Physical Impairments Essay, Research Paper

Running Head: Cognitive Impairments

The definition of mental retardation is made up of three classifications. The onset must be recognized before the age of 18, the individual must show deficits in adaptive behavior and have a sub-average intellectual level. (Wong, D., 1995) General intellectual function is determined by IQ, which is measured with one or more standardized and individually administered intelligence tests. Mental retardation is not based solely on IQ. Adaptive function must be significantly impaired as well. The degree of severity of mental retardation is classified as mild (IQ mild 50/55-70), moderate (IQ 35/40-50/55), severe (IQ 20/25-35/40), and profound (IQ below 20/25). (Bowden, V., Dickey, S., & Greenberg, C. 1998)

In 1975, the Education For All Handicapped Children Act was enacted. This law represented an educational bill of rights for all handicapped children. It provided free, appropriate, and individualized education in the least restrictive environment for individuals 6 to 21 years of age. One component of the law requires and Individual Education Program (IEP), for all children receiving services. The plan is to be child centered and address the long-tern developmental needs of the child. (Bowden, V., Dickey, S., & Greenberg, C., 1998) Nurses are involved in IEP in a variety of ways. They may be a patient advocate for the families, be involved in making referrals and recommendations. They may help interpret complicated health care reports and will inform other members of the team about the child’s health care needs.

Impairments 3

Rehabilitation trends and the care of a developmentally disabled child are based on five basic principles. A developmental approach is used instead of chronological age. This emphasizes the child’s abilities and strengths, rather than disabilities. A developmental focus also considers family development. A model of family development is based on the changing ages and developmental needs of both the children and the adults, as well as on the changing demands by external forces and crisis as the family matures. Family centered care is another component of family development. The importance of family centered care – a philosophy that considers the family as a constant in the child’s life – is especially evident in the care of children with special needs. The third component of the changing trends in care, is normalization. Normalization refers to establishing a normal pattern of living. It also permits the child and family to become and remain part of the community. Along with the trend towards normalization, has been earlier discharge of children from acute or chronic care facilities to families and communities, which increases the need for home care. Mainstreaming is the fourth component. This describes the process of integrating children with special needs into regular classrooms and childcare centers. The fifth component is early intervention. This consists of any sustained and systematic effort to assist children from birth to three years of age who are young, disabled, or developmentally vulnerable. (Wong, D. 1995)

Impairments 4

With the advent of normalization and mainstreaming, mental retardation has made people of the general public more aware of mental retardation and the stigma has in turn decreased. In addition, allowing mentally retarded children into public schools has given school age children more awareness and has decreased stereotyping. Mainstreaming has also allowed people with cognitive impairments without discrimination.

Generally the stigma that comes with mental retardation is a negative one. This is mainly due to lack of knowledge and experience around the cognitively impaired. Some people believe that people who are severely impaired are a waste of life, and that they won’t improve. If the caregiver’s beliefs reflect those stated above, they are less likely to be motivated to give them the optimum care available. They are also less likely to form a therapeutic relationship with the child, and to get to know the child’s own unique personality.

Early intervention and prevention of children with mental impairments can be utilized in many settings. Early intervention clients may be identified in neonatal or pediatric ICU’s, general pediatric units, or newborn nurseries, outpatient clinics, physicians offices, or anywhere else a nurse has contact with the patients. Nurses may be involved in interdisciplinary assessments, serve as case managers, provide education, and support families as the work their way through the system. (Bowden, V., & Dickey, S., & Greenburg, C., 1998) Patient teaching and screening is also a form of early intervention.

Impairments 5

This helps teach parents and families about prevention and risk factors of cognitive impairments.

Wing Lake is one of several programs in Oakland County serving students with severe mental impairments (SMI), and severe multiple impairments (SXI), from birth to twenty-five years. Wing Lake provides a comprehensive educational program in a caring and supportive environment where each student’s fullest potential is the staffs greatest concern. They strive to teach as many skills of daily living and self care as possible.

My student was a seven-year-old diagnosed with Rett syndrome. This is a neurological disorder which to date has only occurred in girls. Some of the symptoms of Rett, although not all of them have to be present include; breathing dysfunction’s that consist of apnea, hyperventilation, and air swallowing. Muscle / spasticity / and joint contractures are also very common. These individuals may also have teeth grinding, growth retardation, decreased muscle mass and body fat, as well as decreased mobility with age. Seizures are also present in eighty percent of the patients. (Rett, A., 1999)

My student exhibited many of these signs including, muscle rigidity, spasticity, and contractures. She also had gross teeth grinding and was not able to ambulate. She experienced frequent constipation related to immobility, and less frequently experienced an occasional seizure.

Impairments 6

Her health care needs include fine and gross motor programs with a physical and occupational therapists. She participates in the swimming program and hydrotherapy as a part of her classroom program. These activities provide an effective way to work with her range of motion.

Her nursing diagnoses include, Impaired physical mobility related to decreased strength and endurance, secondary to severe neurological and neuromuscular impairments. The expected outcomes for this diagnosis include, improved mobility as evidenced by no contractures and increased range of motion. This can be achieved by physical therapy, occupational therapy, and passive range of motion. Another nursing diagnosis is constipation related to decreased physical mobility, secondary to neuromuscular impairments. The expected outcome is for decreased constipation, which will be achieved by increasing physical mobility and fluid intake. A third diagnosis is PC:Seizures. The expected outcome for this is, the patient’s seizures will be managed and minimized by the use of prescribed medications. Some diagnoses for the family include, caregiver role strain related to duration of care-giving required secondary to child’s diagnosis of Rett’s syndrome. Expected outcomes include the care giver will have adequate support systems and assistance in caring for the impaired child. Another nursing diagnosis for the family is altered family processes related to impact of illness. Expected outcomes are that the family will maintain a functional system of mutual support for each other.

Impairments 7

The nurse can assist the family in improving emotional support for all members. This can be achieved by teaching about the disorder and any current findings and/or treatments for it. The nurse can also make referrals to social services if the family requests or if the nurse feels this intervention is warranted. The nurse will monitor general health and seizure activity of the patient and make calls to the physician when changes are noted. The nurse will administer ordered medications in the school or hospital settings. My patient’s medications included, phenobarbitol 75mg for seizure control, propulsid 1tsp tid to control gastroesophageal reflux, and mineral oil 1tsp hs, to promote bowel regularity. Patient teaching about these medications and their use and side affects is very important. The nurse should also teach non-pharmocologic management for constipation including increased mobility by PROM and increased fluid intake.

PT and OT are involved in decreasing the risk of contractures by doing PROM and other exercises by the patient. The occupational therapist can also assist the patient in doing ADL’s to the best of his or her ability. Social workers are important in assisting the family in effective coping mechanisms and ways to deal with negative feelings towards the impaired sibling. Social workers can also make referrals to support groups that are available for Rett syndrome.

The goals of the multidisciplinary team at Wing Lake were achieved with my student. She was functioning to her highest ability as a patient with Rett syndrome. Her

Impairments 8

Constipation was kept to a minimal with the use of medications and increased fluid intake. Her seizures were kept under control with the phenobarbitol. The teachers, nurses, physical therapists, and occupational therapists maintained good communication with one another when a behavioral or physical change took place. I see no way that they could have advanced the plan of care, it was a very good program that provided for the emotional, physical, and psychological support for the student and all family members.

This experience has helped me realize that children with mental retardation all have their own unique personalities and feelings in spite of their cognitive impairments. It has also opened my eyes to see how special children are and how very individualistic personalities differ in all age groups.

Impairments 1

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