
5. Formulate nursing diagnoses related to preschool growth and development and common parental concerns.
6. Identify expected outcomes for nursing care of a preschooler.
7. Plan nursing care to meet a preschooler's growth and development needs, such as planning age-appropriate play activities.
8. Implement nursing care related to normal growth and development of a preschooler, such as preparing a preschooler for an invasive procedure.
9. Evaluate expected outcomes for achievement and effectiveness of care.
10. Identify areas related to care of the preschool-age child that could benefit from additional nursing research or application of evidence-based practice.
11. Integrate knowledge of preschool growth and development with nursing process to achieve quality maternal and child health nursing care.

Cathy Edwards is a 3-year-old girl. Her father cares for her because her mother is hospitalized as a result of preterm labor for a second pregnancy. Her father tells you he is concerned because Cathy talks constantly with an imaginary friend named Emma. She makes up stories about events that cannot possibly be true. When corrected, Cathy stutters so badly no one can understand her.

The previous chapter described toddler growth and development and the abilities children develop during that period. This chapter adds information about the changes, both physical and psychosocial, that occur during the preschool years. Such information builds a base for care and health teaching for the age group.

Is Cathy's father describing typical preschool behavior, or does Cathy need a referral to a child guidance counselor?

The preschool period traditionally includes ages 3 to 6 years. Although physical growth slows considerably during this period, personality and cognitive growth continue at a rapid rate. This is also an important period of growth for parents. They may be unsure about how much independence and responsibility for self-care they should allow their preschooler. Most children of this age want to do things for themselves—choose their own clothing and dress by themselves, feed themselves completely, wash their own hair, and so forth. As a result, parents of a preschooler may find their child dressed in one red sock and one green sock, going to preschool with unwashed ears, or trying to eat soup with a fork. They need reassurance that this behavior is typical as it is the way that children adjust to new experiences. Parents may also need some guidance in separating those tasks a preschooler can accomplish independently from those that still require some adult supervision so they can set sensible limits. Setting limits this way protects children from harming themselves or others while participating in all the interesting experiences available to them (Thompson & Rivera, 2009). Box 31.1 lists National Health Goals related to the period.

BOX 31.1 ✻ Focus on National Health Goals

A number of National Health Goals are designed to target the preschool population:

- Increase the number of states with laws requiring helmets for bicycle riders under 15 years of age from a baseline of 10 states to 50 states.
- Reduce infectious diarrhea by at least 25% among children in licensed child care centers.
- Reduce acute middle ear infections among children age 4 and younger from a baseline of 344.7 health care visits per 1000 children to 294 visits per 1000 children.
- Increase the rate of use of child auto restraints among children age 4 and younger from a baseline of 92% to 100%.
- Reduce the proportion of children 2 to 4 years of age who have dental caries in their primary or permanent teeth from a baseline of 18% to 11%.
- Reduce the rate of deaths caused by poisoning from a baseline of 6.8 per 100,000 to 1.5 per 100,000 (http://www.nih.gov).

Nurses can help the nation achieve these goals by serving as consultants at day care and preschool settings to be certain that protection from the spread of infectious diseases in these settings is provided and by urging parents to protect against poisoning and to fit their children with helmets before beginning bicycle riding.

A number of questions could benefit from additional nursing research, such as: What practices seem most effective in reducing the spread of infection in day care or preschool settings? What are the barriers to parents buying helmets for this age child? What proportion of parents know the signs and symptoms of common illnesses their child might contract in a child care or preschool setting?

Nursing Process Overview

For Healthy Development of the Preschooler

Assessment

Regular assessment of a preschooler includes obtaining a health history and performing both a physical and developmental evaluation. Preschoolers speak very little during a health assessment; they may even revert to baby talk or babyish actions such as thumb-sucking if they find a health visit stressful. A history that details their usual performance level is therefore very important for accurate evaluation.

Assess a child's weight and height according to standard growth charts (see Appendix E). Keep in mind these charts are based on average weights and heights of white American children, so those for children from other ethnic or cultural backgrounds may not completely agree with these norms. Also assess a child for general appearance. Does the child appear alert? Happy? Active? Healthy? Ask whether a child can play actively without becoming exhausted. Assess the teeth for presence of cavities. Evaluate for a symmetrical gait. As preschoolers develop frequent upper respiratory infections (the average preschooler may have 6 to 12 a year), assess for these as well.

Nursing Diagnosis

Nursing diagnoses for preschoolers typically concern health promotion. Examples are:

- Health-seeking behaviors related to developmental expectations
- Readiness for enhanced parenting related to parent's pride in child

Other nursing diagnoses include:

- Risk for injury related to increased independence outside the home
- Delayed growth and development related to frequent illness
- Risk for poisoning related to maturational age of child
- Parental anxiety related to lack of understanding of childhood development
- Imbalanced nutrition related to child's many food dislikes

Outcome Identification and Planning

For many parents, preschool is a difficult time because a child is at an in-between stage: no longer an infant, although not yet ready for formal school. Planning and establishing expected outcomes for care of the preschooler often begin with establishing a schedule for discussing normal preschool development with the parents (this should be done at all health maintenance visits). Planning for accident prevention such as how to cross streets safely becomes increasingly important as children begin to enjoy experiences away from home. It is important to plan opportunities for adventurous activities or messy play. When asking parents to incorporate adventurous activities or messy material into a preschooler's play, you may be asking them to do something they do not personally enjoy. Most parents do initiate these activities with their child if

they believe they are important, but some are able to do this better than others. Allowing children choices may also be difficult for parents because they want to protect them from making errors. Helpful Web sites about growth and development to recommend are the BabyCenter (http://www.Babycenter.com) and Dr. Greene (http://www.DrGreene.com). Helpful Web sites to alert parents about safety are the American Association of Poison Control Centers (http://www.aapcc.org) and the American Academy of Pediatrics (http://www.aap.org). For questions about car seats, parents can consult the U.S. Department of Transportation National Highway Traffic Safety Administration (http://www.nhtsa.dot.gov). The national 800 telephone number for a poison control center is 1-800-222-1222.

Implementation

Preschool children imitate moods as well as actions. An important nursing intervention, then, is role playing a mood or attitude you would like a child to learn. To project an attitude that health assessment is an enjoyable activity, you might suggest preschoolers participate by listening to their heart or coloring the table paper. Accident prevention is also best taught by role modeling (a parent always crosses streets at the corner and does not start the car until seatbelts are in place).

Outcome Evaluation

Evaluation of expected outcomes needs to be continuous and frequent. Because growth during this period is more cognitive and emotional than physical, parents may report little growth. Evaluating specific areas helps them to see that progress has occurred. Examples of expected outcomes might be:

- Child states importance of holding parent's hand while crossing streets.
- Parent states realistic expectations of 3-year-old's motor ability by next visit.
- Mother reports she has prepared 4-year-old for new baby by next visit.

GROWTH AND DEVELOPMENT OF A PRESCHOOLER

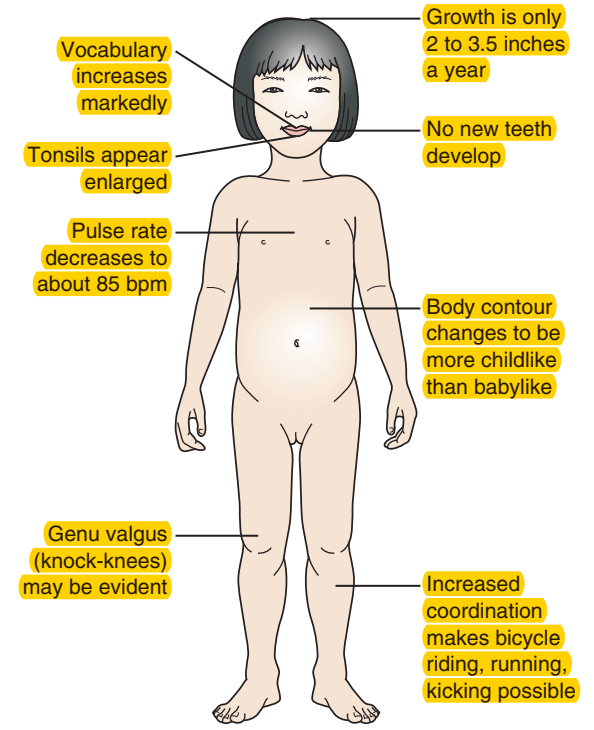
Assessment of preschoolers needs to include physical, cognitive, and developmental growth (Box 31.2).

Physical Growth

A definite change in body contour occurs during the preschool years. The wide-legged gait, prominent lordosis, and protuberant abdomen of the toddler change to slimmer, taller, and much more childlike proportions. Contour changes are so definite that future body type—**ectomorphic** (slim) or **endomorphic** (large)—becomes apparent. Handedness begins to be obvious. A major step forward is a child's ability to learn extended language, which is achieved not only by motor but also by cognitive development. Children of this age who are exposed to more than one language or who live in a bilingual family have a unique opportunity to master two languages with relative ease because of this increased cognitive ability.

Box 31.2 Assessment

Assessing the Average Preschooler



Lymphatic tissue begins to increase in size, particularly the tonsils, and levels of IgG and IgA antibodies increase. These changes tend to make preschool illnesses more localized (an upper respiratory infection remains localized to the nose with little systemic fever).

Physiologic splitting of heart sounds may be present for the first time on auscultation; innocent heart murmurs may also be heard for the first time. This type of murmur occurs because of the changing size of the heart in reference to the thorax as the anteroposterior and transverse diameters of the chest reach adult proportions. Pulse rate decreases to about 85 beats per minute; blood pressure holds at about 100/60 mm Hg.

The bladder is easily palpable above the symphysis pubis; voiding is frequent enough (9 or 10 times a day) that play must be interrupted, and accidents may occur if a child becomes absorbed in an activity.

A child who earlier in life had an indeterminate longitudinal arch in the foot generally demonstrates a well-formed arch now. Muscles are noticeably stronger and make activities such as gymnastics possible. Many children at the beginning of the period exhibit **genu valgus** (knock-knees); this disappears with increased skeletal growth at the end of the preschool period.

Weight, Height, and Head Circumference

Weight gain is slight during the preschool years: the average child gains only about 4.5 lb (2 kg) a year. Appetite remains as it was during the toddler years, which is considerably less than some parents would like or expect. Parents may bring a preschooler to a health care facility because they fear their child

is losing weight. When the child's weight is plotted on a growth chart, however, it is evident the child is gaining weight; what parents are noticing is the age-appropriate change in body shape from rounded to slim.

