

Approach to the Patient and Healthy Child

Editor

Melike YAVAS CELIK



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PREFACE

A healthy childhood is not only about strong immunity and physical development, but also about building a solid mental foundation. Positive experiences in early childhood determine a child's learning capacity and well-being throughout life. Children are our most precious assets, possessing the power to change the world. Our greatest responsibility is to ensure their healthy development for the future. Healthy generations are the most valuable element in moving society forward.

Every child is a great source of hope and an endless potential for growth for their family and community. Children need a healthy growth and development process to realize their potential. Nurses play a crucial role in this process. Their role is vital because they are the professional group that directly interacts with children during growth and development monitoring, vaccination processes, and acute and chronic illnesses.

Nurses have fundamental duties such as protecting children from disease, advocating for them, protecting their rights, and providing care and treatment. Their most important task is to ensure that children live healthy lives. This study aims to contribute to our vision of raising healthy individuals by developing our children's physical capacities as well as protecting their psychosocial health. Furthermore, these pages have been written to open the doors to a healthy and happy childhood and to be a guiding light for parents and educators.

This book is dedicated to the most precious children of my life, “Alptuğ, Doğu, Alphan, Özgür” who taught me so much during their growth process, and to “Mucize” baby, whom I had the opportunity to meet briefly and who taught me that babies can die...

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Chapter 1

CHILDHOOD STAGES AND GROWTH AND DEVELOPMENT

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Elif AKYIGIT ALBAYRAK²

Abstract

Growth in children refers to physical increases such as height and weight, while development refers to the maturation of mental and motor skills. Growth processes and developmental stages are followed in infancy, early childhood, later childhood, and adolescence. Balanced nutrition, quality sleep, and exercise are crucial for healthy growth. Growth and development are crucial for children to become healthy adults, both physically and mentally. Healthy progress in physical parameters such as height, weight gain, head circumference, and chest circumference, as well as language development, brain development, and motor skill development, are all important parameters necessary for a child's growth. Although growth and development are often assessed using standardized percentile curves and Z-scores, it's important to remember that each child has their own unique growth and development process. Many factors influence growth and development, including genetic factors, physical factors, cultural values, and environmental changes. Concepts such as the "century trend" are also known to have had an influence on this issue. Therefore, a holistic approach is essential when evaluating a child's growth and development process. A comprehensive assessment is incomplete without considering nutritional status, living environment, parental education level, number of siblings, presence of chronic diseases, and many other factors.

Keywords; Growth, development, childhood stages, growth and development monitoring, pediatric nurses

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Nurses should guide parents and children by providing education on growth and development characteristics according to their age group. Nurses, who play a crucial role in monitoring children according to their age, should also be knowledgeable about deviations from normal growth and development and the diseases that cause them (Arıkan et al., 2018). Nurses should also inform families about issues supporting growth and development, such as exclusive breastfeeding, adequate complementary feeding, and a safe environment. Furthermore, they should remember that effective communication between family and child also contributes to growth and development (Pem, 2015).

Conclusion

The most important aspect of implementing a nursing process aimed at improving child health and well-being is the continuation of holistic, family-centered, atraumatic, and child-centered care. In this context, it is crucial for nurses to understand the characteristics of child growth and development, address their physical, psychological, and social dimensions, and incorporate these into their care practices. Each stage of childhood, up to adulthood, exhibits unique and distinct characteristics. Understanding these differences in developmental stages and supporting the child contributes to a healthy adulthood. Therefore, nurses should monitor and care for these childhood stages, take necessary precautions in case of deviations from the norm, and implement appropriate care practices (Dönmez ve Türkmen, 2023).

