321 W13 Infants Case Study

[Name]

[Institution]

Author Note

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# Question 1

## Which assessment technique you would employ to assist in determining the situation (comprehensive, problem-oriented, or focused) and why?

Usually, comprehensive care and problem-oriented care is used to treat patients, especially ones that need to be looked after on a one-on-one basis. However, these measures include care not only required by the patient but also requested by the patient in question. While dealing with young infants, especially those that are acting fussy, it is better to use focused care. It focuses on the means of solving the issue rather than the end and focuses on providing them with the care that they need (Rosén, Persson, & Persson, 2017). With regard to the babies, given the fact that they cannot be questioned on the type of care they need, focused-care is the best alternative among the options at hand.

# Question 2

## Identify what assessment data are pertinent and what critical thinking measures you took to arrive at these conclusions.

Given that the children are not even a year old, the sort of case they required should be focused on easing their problems while looking for a long-lasting cure. It keeps their specific needs above that of the desired health outcomes. The decisions being made here should be derived from healthcare decisions and quality measurements. Patients, along with their family, are partners in terms of the patient’s healthcare providers. These patients do not need to be treated from a clinical perspective alone, but also from an emotional perspective. They need to be cared for in ways that are rather different than normal patients, considering their age and their affliction.

# Question 3

## Hypothesize a nursing diagnosis (or collaborative) and support.

Crying is a rather common physiological behavior among infants. Between the ages of 6 to 8 weeks, babies have a tendency to cry as much as two to three times every 24 hours. However, excessive crying and being fussy is often referred to as ‘colic’ among infants and their caretakers. In most babies, colic eases up at 3 months of age. However, in 90% of the babies, the condition can last up to 9 months of age. Add in the lack of sleep, increased hunger and frustration with unexplored surroundings would only add to the fussiness of infants that already cry for more than 3 hours in a day. Given the stated scenario, this is the initial diagnosis of the infants (Al Saadoon, Rizvi, Khan, Shuaili, & Mamari, 2018).

Furthermore, in case the infants are not colic, the matter becomes rather more serious, with the babies possibly suffering from one or more serious problems. This includes headache, stomachache, diabetes, anemia, asthma, infections, head injury, and even autism and abnormal brain development (Turner & Palamountain, 2015).

# Question 4

## Identify one goal and one expected outcome for this situation.

The one expected goal of this situation is to treat the possible diagnosis of treating the infants for colic. Colic is a common ailment among 9-month-old infants. However, being fussy and irritable is not just a symptom of infants being colic, but it can also result in a number of various other illnesses, each more serious than the one before, especially in case of 9-month-old infants. These illnesses include headache, stomachache, diabetes, anemia, asthma, infections, head injury, and even autism and abnormal brain development (Turner & Palamountain, 2015). However, the expected outcomes of this situation would be to ensure that the children are suffering from something treatable, that does not have long-term consequences such as colic, rather than a disease with serious implications.

# Question 5

## Describe the best communication technique that you would use with these two infants to illustrate caring and patient-centered care.

Effective communication is an essential part of patient-centered care, especially in terms of infant patients and their families. The physicians, traditionally, hold a position of respect and authority in society, however, opening communicating with the physician may become difficult for the family of patients. Thus, the physician should invite the parents of the patient to discuss the information openly. Both parties should feel at ease to address the vital concerns regarding the patient and yet be forthcoming for the patient’s wellbeing.

# References

Al Saadoon, M., Rizvi, S., Khan, I., Shuaili, A. K. A., & Mamari, M. A. A. (2018). Prevalence and Associated Factors of Infantile Colic among Omani Babies. *Clin Res Open Access*, *4*(3).

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