Height gain is also minimal during this period: only 2 to 3.5 in (6 to 8 cm) a year on average (see Appendix E). Head circumference is not routinely measured at physical assessments on children over 2 years of age.

Teeth

Children generally have all 20 of their deciduous teeth by 3 years of age. Preserving these teeth is important as they hold the position for the permanent teeth as the child's jaw grows larger (Mueller, 2008).

Developmental Milestones

Each year during the preschool period marks a major step forward in gross motor, fine motor, and language development. Play activities change focus as the preschooler learns new skills and understands more about the world (Fig. 31.1). Table 31.1 summarizes the major milestones of the period.

Language Development

A 3-year-old child has a vocabulary of about 900 words. These are used to ask questions constantly, up to 400 a day, mostly "how" and "why" questions, such as "Why is snow cold? How do worms hear? What does your tongue do?" A child needs simple answers to such questions so curiosity, vocabulary building, and questioning are encouraged, and also because the depth of a child's understanding is often deceptive. For example, if a parent tells a child shoes should go on with the buckles on the outside, a child may seem to understand but may return in a few minutes to ask, "Why do I have to go outside to put on my shoes?" Words that sound alike but mean different things such as whether and weather can be truly confounding to children of this age.

Four- and 5-year-old children continue to ask many questions. They enjoy participating in mealtime conversation and can describe something from their day in great detail. Preschoolers imitate language exactly, so if they hear less-than-perfect language, this is the language pattern they adopt. They may imitate and use "bathroom language" if not corrected because of the attention from adults this generates.

Preschoolers are egocentric, so they define objects in relation to themselves (a key is not a metal object but "what I use to open a door," and a car is not a means of transportation but "what Mom uses to take me to school").

FIGURE 31.1 Preschoolers like to imitate the roles of adults, as they learn about the world around them.

Whether children are allowed to ask questions is culturally determined and can make a difference in how much vocabulary a child uses. In a society in which children are expected to be seen and not heard, a preschool child may not have the same expressive vocabulary as a child who has been encouraged to ask questions. Recognition that differences among cultures can affect levels of development means that assessment must be individualized and meaningful in terms of the cultural milieu.

Play

Preschoolers do not need many toys. Their imaginations are keener than they will be at any other time in their lives, so they enjoy games that use imitation such as pretending to be teachers, cowboys, firefighters, and store clerks. They imitate exactly what they see parents doing: eating meals, mowing the lawn, cleaning the house, arguing, and so forth, so parents' actions directly influence their behavior (Dooley & Stewart, 2007). Many preschoolers have imaginary friends as a normal part of having an active imagination (Goldson & Reynolds, 2008). These often exist until children formally begin school.

Four- and 5-year-olds divide their time between rough-housing and imitative play. Five-year-olds are interested in group games or songs they have learned in kindergarten or preschool.

TABLE 31.1 ✻ Summary of Preschool Growth and Development

Age (yr)	Fine Motor	Gross Motor	Language	Play
3	Undresses self; stacks tower of blocks; draws a cross	Runs; alternates feet on stairs; rides tricycle; stands on one foot	Vocabulary of 900 words	Able to take turns; very imaginative
4	Can do simple buttons	Constantly in motion; jumps; skips	Vocabulary of 1500 words	Pretending is major activity
5	Draws a 6-part man; can lace shoes	Throws overhand	Vocabulary of 2100 words	Likes games with numbers or letters

✔ Checkpoint Question 31.1

Cathy asks constant questions. How many does a typical 3-year-old ask in a day's time?

a. Less than 50.
b. 100–200.
c. 300–400.
d. 1200 or more.

Emotional Development

Children change a great deal in their ability to understand the world and how they relate to people during the preschool years.

Developmental Task: Initiative Versus Guilt

The developmental task of the preschool years, according to Erikson, is to form a sense of initiative versus guilt (Erikson, 1993).

A child with a well-developed sense of initiative has discovered that learning new things is fun.

If children are criticized or punished for attempts at initiative, they develop a sense of guilt for wanting to try new activities or have new experiences. Those who leave the preschool period with guilt may carry it with them into new situations, such as starting elementary school. They may even have difficulty later in life making decisions about everything from changing jobs to choosing an apartment, because they cannot envision they are capable of solving associated problems.

To gain a sense of initiative, preschoolers need exposure to a wide variety of experiences and play materials so they can learn as much about the world as possible. They are ready to reach outside their homes for new experiences, such as a trip to the zoo or an amusement park (Fig. 31.2). They are interested in seeing new places, and so enjoy going with the family on vacation. These types of experiences lead to increased vocabulary; for instance, at the zoo, preschoolers not only learn words such as *giraffe*, *elephant*, and *bear*, but they also learn to transfer them from abstract concepts to the animals they name.

Urge parents to provide play materials that encourage creative play, such as finger paints, soapy water to splash or blow into bubbles, mud to make into pies, sand to build castles, and modeling clay or homemade dough to mold into figures or make into pretend cookies. These are messy activities, and many parents cannot let a child indulge in them more than once a week, but any experience with free-form play is helpful.

Preschoolers tend to have such active imaginations that they need little guidance in this type of play. They smear both hands into clay or finger paint and create instinctively. Urge parents to support this kind of play but not try to make models. If a parent draws a tree with finger paint, for example, and says, "Now you draw one," a child may decide it is no fun to finger paint because he knows his tree will not look as good as his parent's. As he is not ready for competition, he will drop out of the activity rather than have his drawing shown up as inferior.

Preschoolers may make nothing recognizable out of clay or finger paint, preferring simply to handle the medium. As long as they enjoy the feel of the material, they do not need to make anything. Pressure to make things is not fun and can discourage their interest in learning.

FIGURE 31.2 Preschoolers like exposure to new events and places. Here a 3-year-old is eager to explore the woods during a hike with the family.

Imitation. Preschoolers need free rein to imitate the roles of the people around them. Again, role playing should be fun and does not have to be accurate. If a boy is pretending to be a police officer and is busy putting out fires, or a firefighter and is stopping playmates from speeding, the fact he is freely imitating a role is more important than getting the role absolutely correct. If a parent is concerned a child should separate these two roles accurately, it is usually best not to stop the play to do so. Rather, the next time they are driving past the fire station, the parent could explain this is where firefighters work, and they put out fires, or the police station is where police officers work, and they make sure that people drive safely.

Children generally imitate those activities best that they see their parents performing at home. A young girl will set the table for breakfast, eat with her "husband," help clean off the table, and leave for work. A young boy might cook, pretend to feed a doll, and put the doll to bed as he has seen his father do with a younger sibling. In addition to learning what activities adults carry out at home, preschoolers should also be introduced to their parents' work environments. Such visits not only provide a visual context for the parent's job but also let a child learn such words as photocopier, cash register, assembly line, legal brief, or fax machine.

Today, as many as 90% of mothers of childbearing age work outside the home at least part time. Remind a mother to introduce her preschooler to her "other" self—lawyer, secretary, or telephone repair person—in the same way a child is exposed to the father's outside work side.

Fantasy. Toddlers cannot differentiate between fantasy and reality; they believe cartoon characters or children in books

are real. Preschoolers begin to make this differentiation. They may become so engrossed in a fantasy role, however, they become afraid they have lost their own identity or have become "stuck" in their fantasies. Such intense involvement in play is part of "magical thinking," or believing thoughts and wishes can come true.

Parents sometimes strengthen this feeling without realizing it: they (and you) need to be careful in this regard. A preschooler, for example, may be pretending she is a white rabbit. Her mother walks into the room, is aware of the game, and decides to participate. She says, "That's strange, I don't see Cindy anywhere. All I see is a white rabbit." Then she leaves the room. Cindy can be frightened she has actually become a white rabbit. A better response for the mother would be to support the imitation—this is age-appropriate behavior and a good way of exploring roles—while helping a child maintain the difference between pretend and real. She might say, "What a nice white rabbit you're pretending to be," both supporting the fantasy and yet reassuring a child she is still herself.

In a health care setting, it is particularly important that you let children know they are still recognizable. When examining the ears of a girl who tells you she is a rabbit, comment her ears are all better again, rather than play to the make-believe with remarks about long, furry rabbit ears.

Oedipus and Electra Complexes

Although the development of Oedipus and Electra complexes may have been overstated by Freud because of gender bias, many children do appear to manifest such behavior (Luborsky & Barrett, 2007). An **Oedipus complex** refers to the strong emotional attachment a preschool boy demonstrates toward his mother; an **Electra complex** is the attachment of a preschool girl to her father. Each child competes with the same-sex parent for the love and attention of the other parent. Parents who are not prepared for this behavior may feel hurt or rejected. For example, a daughter prefers to sit beside her father at the table or in the car; she asks her father to tuck her in at night. She is "Daddy's girl." The mother may feel left out of the family interaction when this happens. On the other hand, a boy will ask his mother for the same favors. He wants to sit beside her, to have her read to him, and to tuck him in for the night, and the father may feel left out.

Parents can be reassured that this phenomenon of competition and romance in preschoolers is normal. Parents may need help in handling feelings of jealousy and anger, however, particularly if a child is vocal in expressing feelings toward a parent. It is difficult for a mother to reply calmly to a 3-year-old daughter who is shouting at her, "I hate you! I only love Daddy!" By understanding the motivation behind such a statement, the parent may be able to calmly react by stating, "Well, I don't like to be shouted at, but I still love you."

Gender Roles

Preschoolers need exposure to an adult of the opposite gender so they can become familiar with opposite gender roles. Encourage single parents to plan opportunities for their children to spend some time with adults other than themselves, such as a grandparent, a friend, or a relative of the opposite sex, for this exposure. A preschool teacher may serve as this person. Because most preschool teachers are women, a mother may have to look elsewhere to find an adult male role model. If a child is hospitalized during the preschool period, a male nurse could fill this role.

Children's gender-typical actions are strengthened by parents, strangers, preschool teachers, other family members, and other children. Many parents do not want their child to grow up as they did, with a fixed role as a result of gender stereotyping. Help them understand they reinforce such attitudes by their actions as well as by their words. For example, a father may tell his son it is important for both boys and girls to do housework, but if the father never does dishes, he is teaching his son that managing a household is not a man's job.

Socialization

Because 3-year-olds are capable of sharing, they play with other children their age much more agreeably than do toddlers, which is why the preschool period is a sensitive and critical time for socialization. Children who are exposed to other playmates have an easier time learning to relate to people than those raised in an environment where they never see other children of the same age (Fig. 31.3).

Although 4-year-olds continue to enjoy play groups, they may become involved in arguments more than they did at age 3, especially as they become more certain of their role in the group. This development, like so many others, may make parents worry a child is regressing. However, it is really forward movement, involving some testing and identification of their group role.