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Chapter 2

NUTRITION IN CHILDREN

Sinem OZTURKLER¹

Abstract

Nutrition is a fundamental process that ensures the body receives the necessary nutrients in adequate amounts and at the right times to maintain health and improve quality of life. Childhood nutrition constitutes one of the most critical phases of life in terms of growth, development, and health maintenance. Nutritional mistakes made during this period, such as skipping meals, loss of appetite, and imbalanced consumption of food groups, pose serious threats to health. Inadequate and unbalanced nutrition, stress, poverty, chronic diseases, and exposure to toxins, especially during early childhood, negatively affect brain development and can lead to lifelong permanent damage. Therefore, establishing regular eating habits during childhood reduces unhealthy eating behaviors that may occur in later life. Adequate consumption of various macro and micronutrients during early childhood is vitally important for growth and development. In this context, nutritional interventions during early childhood are of great importance for improving health and shaping eating habits. Nurses play a key role in raising healthy generations by effectively fulfilling their protective, educational, and counseling roles in child nutrition through a family-centered approach.

Keywords: Child nutrition, breastfeeding, complementary feeding, micronutrients, childhood obesity, malnutrition, nursing, growth and development

Introduction

Nutrition is an essential process for maintaining health, improving quality of life, and ensuring that the body receives the nutrients it needs in sufficient quantities at the right times (Wickramasinghe, & et al., 2020). Nutrition during childhood is one of the most important factors in growth, development, and health maintenance,

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Conclusion

Nutrition during childhood is one of the most fundamental determinants of healthy growth, development, cognitive functioning, immune competence, and long-term health outcomes. Adequate and balanced intake of macro- and micronutrients from infancy through adolescence is essential not only for meeting current physiological needs but also for reducing the risk of chronic diseases in later life. Nutritional practices established during early childhood have lasting effects on eating behaviors, metabolic health, and overall well-being.

Each developmental stage of childhood presents unique nutritional requirements and challenges. Breastfeeding in infancy, appropriate complementary feeding practices, the establishment of healthy eating habits during preschool and school-age years, and adequate nutritional support during adolescence are critical components of optimal child health. At the same time, common nutritional problems such as iron deficiency anemia, protein-energy malnutrition, functional constipation, and obesity continue to represent significant public health concerns worldwide and require early identification and evidence-based management.

Healthcare professionals, particularly nurses, play a pivotal role in promoting healthy nutrition throughout childhood. Through growth monitoring, nutritional assessment, family education, breastfeeding support, counseling, and early detection of nutrition-related problems, nurses contribute significantly to improving child health outcomes. Family-centered and multidisciplinary approaches are essential for ensuring effective nutritional care and sustainable healthy lifestyle behaviors.

In conclusion, improving childhood nutrition requires coordinated efforts involving families, healthcare professionals, educational institutions, and public health policies. Investing in child nutrition not only supports healthy growth and development during childhood but also contributes to healthier adult populations and future generations. By fostering evidence-based nutritional practices and strengthening preventive health strategies, substantial improvements in child health and quality of life can be achieved.

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Chapter 3

CHILDREN’S PERCEPTION OF ILLNESS AND HOSPITALIZATION

Kadriye DEMIR¹

Abstract

This chapter examines how children perceive illness and hospitalization, the impact of hospitalization on both children and their families, and the fundamental approaches used in pediatric nursing care. Hospitalization is not merely a process of receiving medical treatment; it is a multidimensional life experience that affects children’s emotional, cognitive, and social development. Children’s perceptions of illness and hospitalization are influenced by their age, developmental stage, previous healthcare experiences, and family dynamics. The chapter discusses the psychological, social, and behavioral effects of hospitalization across developmental stages and explores the psychosocial burden experienced by parents and changes in family functioning. In addition, child-centered care, family-centered care, and atraumatic care approaches are presented as key frameworks for improving children’s hospital experiences and supporting adaptation to care. The principles of therapeutic communication, communication methods used with hospitalized children, and the advocacy, clinical decision-making, and multidisciplinary roles of pediatric nurses are reviewed in light of current evidence. By integrating developmental, familial, and therapeutic perspectives, this chapter highlights the importance of holistic, child- and family-centered nursing care in reducing the negative effects of hospitalization and promoting the well-being of hospitalized children and their families.

Keywords: English, Hospitalization, Child Health, Pediatric Nursing, Illness Perception, Family-Centered Care, Child-Centered Care, Atraumatic Care, Therapeutic Communication, Child and Family, Adaptation to Hospitalization

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In clinical practice, the effective use of therapeutic communication skills and evidence-based therapeutic methods by pediatric nurses contributes to making the child's hospital experience more positive. At the same time, nurses' advocacy roles, clinical decision-making processes, and active participation within multidisciplinary teams are among the fundamental elements that enhance the quality of care. In educational settings, fostering a child- and family-centered, communication-based, and holistic care perspective among students is of great importance for the future of pediatric care.

