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**FACULTY OF NURSING**

# **COMCEPTS OF PREVENTIVE PEDIATRICS**

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## **Definition**

Preventive pediatrics has been defined as the prevention of diseases and the promotion of physical, mental, and social well-being for children to reach optimal growth and development.

# Classification

MCHRCH

- Breast feeding
- BFHI
- Weaning
- ICDS
- UNDER FIVE Clinic
- Immunization
- School health services

## Anticipatory Guidance – Injury Prevention (Infants)

- Rear-facing infant seat in back seat
- Burns Prevention – – Smoke alarms & resetting geyser thermostat to 120 F – Do not carry/ drink hot liquids with infant in lap – Avoid microwave / stir carefully afterwards –  
Cover Electric Outlets
- Fall prevention – – Stair guard/ gates – No Walkers – Do not leave infant alone on high surfaces
- Choking hazard – Balloons, foods, long strings, plastic bags
- Drowning prevention – Never alone with bathtubs & buckets

# Anticipatory Guidance – Injury Prevention (Preschoolers)

- Infant seat – back facing till 1 year/ 20 pounds
- Burns prevention – Keep away from hot foods, ovens, press irons, heaters
- Fall prevention
- Poison Prevention – Lock medicine cabinet, child proof containers
- Drowning prevention

# Anticipatory Guidance – Injury Prevention

## (School age)

- Booster car seat – 8 to 12 years
- Water safety – teach swimming above 5 years, use approved floatation device
- Sports safety – approved safety equipment

# Anticipatory Guidance – Injury Prevention (Adolescents)

- Traffic safety – – Drinking and driving, – using mobiles while driving, – Compliance with driving license laws – Night time driving – Helmets
- Water safety – Drinking, head first, floatation devices
- Sports safety equipment



# Hearing Screen

- Before discharge from Nursery – OAE – ABR
- High risk infants (every 6 month till 3 years) –  
Parental concern – Positive f/h – Post  
meningitis – Syndromes, TORCH – NNJ  
requiring DVET, Use of ototoxic drugs > 7 days  
– Head Trauma, recurrent OME for > 3 months  
(Techniques used: VRA, CPA)

*School age children should be screened at the following times:*

- On first entry into school every year from kindergarten through 3<sup>rd</sup> grade
- In 7<sup>th</sup> grade,
- In 11<sup>th</sup> grade upon entrance into special education upon grade repetition
- Upon entering a new school system without evidence of having passed a previous hearing screening

## Hearing Screen - Why

- Improves speech, and academic performance
- Children are more likely to perform below their grade level, and are more likely to be held back, drop out of school, and fail to earn a high school diploma.

- BP Screening AHA recommends
- Screening at 3 years age and then yearly with age appropriate cuffs
- May reduce the CVS morbidity

# Neonatal Screening – Why

- 29 treatable illnesses – cannot be detected clinically, delay in treatment leads to permanent sequelae
- Common ones should be screened at least including Cong Hypothyroidism, PKU, Galactosemia, CAH
- Blood sample – drops on special filter paper. TMS.  
Costs between 1300 - 4500

# Vision Screening - Why

- Newborn – Serious vision threatening and even life threatening conditions like Retinoblastoma, congenital cataract, congenital glaucoma, can be ruled out.
- Infants & children – Refractive errors – 20 % children
  - Squint – Amblyopia prevention

# Visual screen-

- Neonate
  - External (penlight) examination for surface abnormalities of the eye and surrounding tissues
  - Ocular alignment (corneal reflections)
  - Ophthalmoscope for red reflexes
- Age six months
  - Ability to fix and follow light, face or small toy
  - External (penlight) examination for surface abnormalities of the eye and surrounding

- Tissues
- Pupillary examination
- Ocular alignment (corneal reflections)
- Ophthalmoscope for red reflexes
- Age three to four years
- visual acuity by picture chart or tumbling E chart
- external (penlight) examination for surface abnormalities of the eye and surrounding tissues
- Pupillary examination
- Ocular motility and alignment (ocular movements, cover test and corneal reflections)
- Ophthalmoscope for red reflexes and examination of retina and optic nerve



- Age five to six years
- Visual acuity by Snellen method
- External (penlight) examination for surface abnormalities of the eye and surrounding tissues
- Pupillary examination
- Ocular motility and alignment (ocular movements, cover test and corneal reflections)
- Ophthalmoscopy for red reflexes and examination of retina and optic nerve

## Dental Screening –

- Caries is the commonest chronic condition in the world
- Dentition can have long term effect on nutrition.

# Anticipatory Guidance - Dental

- Brushing as soon as teeth appear, flossing as soon as adjacent teeth are in contact. Pea-sized, or child's fifth digit fingernail.
- Professional evaluation if thumb-sucking persists beyond 3 years
- Prevent Dental Injury- Cover sharp corners, mouth guards etc.
- Dietary counseling
- Fluoride toothpaste under supervision

# Dental screen

- By 1 year age, or within 6 months of the first teeth appearing (whichever is earlier)
- 6 monthly thereafter

THANK YOU