Five-year-olds begin to develop "best" friendships, perhaps on the basis of who they walk to school with or who lives closest to them. The elementary rule that an odd number of children will have difficulty playing well together pertains to children at this age: two or four will play, but three or five will quarrel.

FIGURE 31.3 The preschool child begins to develop friendships.

Cognitive Development

At age 3 years, cognitive development according to Piaget is still preoperational (Piaget, 1969). Although children during this period do enter a second phase called **intuitional thought**, they lack the insight to view themselves as others see them or put themselves in another's place (termed *centering*). Because preschoolers cannot make this kind of mental substitution, they feel they are always right. This causes them to argue with the forcefulness that comes from believing they are 100% correct. This is an important point to remember when explaining procedures to preschoolers. They cannot see your side of the situation; they cannot hurry because you must have something done by 10:00 o'clock; they cannot hold still just because you want them to.

Also, preschoolers are not yet aware of the property of **conservation.** This means that if they have two balls of clay of equal size, but one is squashed flatter and wider than the other, preschoolers will insist the flatter one is bigger (because it is wider) or that the intact one is bigger (because it is taller). They cannot see that only the form, not the amount, has changed. This inability to appreciate conservation has implications for nursing care. Preschoolers are not able to comprehend that a procedure done two separate ways is the same procedure. Therefore, if the nurse before you told a child to turn on his right side and then his left side while his bed was made, you may have to allow him to turn those same ways.

Moral and Spiritual Development

Children of preschool age determine right from wrong based on their parents' rules. They have little understanding of the rationale for these rules or even whether the rules are consistent. If asked the question, "Why is it wrong to hit other children?" the average preschooler answers, "Because my mother says it's wrong." When pressed further, the preschooler justifies that conviction with, "It just is, that's all." Because preschoolers depend on their parents to supply rules for them, when faced with a new situation they have difficulty seeing that the rules they know may also apply to a new situation such as a hospital.

Preschoolers begin to have an elemental concept of God if they have been provided some form of religious training. Belief in an outside force aids in the development of conscience; however, preschoolers tend to do good out of self-interest rather than because of strong spiritual motivation (Kohlberg, 1984). Children this age enjoy the security of religious holidays and religious rituals such as prayer and grace before meals because these rituals offer them the same reassurance and security as a familiar nursery rhyme read over and over.

What if... Cathy, 3 years old, understands the rule "Don't steal from stores"? Would she also understand "Don't steal from a hospital"?

HEALTH PROMOTION FOR A PRESCHOOLER AND FAMILY

Preschoolers are old enough to begin to take responsibility for their own actions. The preschooler's safety, nutritional health, daily activities, and family functioning are all affected by this increased responsibility.

Promoting Preschooler Safety

As preschoolers broaden their horizons, safety issues increase. By age 4, children may project an attitude of independence and the ability to take care of their own needs. Part of this is pseudo-independence; they still need supervision to be certain they do not injure themselves or other children while roughhousing and to ensure they do not stray too far from home. Their interest in learning adult roles may lead them into exploring the blades of a lawn mower or an electric saw or a neighbor's pool (Thompson & Rivara, 2009). It is not too early to think about gun safety or being sure that any gun in their home is locked away (DuRant, 2007). They must be reminded repeatedly not to walk in back of or in front of automobiles. Otherwise, a preschooler's thought "I want to play with Mary across the street" can be so quick and so intense a child will run into the middle of the street before remembering the rules "Watch out for cars" and "Don't cross the street."

Because preschoolers imitate adult roles so well, they may imitate taking medicine if they see family members doing so (Box 31.3). A good rule for parents is never to take medicine

BOX 31.3 ✻ Focus on Evidence-Based Practice

Does medicine given for upper respiratory infections pose a major threat for poisoning in preschoolers?
Preschool children usually develop a number of upper respiratory infections a year as this is a time when they are first exposed to other children through preschool or Head Start programs. That makes this the time when children are first introduced to pleasant tasting cough and cold medicines. To investigate whether adverse drug events including poisoning related to common cough and cold medications frequently occur in preschool children, researchers surveyed the emergency departments of 63 U.S. hospitals for a year. During the survey year, 158,520 patients 18 years or younger were treated in emergency departments for unanticipated or adverse drug events. Almost half (49.4%) of these visits occurred in preschool children between 1 and 4 years of age. Unintentional overdose (poisoning) was the most common reason that children were seen (44.9%), followed by allergic reactions (35%) and adverse effects (12.6%). Antimicrobial agents, analgesic medications, and respiratory medications accounted for almost half of adverse drug events (25.2%, 13.7%, and 10.6%, respectively). Fortunately, fewer than 1 in 10 patients (9.5%) required hospitalization or extended observation following these events.

Based on the above, what advice would you want to give parents about using cough or cold medications with preschool children?

Source: Cohen, A. L., et al. (2008). National surveillance of emergency department visits for outpatient adverse drug events in children and adolescents. *Journal of Pediatrics, 152*(3), 416–421.

BOX 31.4 * Focus on Family Teaching

Common Safety Measures to Prevent Accidents During the Preschool Years

Q. Cathy's father says to you, "My preschooler is so active! How can I keep her safe?"

A. All of the safety measures that apply to toddlers also apply to preschoolers. In addition, try these tips:

Possible Accident	Prevention Measure
Motor vehicles	Teach safety with tricycle (look before crossing driveways; do not cross streets).
	Teach child to always hold hands with a grownup before crossing a street.
	Teach parking lot safety (hold hands with grownup; do not run behind cars that are backing up).
	Children should wear helmets when riding bicycles.
Falls	Supervise preschooler at playgrounds.
	Remove drawstrings from hooded clothing.
	Help child to judge safe distances for jumping or safe heights for climbing.
Drowning	Teach beginning swimming.
Animal bites	Do not allow child to approach strange dogs.
	Supervise child's play with family pets.
Poisoning	Never present medication as a candy.
	Never take medication in front of a child.
	Never store food or substances in containers other than their own.
	Post telephone number of local poison control center by the telephone.
	Teach child that medication is a serious substance and not for play.
Burns	Store matches in closed containers.
	Do not allow preschooler to help light birthday candles, fireplaces, etc. (fire is not fun or a "treat").
Community safety	Teach preschooler that not all people are friends ("Do not talk to strangers or take candy from strangers").
	Define a stranger as someone a child does not know, not someone odd-looking.
	Teach child to say "no" to people whose touching the child does not enjoy, including family members. (When a child is sexually abused, the offender is usually a family member or close family friend.)
General	Know whereabouts of preschooler at all times.
	Be aware that frequency of accidents is increased when parents are under stress. Special precautions must be taken at these times.
	Some children are more active, curious, and impulsive and therefore more vulnerable to accidents than others.

in front of children. Additional safety points for the preschool period are summarized in Box 31.4.

Keeping Children Safe, Strong, and Free

The preschool years are not too early a time to educate children about the potential threat of harm from strangers or even how to address bullying behavior from people (children or adults) they meet at preschool or at play. This includes:

- Warning a child never to talk with or accept a ride from a stranger
- Teaching a child how to call for help in an emergency (yelling or running to a designated neighbor's house if outside, or dialing 911 if near a telephone)
- Describing what police officers look like and explaining that police officers can help in an emergency situation
- Explaining that if children or adults ask them to keep secrets about anything that has made them uncomfortable, they should tell their parents or another trusted adult, even if they have promised to keep the secret
- Explaining that bullying behavior from other children is not to be tolerated and should be reported so they can receive help managing it

It is often difficult for parents to impart this type of information to preschoolers because they cannot imagine their child will ever be in situations in which the information will be needed, nor do they want to terrify their child about the world. However, if the information is presented in a calm yet serious manner, children can begin to use it to build safe habits that will help them later when they are old enough to walk home from school alone or play with their friends, unsupervised, at a public playground.

Motor Vehicle and Bicycle Safety

With more and more cars being equipped with front-seat air bags, make certain parents safely buckle preschoolers into car seats in the back seat (American Academy of Pediatrics [AAP], 2009). Parents should stress the important role of seat belts in preventing injury in accidents and should make it a rule that the car does not move until seatbelts are fastened. Many preschoolers outgrow their first car seats during this period (when they reach 40 lb) and need to graduate to a booster-type seat. Remind parents to check the position of the shoulder harness so it does not go across a child's face or throat.

Preschool is also the right age to promote bicycle safety (Pardi, 2007). Head injuries are a major cause of death and injury to preschoolers, and bicycle accidents are among the major causes of such injuries. Some parents may have already purchased a helmet for their child when the child was

a toddler and riding in a bicycle seat. Once children begin riding independently, however, they definitely need a safety helmet approved for children their age and size. Encourage parents who ride bicycles to demonstrate safe riding habits by wearing helmets as well. Seeing a parent routinely wearing a helmet may well be the most compelling reason for a preschooler to wear one.

What if... Cathy tells you she knows not to leave preschool with anyone who is strange? Is that the same as knowing not to leave with a stranger?

Promoting Nutritional Health of the Preschooler

Like the toddler period, the preschool years are not a time of fast growth, so preschool children are not likely to have ravenous appetites. Offering small servings of food is still a good idea, so a child is not overwhelmed by the amount on a plate and is allowed the successful feeling of cleaning a plate and asking for more. Parents need to check that children are not snacking so frequently that they miss out on planned meals to be certain children receive a complete range of nutrients (Gable, Chang, & Krull, 2007).

Most children are hungry after preschool and enjoy a snack when they arrive home. Because sugary foods can dull a child's appetite for dinner and it is not too soon to begin measures to prevent childhood obesity, urge parents to offer foods such as fruit, cheese, or milk rather than cookies and a soft drink (Rolfes, Pinna, & Whitney, 2009).

Teach parents to make mealtime a happy and enjoyable part of the day for everyone. Some preschool children learn to eat as quickly as possible (and perhaps incompletely) to escape from the table before something unpleasant happens, such as an argument they can sense is brewing. Initiative, or learning how to do things, can be strengthened by allowing a child to prepare simple foods, such as making a sandwich or spreading jelly on toast.

Recommended Dietary Reference Intakes

As with all age groups, foods selected for preschoolers should be based on food pyramid groups, making sure to offer a variety. Preschoolers may not eat a great deal of meat because it can be hard to chew. Many parents ask whether their preschooler needs to take supplementary vitamins because they eat so little. As long as a child is eating foods from all pyramid food groups and meets the criteria for a healthy child such as being alert and active, with height and weight within normal averages, additional vitamins are probably unnecessary.