In conclusion, in pediatric nursing, a care approach that places the child and family at the center and is strengthened through therapeutic communication and supportive methods plays a pivotal role in reducing the negative effects of hospitalization and promoting the child's well-being.

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Chapter 4

EDUCATION IN PEDIATRIC CLINICS

Tuba OTUN¹

Abstract

Hospitalization of a child causes significant changes in the existing routines of both the child and their family. Therefore, maintaining healthy communication with the family of a child who is experiencing health problems and requires treatment in a hospital setting, meeting their basic needs, and providing social, psychological, and educational support to the child and their family are crucial in overcoming this difficult process (Merck, McElfresh, 2017). During the child's treatment and care process, it is essential for the family and healthcare professionals to work collaboratively, make joint decisions, and ensure the family's active participation in the child's care stages (Kuo, Houtrow, Arango, Kuhltau, Simmons, Neff, 2011). The information given to the child and family should be accurate, clear, and concise. The reasons for the procedures to be performed during treatment and the necessary information about the procedure process should be provided. Support should be given on coping mechanisms for fear and anxiety (Beickert & Mora, 2017). Education should be provided using different visual/auditory materials and techniques, taking into account the needs of the child and the family. (Romito et al., 2021).

Keywords: Child, Family, Hospital, Education, Therapeutic Play, Health Education, Hospital Schools, Discharge Education

Introduction

Children are precious individuals who are raised with care and whose needs are met entirely by their families. The role of the family is paramount in raising a healthy child and in the development of healthy behaviors. The hospitalization of a child leads to significant disruptions in the existing routines of both the

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provided concerning medications and medical devices, alongside emphasized adherence to follow-up appointments. Recommendations should be offered to assist the child in resuming their pre-hospitalization lifestyle and adapting to the home environment.

Both parents and children exhibit heightened levels of anxiety during hospitalization. To facilitate adaptation to the clinical setting, orientations regarding the ward and hospital environment should be conducted, and materials such as brochures containing concise, explanatory information should be provided to the family. Additionally, parents must receive psychological and social support to assist them in coping with the stressors of the situation. The experiences of children and families within the hospital setting significantly influence the child's development and their future attitudes toward healthcare services and professionals. Supporting the developmental needs of children during this period positively impacts their adaptation to the hospital environment and the overall treatment process.

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Chapter 5

MEDICATION ADMINISTRATION IN CHILDREN

Zeynep DOGAN¹

Abstract

Children constitute a distinct patient population in terms of pharmacotherapy due to the dynamic nature of their growth and development processes. The anatomical, physiological, and biochemical changes observed throughout childhood significantly influence drug mechanisms within the organism as well as individual treatment responses. Consequently, this necessitates the adoption of age-appropriate, developmentally tailored, and individualized approaches in the planning, administration, and monitoring of drug therapies in pediatric patients.

Pediatric medication administration is a fundamental component of safe and effective healthcare services, holding critical importance in ensuring therapeutic success and mitigating medication-related risks. In this process, healthcare professionals—particularly nurses—bear significant responsibilities in maintaining medication safety. Accurate assessment, effective communication, the adoption of evidence-based practices, meticulous execution of the medication administration process, and systematic monitoring of therapeutic outcomes constitute the core elements of safe medication management. The heightened vulnerability of children to medication errors and drug-related adverse events requires patient safety principles to be prioritized throughout the entire medication management continuum.

Safe pediatric medication administration contributes not only to the prevention of medication errors but also to the enhancement of care quality, the reinforcement of patient safety, and the promotion of favorable health outcomes. Therefore, it is an indispensable requirement for healthcare professionals providing care to infants, children, and adolescents to possess up-to-date and comprehensive knowledge regarding pediatric medication practices to deliver high-quality healthcare services.

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involvement of both the child and family in the treatment process, constitute fundamental components of high-quality pediatric nursing care. Moreover, maintaining evidence-based practice and supporting healthcare professionals through continuous education and training are critical for improving the quality of pediatric medication management and reducing medication-related adverse events.

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Chapter 6

RESPIRATORY SYSTEM DISEASES IN CHILDREN

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Abstract

This section provides a detailed discussion of respiratory system disorders in children. The respiratory system of children differs from that of adults in both anatomical and physiological terms; it is emphasized that children are more susceptible to infections and respiratory failure due to narrow airways, incomplete alveolar development, and limited respiratory reserve. The respiratory system is examined in terms of the upper and lower airways, and the relationship between gas exchange and the respiratory mechanism and metabolic requirements in children is explained. Additionally, the importance of diagnostic methods such as physical examination, assessment of breath sounds, oxygen saturation, chest X-ray, and pulmonary function tests is highlighted. In this section, upper respiratory tract diseases - including acute rhinopharyngitis, pharyngitis, tonsillitis, croup, sinusitis, laryngitis, and acute otitis media - are described in detail. It is noted that most of these diseases are viral in origin, are common in children, and typically present with symptoms such as cough, fever, runny nose, sore throat, and respiratory distress. Under lower respiratory tract diseases, bronchiolitis, pneumonia, asthma, bronchitis, cystic fibrosis, and tuberculosis are discussed. It is specifically noted that bronchiolitis is common in infants, while asthma is the most prevalent chronic disease of childhood. In these conditions, early diagnosis, oxygen support, appropriate medication, ensuring hydration, and infection control are among the fundamental approaches. A significant portion of the chapter is dedicated to nursing care. The importance of a child- and family-centered care approach is emphasized; monitoring respiration, maintaining an open airway, proper positioning, family education, and infection control are identified as the fundamental elements of nursing care. It is noted that the use of

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outcomes (Leung, O'Donoghue & Suen, 2022; Rahim et al., 2023). The correct use of inhalers and nebulizers is critical for treatment effectiveness, and it is emphasized that nurse-led education contributes significantly in this area (Marko et al., 2025). Furthermore, remote monitoring, mobile health applications, and digital respiratory monitoring systems are among the innovative approaches that improve the quality of care in the monitoring and early intervention of children with chronic respiratory diseases (Ide et al., 2021).

Conclusions

Respiratory tract infections, bronchiolitis, and asthma are among the most important causes of morbidity in the pediatric population and significantly increase healthcare utilization, especially in early childhood. Bronchiolitis is one of the most common causes of hospitalization in children under two years of age and can have a more severe clinical course due to underdeveloped airway anatomy and limited respiratory reserve. Asthma, the most common chronic respiratory disease in children and adolescents, has significant effects on long-term follow-up, treatment compliance, and quality of life. Medical treatment alone is not sufficient for the management of these diseases; nursing care must be carried out with a systematic, holistic, and family-centered approach. Respiratory assessment, recognition of early exacerbation symptoms, infection control, maintenance of nutrition and hydration, appropriate positioning, and oxygen therapy are fundamental components of nursing care. Additionally, parent and child education, teaching inhaler and nebulizer use, protection from triggers, and support for home care play a critical role in disease management.

In conclusion, nursing care in the management of respiratory system diseases in children should not only be supportive; it should also play a protective, educational, and guiding role. Developing clinical practices based on current evidence and strengthening nursing research will significantly contribute to protecting children's respiratory health, reducing hospital admissions, and improving long-term health outcomes.

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Chapter 7

ENDOCRINE SYSTEM DISEASES IN CHILDREN

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Abstract

The endocrine system is one of the physiological systems that plays a fundamental role in growth, development, metabolism, and the maintenance of homeostasis. The healthy functioning of endocrine systems during childhood is crucial for physical growth, neurodevelopment, pubertal maturation, and the maintenance of metabolic balance. Disorders in the synthesis, secretion, or mechanisms of action of hormones secreted by endocrine glands lead to various clinical presentations in children. The primary endocrine system disorders observed in childhood include growth hormone disorders, diabetes insipidus, inappropriate antidiuretic hormone secretion syndrome, thyroid disorders, and parathyroid and calcium metabolism disorders. These disorders are associated with growth retardation, developmental delay, fluid-electrolyte imbalance, and metabolic problems. Early diagnosis, regular clinical evaluation, laboratory monitoring, and appropriate treatment are crucial for preventing complications. In nursing care, monitoring growth and development, supporting treatment adherence, medication management, early detection of complications, and educating the child and family constitute the core components of care.