If parents do give vitamins, remind them a child will undoubtedly view a vitamin as candy rather than medicine because of the attractive shapes and colors of preschool vitamins, so they must be stored out of reach. Caution parents not to give more vitamins than the recommended daily amount, because poisoning from high doses of fat-soluble vitamins or iron can result.

Promoting Nutritional Health With a Vegetarian Diet

A vegetarian diet is usually colorful and therefore appeals to preschoolers. Many vegetables, fruits, and grains are also good snack foods and so are convenient for a child who eats frequently during the day.

If vegetarian diets are deficient in any aspects, they usually lack calcium, vitamin B_{12}, and vitamin D. Check to see a child is ingesting a variety of calcium sources (green leafy vegetables, milk products) as this is so important for bone growth. Vitamin D is found in fortified cereals and milk. Vitamin B_{12} is found almost exclusively in animal products, so a child may need a supplemental source of this (Rolfes, Pinna, & Whitney, 2009).

Promoting Development of the Preschooler in Daily Activities

The preschooler has often mastered the basic skills needed for most self-care activities, including feeding, dressing, washing (with supervision), and brushing teeth (again, with supervision).

Dressing

Many 3-year-olds and most 4-year-olds can dress themselves except for difficult buttons, although there may be a conflict over what a child will wear. Preschoolers prefer bright colors or prints and so may select items that do not match. As with other preschool activities, however, children need the experience of choosing their own clothes. One way for parents to solve the problem of mismatching is to fold together matching shirts and pants so a child sees them as a set rather than individual pieces. If children insist on wearing mismatched clothes, parents should make no apologies for their appearance. A simple statement such as "Mark chose his own clothes today" explains the situation. Anyone who understands preschoolers appreciates that the experience children gain in being able to select their own clothing is worth more than a perfect appearance by adult standards.

Sleep

Many toddlers, going through a typical negative phase, resist taking naps no matter how tired they are. Preschoolers, on the other hand, are more aware of their needs; when they are tired, they often curl up on a couch or soft chair and fall asleep. Many, particularly those who attend afternoon child care or preschool, give up afternoon naps. If they nap at a preschool, they may have some difficulty going to sleep at the usual bedtime established at home.

Children in this age group, however, may refuse to go to sleep because of fear of the dark. Night waking from nightmares or night terrors reaches its peak (Hiscock et al., 2007). This means preschoolers may need a night light, although they did not need one before. A helpful suggestion for parents is to screen out frightening stories or television watching just prior to bedtime and continue familiar bedtime routines.

Exercise

The preschool period is an active phase, so children receive a great deal of exercise. Rough-housing is a good way of getting rid of tension and should be allowed as long as it does not become destructive. In addition, preschoolers love time-honored games such as ring-around-the-rosy, London Bridge, or other more structured games they were not ready for as toddlers. Promoting this type of active game and reducing television

watching can help children develop motor skills as well as be a step toward preventing childhood obesity (Kline, 2008).

Hygiene

Preschoolers can wash and dry their hands adequately if the faucet is regulated for them so they do not scald themselves with hot water. Also, when possible, parents should turn down the temperature of the water heater in their home to under 120° F to help prevent scalds. Preschoolers do not clean their fingernails very well, so these often need "touching up" by a parent or older sibling. The child may also need the assistance of a parent or older sibling to clean the ears during bath time. Hair washing can be a problem, as well. Preschoolers are too heavy for a parent to hold over the sink to rinse their hair, and children may have difficulty keeping the eyes closed well enough or long enough to keep soap out because they insist on opening them to see whether the parent is finished. Hanging a mobile over the tub so they have a reason to look up for rinsing and using a nonirritating shampoo are good suggestions. Although preschoolers may sit well in bathtubs, they should still not be left unsupervised at bath time. Caution parents about not using bubble bath with preschoolers as some girls develop vulvar irritation (and perhaps bladder infections) from exposure to such products.

Care of Teeth

If independent toothbrushing was not started as a daily practice during the infant or toddler years, it should be started during the preschool years. A child should continue to drink fluoridated water or receive a prescribed oral fluoride supplement if fluoride is not provided in the water supply (Armfield & Spencer, 2007).

One good toothbrushing period a day is often more effective than more frequent half-hearted brushings. Although many preschoolers do well brushing their own teeth, parents must check that all tooth surfaces are cleaned. They should floss the teeth, because this is a skill beyond a preschooler's motor ability.

Toothbrushing is generally well accepted by preschoolers because it imitates adults. Electric or battery-operated toothbrushes are favorites because of the adult responsibility involved in handling them. Children must be supervised when using an electric toothbrush, however, and must be taught not to use it or any other electrical appliance near a basin of water.

Encouraging children to eat apples, carrots, celery, chicken, or cheese for snacks rather than candy or sweets is yet another way to attempt to prevent tooth decay. If a child is allowed to chew gum, it should be the sugar-free variety.

Children should have made a first visit to a dentist by 2½ years of age for evaluation of tooth formation. Because this visit usually shows no cavities, this should have been a pain-free experience, so a child should not fear the dentist, and the idea that dentists like to help rather than hurt should have been implanted. If parents did not take a child for this visit previously, it should be done during the preschool period. Deciduous teeth must be preserved to protect the dental arch. If teeth have to be pulled as a result of disease, the permanent teeth can drift out of position or the jaw may not grow enough to accommodate them.

Night Grinding. **Bruxism**, or grinding the teeth at night (usually during sleep), is a habit of many young children (Goddard, 2008). Teeth grinding may be a way of "letting go," similar to body rocking, that children do for a short time each night to release tension and allow themselves to fall asleep. Children who grind their teeth extensively may have greater-than-average anxiety. Children with cerebral palsy may do it because of the spasticity of jaw muscles. If the grinding is extensive, the crowns of the teeth can become abraded. The condition can advance to such an extent that tooth nerves become exposed. If the problem seems to stem from anxiety, identifying and relieving the source of anxiety is essential for treatment. If some damage is evident, refer the family to a pedodontist so the teeth can be evaluated, repaired (capped), and conserved.

Promoting Healthy Family Functioning

Some parents who enjoyed maintaining a rhythm of care for an infant and allowed for ritualistic behavior of a toddler may have difficulty being the parents of a preschooler because more flexibility and creativity are required. Others come into their own as the parents of a preschooler; they delight in encouraging imaginative games and play.

A major parental role during this time is to encourage vocabulary development. One way to do this is to read aloud to a child; another is to answer questions so a child sees language as an organized system of communication. Answering a preschooler's questions can be difficult because the questions are frequently philosophical; for example, "Why is grass green?" A child may listen to an explanation of chlorophyll but then repeat the question, regardless of the clarity of the explanation, because the parent underestimated the extent of the question: a child did not want to know what makes grass green, but why, philosophically, it is not red or blue or yellow. The obvious answer to that is, "I don't know." Parents who are confident can give this answer without feeling threatened. Parents who are less sure of themselves may feel extremely uncomfortable when they realize they do not know the answers to a 4-year-old's questions (Box 31.5).

Discipline

Preschoolers have definite opinions on things such as what they want to eat, where they want to go, and what they want to wear. This may bring them into opposition with parents. A major parental responsibility when this happens is to guide a child through these struggles without discouraging the child's right to have an opinion. "Timeout" is a good technique to correct behavior for parents throughout the preschool years (see Chapter 30). This technique allows parents to discipline without using physical punishment and allows a child to learn a new way of behavior without extreme stress.

Parental Concerns Associated With the Preschool Period

A number of common health problems and fears usually arise during the preschool years.

Common Health Problems of the Preschooler

The mortality of children during the preschool years is low and becoming lower every year as more infectious diseases

BOX 31.5 ✻ Focus on Communication

Cathy's father brings her for a well-child visit. You overhear him talking to his daughter in the waiting room.

Less Effective Communication

Cathy: Why do we have to wait so long?
Mr. Edwards: It's how things work here.
Cathy: Why?
Mr. Edwards: I have no idea.
Cathy: Why is that girl here? Is she sick?
Mr. Edwards: I have no idea.
Cathy: When are we going home?
Mr. Edwards: I have no idea.
Cathy: What's that girl's name?
Mr. Edwards: I have no idea.

More Effective Communication

Cathy: Why do we have to wait so long?
Mr. Edwards: It's how things work here.
Cathy: Why?
Mr. Edwards: People have to take turns. We're waiting for our turn.
Cathy: Why is that girl here? Is she sick?
Mr. Edwards: She might be. Some children are here because they're sick and some are just in for a check-up like you.
Cathy: When are we going home?
Mr. Edwards: As soon as the nurse practitioner checks you over.
Cathy: What's that girl's name?
Mr. Edwards: I don't know. Do you want to ask her?

Preschoolers ask 300 to 400 questions a day as they explore their world. In the first scenario, the father tries to discourage questions by offering almost no answers. In the second scenario, when he tries to answer a child's questions, he is not only supplying information but is also helping a child build vocabulary. Because preschoolers ask so many questions, you may have to encourage parents to continue to answer questions this way. Otherwise, discouraging questions can become the method of interaction.

are preventable. This results in the major cause of death being automobile accidents, followed by poisoning and falls (Centers for Disease Control and Prevention [CDC], 2008).

The number of minor illnesses, such as colds, ear infections, and flu symptoms, is also high. Children who live in homes in which parents smoke have a higher incidence of ear (otitis media) and respiratory infections than others (Kaul & Stevens-Simon, 2008). Children who attend child care or preschool programs also have an increased incidence of gastrointestinal disturbances (such as vomiting and diarrhea) from the exposure to other children (Butterton & Calderwood, 2008).

Many parents find it extremely difficult to cope with the parade of constant minor infections that occur, causing stress between parent and child, an almost monthly battle of "Stay indoors until you feel better," conflict. Children may demonstrate frequent whining or clinging behavior because they do not feel completely well. Such constant illness can cause parents to perceive a child as sickly or not able to cope with everyday life. Whereas parents encouraged independence before, they may now begin to overprotect (to shelter to too great a degree). Give reassurance that frequent minor illnesses are common in preschoolers. As parents become more experienced in handling these conditions, their perception of whether an illness is a problem will change.

Table 31.2 shows the usual health maintenance schedule for preschoolers. Table 31.3 lists common problems parents may have in evaluating a preschooler's illness.

Common Fears of the Preschooler

Because preschoolers' imagination is so active, this can lead to a number of fears. Fears of the dark, mutilation, and separation or abandonment are all very real to a preschooler. These can rise in incidence when combined with the stress of an illness or hospitalization (Anderzen-Carlsson et al., 2007). Although most of these fears can be handled by comforting from parents, in some children, fears are so intensified that they need therapy such as desensitization to the fear (Gordon et al., 2007).