Keywords: endocrine system disorders, nursing care, growth and development.

Introduction

The endocrine system is one of the fundamental physiological systems that regulates growth, development, metabolism, and homeostasis in the body. Hormones secreted by endocrine glands facilitate long-term and coordinated communication

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members should also be assessed for concerns related to caregiving burden, coping capacity, and adaptation to the disease process. When needed, referrals to psychological counseling, social services, and other support resources should be provided. A supportive, empowering, and family-centered approach promotes adaptation to chronic illness, strengthens self-care abilities, and contributes to improved quality of life for both children and their families (Hockenberry et al., 2019).

Conclusion

Endocrine disorders seen in childhood are clinical conditions that affect growth, development, metabolic balance, and pubertal maturation. Most are chronic and require regular monitoring. These diseases affect not only the child's physical development but also their psychosocial adjustment and family life. Growth hormone disorders, thyroid and parathyroid diseases, diabetic metabolic conditions, puberty problems, and gender development disorders reveal the delicate nature of the hormonal system in childhood. The insidious nature of clinical findings makes regular monitoring of growth curves, systematic assessment of pubertal changes, and recognition of early warning signs fundamental elements of the care process. Pediatric endocrinology nursing is important in terms of the safe implementation of treatment, monitoring of growth and development, support for treatment compliance, and identification of psychosocial needs. Ethical sensitivity, protection of privacy, and effective communication directly affect the quality of care in puberty and gender development disorders. Nurses must comprehensively assess the pathophysiology of pediatric endocrine diseases, the principles of diagnosis and treatment, and disease-specific care requirements. Evidence-based, ethically sensitive, and family-centered nursing practices contribute to the protection and promotion of children's health.

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Chapter 8

CHILDHOOD NEUROLOGICAL DISORDERS

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Abstract

Neurological disorders in childhood are significant health conditions that can result in life-threatening acute events as well as long-term effects on growth, development, learning, and quality of life. This chapter comprehensively addresses common neurological disorders in children from a nursing perspective, based on current evidence. Neurological assessment-based conditions, epileptic disorders, headache syndromes, neurodevelopmental disorders, motor and neuromuscular disorders, as well as acute and functional neurological conditions are examined with regard to their clinical features, early diagnostic indicators, and follow-up approaches. The chapter emphasizes the critical role of nurses in the early recognition of neurological warning signs, the promotion of family-centered care, and the support of long-term neurodevelopmental outcomes. By integrating clinical practice with current scientific evidence, this chapter serves as a comprehensive resource for nurses and other healthcare professionals in the assessment, care, and follow-up of children with neurological disorders.

Keywords: Pediatric neurology, neurological disorders in children, epilepsy, febrile seizures, neurodevelopmental disorders, autism spectrum disorder, cerebral palsy, neuromuscular disorders, status epilepticus, family-centered care.

Introduction

Neurological disorders in childhood encompass a broad clinical spectrum that may be life-threatening in the acute phase and may adversely affect growth and development, learning, psychosocial adaptation, and quality of life over the long term. Globally, epilepsy constitutes a substantial disease burden among children and adolescents; according to data from 2021, more than eight million children

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follow-up plans, and maintenance of long-term neurodevelopmental surveillance contribute to the promotion of healthy development in affected children. Future advances in genetic diagnostics, expansion of early intervention

programs, and broader integration of telemedicine are expected to further strengthen follow-up and care processes in pediatric neurology (World Health Organization [WHO], 2023).

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Chapter 9

ORTHOPEDIC PROBLEMS IN CHILDREN

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Abstract

Orthopedic problems observed during childhood are among the reasons why families seek medical attention, particularly during the neonatal and infant periods. A significant proportion of the problems encountered during this period are congenital or developmental in nature. A detailed medical history, physical examination and, where necessary, imaging tests are of great importance in diagnosis.