Fear of the Dark. The tendency to fear the dark is an example of a fear heightened by a child's vivid imagination: a stuffed toy by daylight becomes a threatening monster at night. Children awaken screaming because of nightmares. They may be reluctant to go to bed or to go back to sleep by themselves.

If parents are prepared for this fear and understand it is a phase of growth, they are better able to cope with it. It is generally helpful if they monitor the stimuli their children are exposed to, especially around bedtime. This includes television, adult discussions, and frightening stories. Parents are sometimes reluctant to leave a child's light on at night because they do not want to cater to the fear. Burning a dim night light, however, can solve the problem and costs only pennies. Children who awake terrified and screaming need reassurance they are safe, that whatever was chasing them was a dream and is not in their room. They may require an understanding adult to sit on their bed until they can fall back to sleep again (Fig. 31.4). Most preschoolers do not remember in the morning that they had such a dream; they remember for a lifetime they received comfort when they needed it.

If parents take sensible precautions against fear of the dark or nightmares and a child continues to have this kind of disturbance every night, it may be a reaction to undue stress. In these instances, the source of the stress needs to be investigated. Giving sleep medication to counteract the sleep disturbance does not help solve the basic problem, so this is rarely recommended. Fear of the dark can become intensified in a hospital setting and requires careful planning to relieve.

Fear of Mutilation. Fear of mutilation is also significant during the preschool age, as revealed by the intense reaction of a preschooler to even a simple injury such as falling and scraping a knee or having a needle inserted for an immunization. A child cries afterward not only from the pain but also from the intrusiveness of the injury or procedure. Part of this fear

TABLE 31.2 ✻ Health Maintenance Schedule, Preschool Period

Area of Focus	Methods	Frequency
Assessment		
Developmental milestones	History, observation	Every visit
	Formal Denver Developmental Screening Test (DDST II)	Before start of school
Growth milestones	Height, weight plotted on standard growth chart; physical examination	Every visit
Hypertension	Blood pressure	Every visit
Nutrition	History, observation; height/weight information	Every visit
Parent–child relationship	History, observation	Every visit
Behavior problems	History, observation	Every visit
Vision and hearing defects	History, observation	Every visit
	Formal Preschool E and audiometer testing	Before start of school
Dental health	History, physical examination	Every visit
Tuberculosis	PPD test (if there are high-risk factors)	Before start of school
Immunizations		
Diphtheria, pertussis, and tetanus vaccine (DTaP)	Check history and past records; inform caregiver about any risks and side effects; administer immunization in accordance with health care agency policies	Before start of school (4–6 years)
Hepatitis A vaccine		If not previously immunized
Influenza vaccine		Yearly
Measles, mumps, and rubella (MMR) vaccine		Before start of school (4–6 years)
Pneumococcal polysaccharide vaccine (PVV)		If underlying medical conditions
Poliomyelitis (inactivated) vaccine		Before start of school (4–6 years)
Varicella vaccine		4–6 years (2nd)
Anticipatory Guidance		
Preschool care	Active listening and health teaching	Every visit
Expected growth and developmental milestones before next visit	Active listening and health teaching	Every visit
Accident prevention	Counseling about street and personal safety	Every visit
Any problems expressed by caregiver during course of the visit	Active listening and health teaching regarding preschool illnesses and need for imaginative play	Every visit

Source: American Academy of Pediatrics. (2009). *Recommendations for preventive pediatric health care.* Washington, DC: Author.

arises because preschoolers do not know which body parts are essential and which ones—like an inch of scraped skin—can be easily replaced. Boys develop a fear of castration because developmentally they are more in tune with their body parts and are starting to identify with the same-sex parent as they go through the Oedipal phase. Preschoolers can worry that if some blood is taken out of their bodies, all of their blood will leak out. They often lift a bandage to peek at an incision or cut to see if their body is still intact underneath. They dislike procedures such as needlesticks, rectal temperature assessment, otoscopic examination, or having a nasogastric tube passed into their stomach. They need good explanations of the limits of health care procedures such as a tympanic thermometer does not hurt or a finger prick heals quickly or distraction techniques in order to feel safe (Windich-Biermeier et al., 2007).

Fear of Separation or Abandonment. Fear of separation continues to be a major concern for preschoolers. For some children, it intensifies because their keen imagination allows them to believe they have been deserted when they are safe. Their sense of time is still so distorted they cannot be comforted by assurances such as, "Mommy will pick you up from preschool at noon." Their sense of distance is also limited, so making a statement such as "I work only a block away" is not reassuring. Relating time and space to something a child knows, such as meals, television shows, or a friend's house, is most effective. For example, stating, "Mommy will pick you up from preschool after you have had your snack" or showing a child the work site might be more comforting.

Caution parents to be sensitive to such fears when they talk about missing children or if they have their preschooler's fingerprints taken for identification. Children whose chief

TABLE 31.3 ✻ Parental Difficulties Evaluating Illness in a Preschool Child

Difficulty	Helpful Suggestions for Parents
Evaluating seriousness of illness or condition	Preschoolers are eager to please and tend to answer all questions such as, "Does your stomach hurt?" with a yes. Observing the child for signs of illness—refusing to eat, holding an arm stiffly, having to go to the bathroom frequently—is often more productive as an evaluation technique.
Evaluating bowel and bladder problems	Preschoolers are independent in toilet habits for the first time, so parents do not have diaper contents to evaluate. Frequent trips to the bathroom, rubbing the abdomen, and holding genitals are the usual signs of bowel or bladder dysfunction.
Evaluating nutritional intake	Preschoolers begin to eat away from home at friends' houses or at child care, or to stay overnight with grandparents, so parents do not observe daily food intake as accurately as before. Observing whether a child is growing and active is better than monitoring any one day's food intake.
Evaluating bedwetting	Many preschoolers continue to have occasional enuresis at night until school age. If other signs are present—pain, low-grade fever, listlessness—a child should have a urine culture, as persistent bedwetting can indicate a low-grade urinary tract infection.
Evaluating activity vs. hyperactivity	Many lay magazines have articles on hyperactivity in children. Parents often wonder whether their active child is truly hyperactive. As a rule of thumb, if a child can sit through a meal (when he is hungry), watch a half-hour television show (that is his favorite), or sit still while his favorite story is read to him, he is not hyperactive.
Age-specific diseases to be aware of	Preschool age is a time for vision and hearing assessment. For the first time, a child is able to be tested by a standard chart or by audiometry. Urinary tract infections tend to occur with a high frequency in preschool-age girls. Language assessment should be done if a child is not able to make wants known by complete, articulated sentences by age 3 (exceptions are transposing *w* for *r* and broken fluency: "I want-want-want to go").

fear is that they will be abandoned or kidnapped might not hear that fingerprints are being taken to keep them safe, only that someone might take them away from their parents.

A hospital admission or going to a new school often brings a child's fear of separation to the forefront. Help parents thoroughly prepare preschoolers for these experiences so they can survive them in sound mental health (Chapter 36).

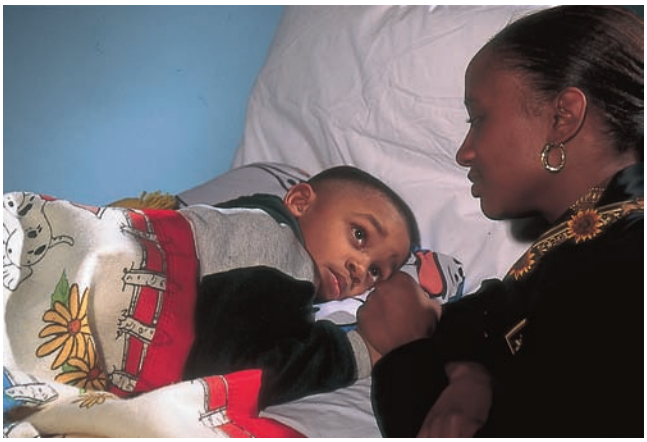


FIGURE 31.4 Having mom close by after a bad dream is a comfort to the preschooler.

Behavior Variations

A combination of a keen imagination and immature reasoning results in common behavior variations in preschoolers.

Telling Tall Tales. Stretching stories to make them seem more interesting is a phenomenon frequently encountered in this age group. After a trip to the zoo, for example, if you ask a child of this age, "What happened today?" a child perceives you want something exciting to have happened, so might answer, "A bear jumped out of his cage and ate up the boy next to me." This is not lying, but merely supplying an expected answer. Caution parents not to encourage this kind of storytelling, but instead help the child separate fact from fiction by saying, "That's a good story, but now tell me what really happened." This conveys the idea a child has not told the truth, yet does not squash imagination or initiative.

Imaginary Friends. Many preschoolers have an imaginary friend who plays with them (Goldson & Reynolds, 2008). They tell a parent to "wait for Eric" or "set a place at the table for Lucy." Although imaginary friends are a normal, creative part of the preschool years and can be invented by children who are surrounded by real playmates as well as by those who have few friends, parents may find them disconcerting. If so, ask parents to make certain their child has exposure to real playmates. As long as imaginary playmates do not take center stage in children's lives or prevent them from socializing with other children, they should not pose a problem and

often leave as quickly as they come. In the meantime, they can encourage language development and may provide an outlet for a child to express innermost feelings or serve as a handy scapegoat for behavior about which a child has some conflict.

Parents can help their preschooler separate fact from fantasy about their imaginary friend by saying, "I know Eric isn't real, but if you want to pretend, I'll set a place for him." This response helps a child understand what is real and what is fantasy without restricting a child's imagination or creativity.

Difficulty Sharing. Sharing is a concept that first comes to be understood around the age of 3 years. Before this, children engage in parallel play (two children need two toys and two spaces to play, because they cannot pass one toy back and forth or play together). Around 3 years of age, children begin to understand that some things are theirs, some belong to others, and some can belong to both. For the first time, they can stand in line to wait for a drink, take turns using a shovel at a sandbox, and share a box of crayons. Sharing does not come easily, however; children who are ill or under stress have even greater difficulty with it than usual. Assure parents that sharing is a difficult concept to grasp and that, as with most skills, preschoolers need practice to understand and learn it.

Parents need to accompany experiences with sharing with experiences in learning property rights: "This is my private drawer and no one touches what is in it but me." "That is your dresser top, and no one touches the things on it but you." "A shovel is ours and can be used by everyone playing in the sand pile." Defining limits and exposing children to these three categories (*mine, yours, ours*) helps them determine which objects belong to which category.

Regression. Some preschoolers, generally in relation to stress, revert to behavior they previously outgrew, such as thumb-sucking, negativism, loss of bladder control, and inability to separate from their parents. Although the stress that causes this may take many forms, it is usually the result of such things as a new baby in the family, a new school experience, seeing frightening and graphic television news, stress in the home from financial or other problems, marital difficulties, or separation caused by hospitalization.

Help parents understand that regression in these circumstances is normal, and a child's thumb-sucking is little different from the parents' reaction to stress (smoking many cigarettes, nail biting, overeating), to make it easier for them to accept and understand. Obviously, removing the stress is the best way to help a child discontinue this behavior. The stresses mentioned, however, are not easily removed. New babies cannot be returned, irreparable marriages cannot be patched together, frightening news happens every day, and hospitalizations do occur.

Techniques for minimizing the stress of hospitalization for preschoolers are discussed in Chapter 36. Children's reactions to severe and prolonged stress are discussed in Chapter 54. Children undergoing less severe stress can be assured that although situations are changing, the important aspect of their life—someone still loves them and will continue to take care of them—is not. Thumb-sucking or other manifestations of stress are best ignored; calling them to a child's attention merely causes more stress, because it makes children aware they are not pleasing parents, in addition to experiencing the primary stress.

Sibling Rivalry. Jealousy of a brother or sister may first become evident during the preschool period (Taylor, 2007). This occurs partly because this is the first time that children have enough vocabulary to express how they feel (know a name to call) and partly because preschoolers are more aware of family roles and how responsibilities at home are divided. For many children, this is also the time when a new brother or sister is born.

A firstborn child is rarely allowed the privileges of a second child. The parents were untried, unsure of how far they should let a child venture or what level of responsibility a child could accept when the child was younger, or the firstborn serves as the "trial run" for all children who come after. This phenomenon can lead to sibling rivalry, because children as young as preschool can sense that a younger sibling is being allowed behavior that was not tolerated in them. They are little appeased by the explanation, "Your brother is just a baby."

To help preschoolers feel secure and promote self-esteem, supplying them with a private drawer or box for their things that parents or other children do not touch can be helpful. This can help defend their possessions against younger children who do not appreciate their property rights.

Preparing for a New Sibling

Introduction of a new sibling is such a major happening that parents need to take special steps to be certain their preschooler will be prepared. There is no rule as to when this preparation should begin, but it should be before the time the child begins to feel the difference the new baby will make. This is perhaps when the mother first begins to look pregnant. It is certainly before parents begin to make physical preparations for the new child. It is always less frightening for a child of any age to understand why things are happening, no matter how distasteful they may be, rather than hear people whispering or having parents obviously evading the issue. The unknown is always more fearful than a definite event that can be faced and conquered.

Help parents not to underestimate the significance of a bed to a preschool child. It is security, consistency, and "home." If their preschooler is sleeping in the crib that is to be used for the new baby, it is usually best if the preschooler is moved to a bed about 3 months in advance of the birth. The parents might explain, "It's time to sleep in a new bed now because you're a big boy." The fact that he is growing up is a better reason for such a move than because a new brother or sister wants the old bed. The latter is a direct route to sibling rivalry and jealousy.

If children are to start preschool or child care, they should do so either before the new baby is born or 2 or 3 months afterward, if possible. That way, children can perceive starting school as a result of maturity and not of being pushed out of the house by the new child.

If the mother will be hospitalized for the birth, she should be certain her child is prepared for this separation in advance. As the mother is likely to go to the hospital during the night, it is unrealistic to expect a child in the morning to be happy about the arrival of a new sibling when he realizes the new baby has taken away his mother. Some communities offer preparation for birth classes for preschoolers, the same as for parents, or include children in adult preparation courses to help them master this new experience.

FIGURE 31.5 A preschooler greets a new baby sister. She feels special as dad explains how important it is to be a big sister.

Encourage women to maintain contact with their preschooler during the short time they are hospitalized for the new birth. Some preschoolers may react very coldly to their mothers, turning their head away and refusing to come to them after even a few days' separation when they return home. This is a reaction not to the new baby but to the separation, the same phenomenon that may occur when a child returns home after being hospitalized (see Chapter 36). Allowing the child to visit in the hospital can help relieve this type of separation anxiety.

Ask pregnant women or couples what kind of preparation such as this they are making for older children; ask the mother of a new baby how everything is working out. Most parents find the problem of jealousy is bigger than they anticipated and welcome a few suggestions about how to provide more time for their preschooler during the day and which activities a preschooler would especially enjoy (Fig. 31.5; Box 31.6).

✔ Checkpoint Question 31.2

Cathy will need to change to a new bed because her baby sister will need Cathy's old crib. What measure would you suggest that her parents take to help decrease sibling rivalry between Cathy and her new sister?

a. Ask her to get her crib ready for the new baby.
b. Tell her she will have to share with the baby.
c. Move her to the new bed before the baby arrives.
d. Explain that sisters grow up to become best friends.

Sex Education

Children during the preschool age become acutely aware of the difference between boys and girls, possibly because it is a normal progression in development and possibly because this may be the first time in their lives they are exposed to the genitalia of the opposite sex as they watch while a new brother or sister has diapers changed, they see other children using the bathroom at a preschool, or they see a parent nude.

Preschoolers' questions about genital organs are simple and fact-finding; for example, "Why does James look like that?" or "How does Jasmine pee?" Explanations should be just as simple: "Boys look different from girls. The different part is called a penis." It is important for parents not to convey that these body parts are never to be talked about to leave an open line of communication for sexual questions. Occasionally, girls attempt to void standing up as they have seen boys doing; boys may try sitting down to void as they try to use this new body knowledge.

It is common for preschoolers to engage in masturbation while watching television or being read to or before they fall asleep at night. The frequency of this may increase under stress, as does thumb-sucking. If observing a child doing this bothers parents, suggest they explain that certain things are done in some places but not in others. Children can relate to this kind of direction without feeling inhibited, just as they can accept the fact that they use a bathroom in private or eat only at the table. Calling unnecessary attention to the act can increase anxiety and cause increased, not decreased, activity.

An important part of sex education for preschoolers is teaching them to avoid sexual abuse, such as not allowing anyone to touch their body unless they agree it is all right (see Chapter 32, Box 32.5). Because children have been taught this, remember to ask permission before giving nursing care that involves touching.

Because this may be the time a new brother or sister comes into the family, it is also the most likely time for questions such as, "Where do babies come from?" Because a child

BOX 31.6 ✻ Focus on Family Teaching

Suggestions to Help Minimize Sibling Rivalry

Q. Cathy's father says to you, "Cathy's acting jealous of her new sister and she's not even born yet. How can I reduce sibling jealousy?"

A. This isn't a simple problem, but the following suggestions might help:

- After returning home from the hospital, devote attention to your preschooler and spend some special time together after the baby has gone to bed.
- When friends and family visit, encourage them to spend time with the preschooler as well as the baby. If they bring gifts for the baby, it is often wise for them to bring a small present for the preschooler as well.
- So that your preschooler does not come to expect gifts (promoting sibling rivalry), teach her to help open the baby's gifts. Explain to her that it is the baby's birthday and on her birthday she will receive gifts, too.
- Do not ask your preschooler a question such as, "Do you like your new sister?" It is better to express feelings of empathy such as, "New babies cry a lot. It's hard to get used to that, isn't it?"
- Provide special time for your preschooler during each day, so that when you say, "Mother and Daddy love you just the same," it seems real. This might be a quiet time for talking or reading.
- While feeding the baby, read or tell a story to your preschooler. Some children enjoy feeding a doll while a parent feeds the baby or giving a doll a bath while the baby has one.

FIGURE 31.6 Preschool children are interested in learning where babies grow and have beginning sexual awareness. (From Taeke Henstra/Science Source/Photo Researchers, Inc.)

is asking a simple fact-finding question, parents usually find a simple, factual answer to this type of question is best: "Babies grow in a special place in a mother's body called a uterus." Saying "uterus" rather than "tummy" prevents children from envisioning babies and food all mixed together in their mother's stomach (Fig. 31.6).

It is so natural for preschoolers to ask about where babies come from that those who do not ask are exceptions. Preschoolers who do not ask may be reticent because they sense from a preliminary exploratory question that the subject is closed. A parent could introduce the subject by visiting a new baby in the neighborhood with the child or pointing out a neighbor who is pregnant. The birth of kittens or puppies can also offer the chance to introduce the subject. If a new brother or sister will be born at a birthing center or at home, many parents allow preschoolers to watch the birth. Encourage parents to prepare children well for this experience, or else the sight of their mother in pain and the wonder of birth can become an overwhelming and negative experience rather than a positive one for them.

Preschool children generally do not ask how babies get inside mothers to start growing or how babies get out at the end of the process. Should they ask, a suitable explanation might be, "When a woman and a man love each other and decide they want a baby, the man plants a seed inside the woman. The man's seed and the woman's seed grow together in the special place inside the mother into a new baby." Some parents prefer to say, "God plants a seed." This answer may leave preschool boys feeling cheated that men have such a little role in this wondrous process. Perhaps a compromise statement is, "God helps the man plant a seed." If preschoolers ask how the baby gets out, an answer might be, "The woman goes to the hospital and the doctor or nurse helps the baby get out from the vagina."

Many new books for children explain where babies come from, including descriptions of sexual relations and orgasm. These are helpful for parents to read to a child to increase understanding.

Choosing a Preschool or Child Care Center

A school or child care experience is helpful for preschoolers, as peer exposure appears to have a positive effect on social development (Zoritch, Roberts, & Oakley, 2009). Children who have learned to be comfortable in a preschool group approach school comfortably and ready to learn; children who have played only infrequently in groups during the preschool age are forced into this new situation in kindergarten or first grade. They can be so busy adjusting to this new concept they are left behind in learning new skills. The terms "child care center," and "preschool," are often used interchangeably, so parents cannot depend on the name of a school to define its structure. Traditionally, the main purpose of a child care center is to provide child care while parents work or are otherwise occupied. A preschool is dedicated to stimulating children's sense of creativity and initiative and introducing them to new experiences and social contacts they would not ordinarily receive at home. Head Start programs and many modern child care centers fulfill both functions (Olsen & DeBoise, 2007).

If there are other 3- or 4-year-old children in a neighborhood with whom a child has almost daily contact, and if a parent can supervise organized play dates and projects (providing peer interaction, in which working together is the key), a preschool program may not be necessary. On the other hand, if all the neighborhood children are either older or younger or there is only one other child available to play with during the day, a preschool experience will probably be beneficial. Parents with large families point out that their child gets ample exposure to groups, that every meal is a "group session." This is not a peer group, however. Older siblings give in to the 3- or 4-year-old child, and younger siblings are not capable of peer competition. This situation does not offer the same experience as does preschool.