Developmental hip dysplasia is one of the most common musculoskeletal system anomalies in childhood and can be successfully treated with early diagnosis. Congenital pes equinovarus is a serious deformity in which the foot is turned inwards and downwards. If left untreated, it can cause permanent walking disorders. Some deformities, such as metatarsus adductus and calcaneovalgus foot, mostly develop due to intrauterine positioning and resolve without any intervention in the majority of cases. Congenital vertical talus, on the other hand, is a more severe deformity and requires early intervention. Pes planus is a condition that is commonly seen in young children and is often considered part of normal development. Generally, it improves with age, and treatment is required only in the presence of pain or progressive deformity. Torticollis, on the other hand, occurs when the head tilts as a result of shortening in the sternocleidomastoid muscle, and is usually resolved through stretching exercises.

In conclusion, the majority of orthopedic problems observed in infancy have a favourable prognosis and may resolve over time. However, since some deformities may exhibit progressive characteristics, early diagnosis, regular follow-up, and appropriate treatment approaches are crucial for children's healthy musculoskeletal development.

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require treatment. However, some conditions are associated with underlying pathology and may progress over time, necessitating further evaluation and referral for advanced diagnostic and therapeutic management.

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Chapter 10

ONCOLOGICAL PROBLEMS IN CHILDREN

Birgöl ERDOGAN¹
Rukiye CELIK²

Abstract

Childhood cancers are among the leading causes of morbidity and mortality in the pediatric population and differ from adult malignancies in terms of their biological, clinical, and epidemiological characteristics. Leukemias, lymphomas, central nervous system tumors, neuroblastoma, and Wilms tumor are among the most common malignancies in children. Advances in diagnosis and treatment, particularly risk-adapted treatment protocols and supportive care practices, have led to significant improvements in survival rates. Early diagnosis is one of the key determinants of treatment success. Symptoms such as prolonged fever, unexplained weight loss, lymphadenopathy, bone pain, neurological findings, and abdominal masses must be carefully evaluated. The diagnostic process includes a comprehensive clinical evaluation, laboratory tests, imaging studies, and histopathological confirmation. The treatment approach is individualized based on tumor type and disease stage, utilizing chemotherapy, surgical treatment, radiation therapy, stem cell transplantation, immunotherapy, and targeted therapies. Nursing care is an integral component of the treatment process and encompasses medication administration, symptom management, pain control, nutritional support, infection prevention, family-centered care, and psychosocial support. Additionally, nurses assume significant responsibilities in the areas of oncofertility, long-term follow-up of survivors (survivorship), and palliative care. The management of childhood cancers requires a multidisciplinary approach that integrates current treatment strategies, high-quality nursing care, and long-term follow-up.

Keywords: Child, cancer, nurse, care, family

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should be considered, and nurses play a key educator–counselor role in ensuring safe use, appropriate data sharing, and continuity of care.

Conclusion

Childhood cancers require early diagnosis, multidisciplinary treatment, and comprehensive supportive care due to their physical, psychosocial, and long-term effects on children and families. Advances in treatment have improved survival rates; however, treatment-related complications, psychosocial needs, survivorship issues, and family burden remain important concerns. Pediatric oncology nurses play a key role in symptom management, safe treatment administration, family education, psychosocial support, and care coordination. Therefore, holistic, family-centered, and developmentally appropriate nursing care is essential to improve the quality of life and long-term outcomes of children with cancer.

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Chapter 11

CHILDREN WITH GENETIC DISORDERS

Filiz SOLMAZ¹

Abstract

Genetic disorders are diseases that arise as a result of alterations in genetic material and constitute an important cause of health problems during childhood. These disorders are classified as single-gene disorders, chromosomal abnormalities, and multifactorial disorders. Understanding inheritance patterns is essential for the diagnosis, prevention, and management of genetic diseases. Advances in prenatal and postnatal genetic screening and diagnostic methods have enabled the early identification of many genetic conditions and facilitated the development of appropriate care plans.

Genetic disorders in childhood are characterized by growth and developmental delays, congenital anomalies, neurodevelopmental impairments, and multisystem involvement. Trisomy 13, Trisomy 18, Down syndrome, Turner syndrome, Klinefelter syndrome, and Fragile X syndrome are among the most common genetic disorders observed in children, each presenting with distinct clinical manifestations and care requirements.

Genetic counseling plays a crucial role in informing at-risk individuals and families, supporting reproductive decision-making, and preventing genetic diseases. The primary goals of managing genetic disorders include preventing complications, promoting growth and development, improving quality of life, and empowering families. In this process, pediatric nurses undertake important responsibilities through education, counseling, care coordination, early intervention, and the provision of family-centered care.

Keywords: Chromosomal abnormalities, family-centered care, genetic counseling, genetic diagnosis, genetic disorders, inheritance, pediatric nursing.

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Chapter 12

EMOTIONAL AND BEHAVIORAL DISORDERS IN CHILDREN

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Abstract

Emotional and behavioral disorders refer to a range of conditions affecting emotional regulation and behavior, most commonly affecting children and adolescents, and which, if left untreated, can persist into adulthood. The causes of these disorders can be multifaceted, including biological factors, family history, or traumatic experiences in home or school settings. Treatment typically involves a combination of medication, parent management training, cognitive behavioral therapy, and lifestyle changes such as diet and exercise. Addressing these disorders with a compassionate and culturally sensitive approach is crucial for recovery.

Keywords: Childhood, Emotional Disorders, Behavioral Disorders, Habit Disorders, Effective Approaches.

Introduction

Children acquire new skills by following their physical and mental development in each new developmental stage. During these acquisitions, difficulties arising from developmental stages, obstacles encountered, and the lack of parental support can negatively affect the child's adjustment process. These negative effects lead to emotional and behavioral disorders.

Emotional and behavioral problems can arise at any stage of a child's development. These behaviors usually occur as a reaction to a situation. They are more common in children whose emotional needs are not met, who experience parental neglect, who exhibit stress responses, and whose needs for love and security are not met. For a behavior to be classified as a disorder in children, factors such as age appropriateness, intensity, persistence, and sexual role expectations must be considered (Kahveci & Şabani, 2023).

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several empirically supported, exposure-based treatment options are available. Treatments include cognitive behavioral therapy, educational support therapy, pharmacotherapy, and sometimes parent-teacher interventions.

Conclusion

When children's needs are not met during their developmental process, emotional and behavioral problems may arise. Therefore, parents should be aware of their child's developmental characteristics and needs. Positive parenting approaches (showing love, affection, and interest to their children, establishing emotional bonds with their children, and making them feel valued) play an effective role in developing self-confidence and strengthening the self, thus preventing potential problems.

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Chapter 13

ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) IN CHILDREN

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Abstract

This chapter provides a comprehensive, evidence-based analysis of Attention-Deficit/Hyperactivity Disorder (ADHD) in pediatric populations. It opens with a precise clinical definition based on DSM-5 criteria, detailing the distinct manifestations of inattention, hyperactivity, and impulsivity. Incorporating recent global epidemiological data, the text highlights prevalence rates, gender disparities, and common psychiatric comorbidities that challenge academic and social development. The etiological framework maps a complex interplay of high genetic heritability (such as variants in dopamine regulation) alongside prenatal and postnatal environmental risk factors. Furthermore, it explores underlying neurobiological mechanisms, focusing on subcortical-cortical dysconnectivity within executive and motivational brain circuits. A central focus is placed on holistic, multimodal management. The chapter evaluates pharmacological options, positioning stimulants as the gold standard for symptom control, while critically reviewing non-pharmacological supportive therapies—including physical exercise, cognitive training, behavioral interventions, and neurofeedback. Finally, it highlights the expanding roles of nurses, particularly school nurses, as vital bridges in early identification, treatment monitoring, family-school collaboration, and the reduction of social stigma, ultimately aiming to maximize each child's potential.

Keywords: Attention Deficit Hyperactivity Disorder (ADHD), Child, Neurodevelopmental Disorders, Central Nervous System Stimulants, Behavior Therapy, Executive Function, Neurofeedback, School Nursing, Comorbidity.