Be sure parents investigate preschools or child care centers carefully before they enroll their child to be certain their child will be safe there and have an enjoyable experience. Guidelines to aid parents in this assessment are shown in Table 31.4.

To continue to evaluate their child's school experience, urge parents to make a habit of asking children what happened at school, what they learned, and the names of any new friends. For the remainder of the growing years, school will have important effects on their child's development. By taking an active role in education, parents influence what and how their child learns.

Child care centers are often blamed for the spread of infectious disease among the 5-and-under population because bringing together children from so many different homes to one setting each day does increase the risk of spreading contagious disease. Preschoolers in day care settings may develop frequent upper respiratory infections or gastrointestinal illnesses. Outbreaks of cytomegalovirus and human parvovirus (fifth disease) make working in such centers a particular hazard to pregnant women as these are potentially teratogenic. To prevent the spread of infection, children need to wash their hands frequently and cover their mouths when coughing. Child care centers where infants as well as older children are enrolled need to take special precautions against hepatitis A or parasitic infections, as these can be spread by caregivers' not washing their hands or the changing table after changing diapers. Hepatitis may be subclinical in the preschooler,

TABLE 31.4 ✻ Questions to Use in Evaluating Child Care Centers

Question	Finding
Management	
How long has the center been in operation?	Length of operation does not necessarily indicate quality, but it allows you to locate other parents who have used the center to ask about their experience there.
Is the center licensed, registered, approved, or inspected by the appropriate agency?	Ask in your local community what agency has the responsibility for licensing child care centers. If not licensed, its quality is suspect.
What are the qualifications of staff members?	If staff members are teachers, more learning activities will be provided; staff should be qualified to perform cardiopulmonary resuscitation.
Is there a fast turnover rate of staff?	A fast turnover rate means little continuity of care will be provided (and probably suggests dissatisfaction with center administration).
What is the child–staff ratio?	A ratio of 3 or 4 children to 1 staff member provides time for quality interaction.
What is the center's policy on parental visits?	Parents should be able to drop in at any time. Be wary of facilities that restrict parental visiting in any way.
Physical Environment	
Is there adequate space in the center?	There should be opportunities for rough-and-tumble and imaginative play and naptime as well as table activities.
Does the space appear safe?	Stairways should be fenced. No paint should be peeling.
Can children get in and out of the building easily?	A first-floor plan is safest. Fire exits should be well marked. An evacuation plan should be practiced.
Is there a safe play area for children outside?	Find out how often children are taken outside: once or twice a day, or only occasionally for "outings"?
Is there a quiet place for naps?	Ask if a child can nap if tired or has to wait until a set naptime.
Can the bathroom be reached easily?	Both potty chairs and small toilet seats should be available.
If food is provided, does it meet preschool recommendations?	Food should be "preschool friendly."
Is there adequate refrigeration?	Food poisoning is a concern without refrigeration.
Staff Philosophy	
Are the workers warm and affectionate toward the children?	Watch how they greet children. They should ask questions and listen to answers.
Do caretakers spend more of their time performing janitorial tasks (cleaning) and reprimanding children, or can they devote their time to the children?	It is best if cleaning staff is separate from care staff.
Is each child assigned to a particular caregiver on a continuing basis?	Ask staff to describe their care pattern; if this is not planned, little continuity of care results.
Are the children provided stimulating toys and equipment?	Imaginative items, such as a puppet theater, finger paint, and water play, should be included.
How do the staff discipline children? Do they yell or treat the children roughly?	The method should reflect the parents' philosophy. Staff should be able to talk to children calmly without raising their voices in anger.
Is there a planned curriculum?	There should be specific individualized goals the staff hopes to accomplish.
Can the child pursue an individual interest?	Play or learning activities should be individualized.
Health Care Protocols	
How does the center care for an ill child?	There should be access to a nurse. Staff should be able to evaluate for illness. They should know actions to take in an emergency.
What precautions does the staff take to prevent spread of infection?	Counter where diapers are changed should be wiped with a disinfectant; tissues and handwashing facilities should be present.
Does the center follow good sanitary practices?	Be sure the center requires waterproof disposable diapers to minimize contamination of the environment and other children, and separates diaper-changing areas from other activities, especially anything related to food handling. Observe adult caregivers changing diapers. Do they wash hands after each change?

Under what conditions are children not allowed to attend the center?	A center should have a very specific policy on what illness symptoms require a child to be kept home—and they should enforce this policy strictly. For instance, a runny nose may be acceptable, but a fever is not; children with chickenpox should be kept at home until the scabs are healed over.
	Talk to parents whose children have been at the center long enough to have experienced some illnesses, and find out what the family did and how the center responded.
Children's Behavior	
Do the children appear happy and relaxed? Do they rush to greet any new visitors?	Observe for at least one morning. This could be a sign of boredom with their center's activities and a strong need for adult attention.

but other members of the preschooler's family can develop overt symptoms as the illness spreads through the family (Friedman, 2009).

Preparing a Child for School

At the end of the preschool period, children begin a formal school experience as they enter kindergarten. Parents may wonder whether their child is old enough for this, especially if a child's birthday is in the late summer or early fall. If this is so, urge parents to discuss their concern with school officials to determine whether their child should be registered for kindergarten or delayed for a year. As school involves a great deal of children's time and influences their future greatly, it is important for parents to take time to prepare preschoolers not only physically by being certain their immunizations are up to date but emotionally as well.

Essential to this preparation is the parents' attitude. If school is always discussed as something to look forward to, as an adventure that will be satisfying and rewarding, a child comes to view it as a positive experience. If school is presented as a punishment ("Wait until you get into first grade—your teacher will make you sit up and behave"), there can be little delight in anticipating it.

If a child was not attending preschool, some parents may have to change their child's daily routine a few months in advance of beginning school to accustom a child to waking earlier or going to bed earlier. School has so many new components that it is wise to try to eliminate as many distractions like this as possible.

If a child is to ride a bus to school, a parent might take a child on a municipal bus as an introduction to this form of transportation. If a child is to walk, a trial walk is in order. In either instance, safety should be stressed: "Don't walk behind the bus because the driver can't see you" and "Wait for the crossing guard to help you cross the street."

If a child will be required to take a lunch to school, a parent can introduce this new experience by preparing a bagged lunch at home some noon. If a child is to purchase lunch at school, the parent can play "cafeteria" at home by serving a meal buffet-style and letting a child practice walking from one dish to another to select food.

Some kindergartens suggest children know how to tie their shoes, name basic colors, and print their name before they begin. Parents should familiarize themselves with any such suggestions from the school, but the wisdom of requiring these skills can be questioned. Identifying colors should be established by this age, but some children are not coordinated enough at 4½ years to tie their shoes or print. A better contribution for parents to make toward their children's achievement in school is to instill in their children the concept that learning is fun and a certain child may not always be able to do all the things other children can do, but trying to do individual best is what is important. Trying to make children complete fine motor tasks for which they are not developmentally prepared does not instill that concept.

For children to do well in a formal school setting, they must be able to follow instructions and sit at a table and chair for a short work period. When some parents examine their child's day, they are surprised to realize how few instructions they give their child in a day. They put on the child's coat, pick up the child's toys, and lead the child to the table for dinner. Similarly, they never encourage their child to spend any time in a chair, which is something the child will have to do for at least short periods in school. Coloring at a table rather than on the floor will introduce this situation without any problem.

Finally, going to school is a form of separation and a new experience if a child has not attended child care or preschool, so parents must make preparations for this. It might be good to arrange to have a child stay with another caregiver for part of a day. Staying at school can then be compared with that event.

These are minimum preparations parents can complete to ready their child for school. Caution both parents and children that no matter how hard they try, not everything can be anticipated; school will bring some new happenings that can not be predicted. If a child has been led to believe that learning is fun and new experiences are enjoyable (creating a strong sense of initiative), these unpredictable instances can be accepted as fun. The concept that new experiences are enjoyable will prepare a child not only for a first day at school but for thousands of profitable days and experiences ahead (see Focus on Nursing Care Planning Box 31.7).

BOX 31.7 ✻ Focus on Nursing Care Planning

A Multidisciplinary Care Map for a Preschooler With Fears

Cathy Edwards is a 3-year-old girl. Her father cares for her because her mother is hospitalized with preterm labor for a second pregnancy. Her father tells you he is concerned because Cathy talks constantly with an imaginary friend named Emma. She makes up stories about events that cannot possibly be true. When corrected, Cathy stutters so badly no one can understand her. At a well-child visit, her father says he is concerned about his daughter's crying at day care.

Family Assessment ✻ Family lives in rented apartment in inner city. Mother is hospitalized with complications of second pregnancy. Father works as city police detective. Mother is stay-at-home mom.
Client Assessment ✻ 3-year-old girl within normal limits for height, weight, and development. Child currently enrolled in all-day preschool program while mother is hospitalized. Father picks child up after his work. Father arrived late to pick child up from preschool last week. She states, "He forgot me." Child refuses to return to preschool. Cries, sticks finger in mouth to make herself vomit, and complains that her stomach hurts when he tries to drop her off now.
Nursing Diagnosis ✻ Fear related to separation and abandonment during preschool period
Outcome Criteria ✻ Child verbalizes fear. Father demonstrates measures to minimize child's fears; reports by 2 weeks that crying episodes at school have decreased.

Team Member Responsible	Assessment	Intervention	Rationale	Expected Outcome
		Activities of Daily Living		
Nurse	Ask father to detail a 24-hour day in family to gain clear picture of child's role and capabilities.	Father describes differences in family life since wife has been hospitalized, strain it causes on Cathy.	People are unable to solve a problem until the extent of the problem is clear.	Father details a typical day and may express his wish to continue the preschool experience
		Consultations		
Nurse	Assess if father feels referral to child guidance service is necessary to help reduce fear.	Encourage the father to talk with the preschool staff about the problem and common methods to decrease a child's fear.	Discussion with care providers can help reinforce the measures used by the father, providing consistency and thereby helping to minimize a child's fears.	Father states he will consult with preschool staff to help solve problem.
		Procedures/Medications		
Nurse	Assess what father knows about measures to reduce fear in preschoolers.	Instruct the father in measures to help reduce child's fear, such as reinforcing the time he will return. Will call if he's running late. Post memo to self to pick her up.	Reassurance helps to reduce a child's fear of abandonment.	Father describes steps he will take to be certain he will not be late again at preschool for pick up.
		Nutrition		
Nurse	Assess if child uses threat of vomiting at any other time.	Stress effect of eating disorders is potentially dangerous.	Frequent vomiting in young children can lead to fluid and electrolyte imbalances.	Father states whether he has ever seen pseudovomiting before.

		Patient/Family Education		
Nurse/nurse practitioner	Assess father's knowledge of typical preschool fears such as abandonment, fear of the dark.	Review with the father the typical fears experienced by the preschooler, including those of separation and abandonment.	Knowledge of normal growth and development helps to reduce the father's anxiety about the behavior and possible causes.	Father acknowledges he deals with adults in his business; expresses desire to learn more about preschool period.
		Psychosocial/Spiritual/Emotional Needs		
Nurse	Explore with child why she is so fearful her father will not return for her.	Encourage the father to set up a special time for himself and his daughter in the evening or on weekends, so they have a consistent close time.	Special time for a father and daughter enhances the parent–child relationship. Consistently adhering to this time helps to foster a sense of trust and security and show he is dependable.	Father states he will plan for a special time each week, even if it is difficult to arrange because of wife's hospitalization and his irregular work schedule.
		Discharge Planning		
Nurse	Assess if father would find a follow-up telephone call helpful.	Arrange for a follow-up telephone call (if desired) in one week.	Follow-up provides additional support and means for evaluating the effectiveness of the methods used.	Father states he is receptive to follow-up care.

Broken Fluency

Developing language is such a complicated process that children from 2 to 6 years of age typically have some speech difficulty. A child may begin to repeat words or syllables, saying, "I-I-I want a n-n-new spoon-spoon-spoon." This is called **broken fluency** (repetition and prolongation of sounds, syllables, and words). It is often referred to as **secondary stuttering** because the child began to speak without this problem and then, during the preschool years, developed it. Unlike the adult who stutters, children are unaware that they are not being fluent unless it is called to their attention. It is a part of normal development and, if accepted as such, will pass. It is associated with rapid speech patterns that may also be present in the parents (Savelkoul et al., 2007). A parent who knows a persistent stutterer or who was a persistent stutterer as a child may react to this normal broken fluency of the preschooler in a more emotional way than the problem deserves. If a child becomes conscious of a disrupted speech pattern, it is less likely the problem will correct itself. It is resolved most quickly if parents follow a few simple rules, listed in Box 31.8.

"Bathroom Language"

Many preschoolers imitate the vocabularies of their parents or older children in the family so well during this time that they incorporate swear words into their vocabularies. Parents may have to be reminded that children do not necessarily understand what the words mean; they have simply heard them, just as they have heard hundreds of other words and have decided to use them. Correction should be unemotional; for example, "That's not a word I like to hear you say. When you're angry, why don't you say 'fudge' (or whatever)?" The correcting is no different from that involved when a child uses poor grammar. If parents become emotional, a child realizes the value of such words and may continue using them for the attention they create.

Concerns of the Family With a Physically Challenged or Chronically Ill Preschooler

Learning how to do things when you have physical limitations can be frustrating. Being unable to understand how to do things because of physical or mental limitations can be even more so. To learn problem solving, however, is part of developing a sense of initiative. A preschooler with a disability such as cerebral palsy has a greater need for problem-solving skills than the average child, because even simple procedures such as eating or getting dressed can be difficult if a physical challenge limits the options.

Physically challenged or chronically ill preschoolers should attend a preschool program if at all possible because of the socialization benefits. Many of the learning activities that preschoolers enjoy, such as playing with paint, clay, or soap bubbles, are messy. If a child must remain in bed,

BOX 31.8 ✻ Focus on Family Teaching

Suggestions to Reduce Stuttering in the Preschool Child

Q. Mr. Edwards says to you, "My 3-year-old daughter stutters. What can I do to stop this?"

A. What sounds like stuttering in a preschooler is often broken fluency. Helpful tips to improve fluency are:

- Do not discuss in a child's presence the difficulty she is having with speech. Do not label her a "stutterer." This makes her conscious of her speech patterns and compounds the problem. If you have to think about every word you say, it is difficult not to have trouble speaking.
- Listen with patience to what a child is saying. Do not interrupt or fill in a word for her. Do not tell her to speak more slowly or to start over. These actions make a child conscious of her speech, and her broken fluency increases.
- Talk to her in a calm, simple way. It is difficult for a child to keep up with adult speech. If adults talk slowly to her, she sees no need to rush and so speaks more clearly.
- Protect space for her to talk if there are other children in the family. Rushing to say something before a second child interrupts is the same as rushing to conform to adult speech.
- Do not force a child to speak if she does not want to. Do not ask her to recite or sing for strangers.
- Do not reward her for fluent speech or punish her for nonfluent speech. Broken fluency is a developmental stage in language formation, not an indication of regression or a chronic speech pattern.

parents may be reluctant to offer these types of experiences. A large tray of dry oatmeal or other breakfast cereal with sand shovels or cars and trucks is a good substitute activity for such a child. Although not necessarily neat, these substances (which are available even in a hospital setting) can be swept away easily at the finish of play. Table 31.5 lists nursing actions that can aid a chronically challenged child to solve problems and develop a sense of initiative.

Nutrition and the Physically Challenged or Chronically Ill Preschooler

Experiences with eating help to reinforce a sense of initiative in preschoolers. Chronically ill preschoolers who are limited in the foods they can eat (perhaps they have to maintain a diet of soft foods) or in their ability to help with food preparation may miss this reinforcement. If their appetite is diminished because of illness to the point where they take little or nothing orally, it is still important they continue to join the family at meals. In most households, this is a time for socialization, and preschoolers are ripe for the learning that goes with this type of daily interaction. Encourage parents to include the ill child in family meals and other social occasions whenever possible.

✔ Checkpoint Question 31.3

Cathy's parents want to know how to react to her when she begins to masturbate while watching television. What would you suggest?

a. They give her "timeout" when this begins.
b. They refuse to allow her to watch television.
c. They remind her some activities are private.
d. They schedule a health check-up for vaginal disease.

Key Points for Review

- Although preschoolers grow only slightly and gain just a little weight, they seem much taller than when they were toddlers because their contour changes to more childlike proportions.
- Erikson's developmental task for the preschool period is to gain a sense of initiative or learn how to do things. Play materials ideal for this age group are those that stimulate creativity, such as modeling clay or colored markers.
- Promoting childhood safety is a major role because preschoolers' active imaginations can lead them into dangerous situations.
- Appetite is not large in this age group because this is not a rapid growth time. Preschoolers can be interested in helping with food preparation.
- Common parental concerns during the preschool period are broken fluency, imaginary friends, difficulty sharing, and sibling rivalry.
- Preschool is often the time when a new sibling is born. Good preparation for this is necessary to prevent intense sibling rivalry.
- Preschoolers have a number of universal fears, including fear of the dark, mutilation, and abandonment. All care provided for this age group should include active measures to reduce these fears as much as possible.
- Preschoolers are still operating at a cognitive level that prevents them from understanding conservation (objects have not changed substance although they have changed appearance). This means they need an explanation, for example, of how they will be the same person postoperatively as they were preoperatively.
- Preschoolers are self-centered (egocentric). This makes it difficult for them to share and view someone else's side of a problem. They need good explanations of how a procedure will benefit them before they can agree to it.
- Many preschoolers begin preschool programs or child care. Late in the preschool period, they may be enrolled in kindergarten. Parents often appreciate guidance on how to prepare their children for these new experiences.
- Preschoolers who are physically challenged or who have chronic illnesses may have difficulty achieving a sense of initiative, because they may be limited in their ability to participate in activities that stimulate initiative. They may need special playtimes set aside for stimulation and learning.

TABLE 31.5 ✻ Nursing Actions That Encourage a Sense of Initiative in a Physically Challenged or Chronically Ill Preschooler

Consideration	Nursing Actions
Nutrition	Serving toast or sandwiches cut into animal shapes with cookie cutters, cereal in the form of alphabet characters, or food arranged on a plate to make a face appeals to the imagination and may make a preschooler more interested in food.
	Respect child's food preferences.
Dressing change	Allow preschooler to measure and cut tape or draw a face on it.
	Allow child to see incision site. Explain steps of dressing change as you work to reduce unknowns and areas of fear.
	Provide extra bandages to put on a doll so child can see that bandages themselves are not to be feared.
Medicine	Allow child to choose a chaser such as juice or milk after oral medicine.
	Choosing site for injection or intravenous line is too advanced for the preschooler; do not suggest such choices.
Rest	Provide a light in the room or bring child's bed into hallway so fear of the dark is reduced and child can deal with only reality problems.
	Identify sounds the preschooler might hear in the hospital, such as an air conditioner turning on.
Hygiene	Allow child to choose bathtub toys, clothing.
	Allow child to wash own hands and face.
	Allow child to splash in water as a play activity as well as for cleanliness.
Pain	Encourage preschooler to express pain.
	Allow child to handle syringe or suction catheter, and give "shots" or suction to a doll to alleviate anger or fear.
	Encourage child to ask for analgesic if necessary.
Stimulation	Guessing games encourage a sense of initiative. Draw a dog or a house and ask child to close his or her eyes while you add one more detail to the drawing, such as an ear or a chimney; ask child to identify new item.
	Reverse the game and ask child what you erased from the drawing, or allow child to do own drawing.
	Provide manipulative toys, such as finger paint, soapy water, clay, or dry cereal to use as sand.
	Allow preschooler to accompany you to other departments as a way of teaching more about the hospital.
	Use "Simon Says" games not only for socialization but also to urge treatments, such as deep-breathing exercises.
	Encourage use of playroom for socialization.
	Encourage child to interact with family by drawing pictures for siblings or using the telephone to call home.

CRITICAL THINKING EXERCISES

1. Cathy is the 3-year-old girl you met at the beginning of the chapter. Cathy's father is concerned because Cathy tells exaggerated stories about events at her preschool. How would you recommend her father handle this?
2. Because her family is moving, Cathy will be starting a new preschool next week. What suggestions could you make to her father about choosing a safe setting? How should he prepare Cathy for this experience?
3. Cathy's parents tell you she keeps the entire family awake at night because she is so afraid of the dark. What suggestions could you make to help relieve this problem?
4. Examine the National Health Goals related to growth and development of the preschooler. Most government-sponsored funds for nursing research are allotted based on these goals. What would be a possible research topic to explore pertinent to these goals that would be applicable to Cathy's family and also advance evidence-based practice?

CRITICAL THINKING SCENARIO

Open the accompanying CD-ROM or visit http://thePoint.lww.com and read the Patient Scenario included for this chapter, then answer the questions to further sharpen your skills and grow more familiar with NCLEX style questions related to preschool growth and development. Confirm your answers are correct by reading the rationales.

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