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Chapter 14

AUTISM AND THE NURSING APPROACH

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Abstract

Autism, first described by Leo Kanner in 1943, is the best-known of the neurodevelopmental disorders. In recent years, there has been a significant increase in the prevalence of autism. It is more common in boys than in girls. The most widely used autism screening tool for children is the M-CHAT Revised with Follow-up (MCHAT-R/F). The early diagnosis of autism increases the chances of successful treatment. The exact cause of autism is still not fully understood. The diagnosis of autism is based on the child's developmental history and behaviour. It is very important to take the child for routine health check-ups so that their development can be monitored. It is recommended that developmental and behavioural assessments of the child are also carried out during health check-ups at 9, 18 and 30 months in particular. In these developmental assessments, paediatric nurses play a significant role. The symptoms of autism are examined in terms of two dimensions: 'deficits in social and communicative skills' and 'restricted, repetitive behaviours and interests'. In particular, as the symptoms of autism are distinct in children and can be distinguished from other developmental delays, the condition is typically diagnosed between 18 and 24 months of age.

Keywords: Child, Paediatric Nursing, Autism, Clinical Characteristics, DSM-5 Criteria, The Role of the Nurse, Early Diagnosis, MCHAT-R/F, Treatment, Nursing Care

Introduction

Autism is a lifelong neurodevelopmental disorder that emerges during the first three years of life and varies from person to person; it causes delays in behaviour, language and cognitive development, alongside significant difficulties with social

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Conclusion

As a result, given the significant progress made in recent years through early diagnosis and the fact that the prevalence of autism spectrum disorder is steadily increasing, nurses play a vital role in the community in initiating the process of early diagnosis of this condition. Nurses, who undertake the tasks of monitoring and assessing children's health from the postnatal period onwards, can, whilst carrying out these routine monitoring duties, assess children for developmental disorders on the one hand, and on the other hand, play a vital role in ensuring the opportunity for early diagnosis and intervention by informing parents about developmental disorders. In order for nurses to fulfil this important role in the early diagnosis of autism spectrum disorder, they need to be knowledgeable about autism spectrum disorder and its early diagnosis. Early diagnosis and intervention are crucial in the treatment of autism. The main aim of autism treatment is to enhance the child's cognitive and functional independence, address associated conditions, and help the family manage the process. Nursing care for a child with autism, however, requires an individualised and holistic approach to address the physical, emotional and social needs of both the child and their family. Integrating artificial intelligence into the nursing care of children with autism offers innovative solutions for early diagnosis, personalising rehabilitation and treatment plans, developing communication and behavioural interventions, and managing autism.

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Chapter 15

CHILD ABUSE AND NURSING MANAGEMENT

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Abstract

Child abuse is primarily categorized into three main types: sexual abuse, physical abuse, and emotional abuse. Sexual abuse can be exemplified by exposing a child to sexually explicit content or using a child for sexual gratification. Physical abuse can be exemplified by actions such as shaking, hitting, or pushing a child. Emotional abuse includes behaviors such as humiliating the child, telling them you don't love them, and failing to appreciate their achievements. Child abuse is a difficult but increasingly widespread condition that threatens children's health. There are many reasons for the difficulty in defining child abuse. The most important is that children may not be mature enough to adequately express and defend themselves. Furthermore, the insufficient reporting of child abuse is another significant problem, leaving children alone with their abusers. One of the biggest obstacles to reporting child abuse is the lack of sufficient knowledge about abuse among healthcare professionals who frequently encounter children with health problems. Another problem is their hesitation in reporting abuse. The main hesitations of healthcare professionals include uncertainty, fear of the child being subjected to violence by their family, not knowing how to report the incident, and not being aware of their reporting responsibilities. However, the rate at which abused children seek help from healthcare facilities has been steadily increasing. Furthermore, childhood abuse is a situation that causes serious health problems affecting children in later life. Therefore, examining this issue and creating a resource that will benefit healthcare professionals, especially nurses, is crucial for them to acquire the necessary information.

Keywords: child, abuse, neglect, nursing, reporting

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effects of abuse years later. Studies that will enable the identification of these long-term effects are necessary to recognize these consequences.

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