Preschool Age Group (3-5 years)

Lecture 8
Physical growth slows during this period, personality and cognitive growth are significant.
**Preschoolers**

- Pulse, 80 to 85 beats/min
- Respiratory rate, 20 to 25 breaths/min
- Systolic blood pressure, 80 to 100 mm Hg
- Temperature: 36-37.6° C
- Passive immunity is lost.
- Toilet training and teething occur.
- Want to do things for themselves, which puts them at risk of injury.
Body Growth and Change

- **Height and Weight:** \(( \text{age} \times 5 \times 2) + 80 \times 8\)

- Average growth is 6-8 cm and 2 kg per year during early childhood
  - Girls are only slightly smaller and lighter than boys
  - Trunks and legs lengthen; heads become more proportional
  - Overall decline in body fat during preschool years

- Future body type **ectomorph**ic (slim body build) or **endomorph**ic (large body build) becomes apparent.

- Knock-knees (Genu valgus).
Motor Development

- Gross motor skills:
  - Simple run-and-jump movements; can hop, skip, and participate in team sports.
  - Child becomes more adventurous
  - Nighttime bladder and bowel control achieved by 3 to 4 years of age.
  - Large muscle development should enable the child to navigate stairs using alternating steps.
**Motor Development**

- **Fine motor skills:**
  - Begins to write, using scissors, buttoning clothing.
  - Tie shoes, Ride Tricycle
  - Children begin to use a fork or spoon well.
  - Has better eye, hand, and body coordination by age 5
Cognitive Changes - Preoperational Thought

- Initiative / Guilt: main event: independence: “let me do it”

- Child uses primitive reasoning but is still centric in thought **Centration**: centering attention on one characteristic to the exclusion of all others.

- Inability to mentally reverse actions applies to numbers, length, volume, and area.

- Exhaust adults with “why” questions – the questions give clues to the child’s mental development and reflect intellectual curiosity.
Examples of Preoperational Children that Cannot Do...Yet

**Conservation** refers to the ability to understand that a quantity is **conserved** (does not change) even when it is arranged in a different shape.

Which row has more mice?
SYMBOLIC FUNCTIONS

- **Egocentrism**: the inability to distinguish between one’s own perspective and someone else’s perspective

- **Animism**: the belief that inanimate objects have lifelike qualities and are capable of action

- Child’s drawings are fanciful, inventive, and symbolic representing real objects
**Cognitive Changes**

**Imitation**: Preschoolers imitate the roles of the people around them. Role playing should be fun and does not have to be accurate. e.g. they imitate the role of police officer as a firefighter.
Cognitive Changes

- Language develops rapidly
- Short-term Memory: individuals can retain information up to 30 seconds with no rehearsal

Dressing:

- Dressed themselves.
- Exposure to experience to choose their clothes.
- They may have mismatched clothes.
SENSORY DEVELOPMENT

- Eye movements and focusing become more advanced

- Sleep can be challenging for preschoolers
  - **Nightmares** – vivid, bad dreams occurring toward morning
  - **Night terrors** – intense physiological arousal that causes a child to wake up in a state of panic
<table>
<thead>
<tr>
<th>Description</th>
<th>Night Terror</th>
<th>Nightmare</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>· screaming, and/or crying</td>
<td>· Emotionally intense sleep experience</td>
</tr>
<tr>
<td></td>
<td>· Lots of movement and signs of anxiety</td>
<td>· Occurs in early stages of sleep</td>
</tr>
<tr>
<td></td>
<td>· Can happen several times a night</td>
<td>· The child fully wakes and usually remembers the bad dream.</td>
</tr>
<tr>
<td></td>
<td>· Occurs in the later stages of sleep</td>
<td></td>
</tr>
<tr>
<td></td>
<td>· The child does remember the bad dream.</td>
<td></td>
</tr>
<tr>
<td>Strategies</td>
<td>Night Terror</td>
<td>Nightmare</td>
</tr>
<tr>
<td>------------</td>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>• When you suspect that your child is experiencing a night terror, be present with your child, keep him safe (from hitting his head on the bed rail or falling out of bed, for example), and do not wake him.</td>
<td>• Go to your child and assure him that he is safe.</td>
<td></td>
</tr>
<tr>
<td>• Night terrors are harder on the parents than the child because, again, he will remember very little.</td>
<td>• Tell him that you will take care of the (monster, snake, bad guy) in the morning and help him back to sleep.</td>
<td></td>
</tr>
<tr>
<td>• In the morning, let him draw a picture of the thing he feared. Talk about the picture and then talk about how to keep him from “getting you.”</td>
<td>• In the morning, let him draw a picture of the thing he feared. Talk about the picture and then talk about how to keep him from “getting you.”</td>
<td></td>
</tr>
</tbody>
</table>
Night Grinding

- Grinding the teeth at night (usually during sleep), is a habit of many young children. It can be caused by: Present of tension, Child anxiety, and Child with cerebral palsy of spasticity of jaw muscles.

- They do not want nap at morning. Refuse sleep because fear of dark. Night walking from nightmares or terrors reaches its peak.

This means that preschoolers may need a night light.  

Dr. Shaban
Emotional Characteristics

- Children tend to express their emotions freely and openly, with anger bursts being frequent.
- Jealousy among classmates is fairly common as these children tend to have much affection for their teacher and actively seek approval.
- Children are sensitive to criticism and may have difficulty adjusting to failure.
- Children of this age are becoming sensitive to the feelings of others.
**Play**

- Preschoolers do not need many toys. They imitate what they see parents doing, so they enjoy games that use imitation, such as playing house.
- Many preschoolers have imaginary friends as a normal part of having an active imagination. These often exist until children formally begin school.
- Five-year-olds are also interested in group games or songs they have learned in nursery school or preschool.
Early Childhood

Cooperative play

Pretend play

Parallel play

Solitary play
Behavior Variation

- Telling tall tales
- Imagining friends.
- Difficulty of sharing.
- Regression.
- Sibling rivalry.
- Brocken fluency.
Telling Tall Tales

- Stretching stories to make them seem more interesting is a phenomenon frequently encountered in this age group.

- Caution parents not to encourage this kind of storytelling, but instead help a 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.

DR. SHABAN
Many preschoolers have an imaginary friend who plays with them.

Parents can help their preschooler separate fact from fantasy about their imaginary friend by saying, “I know rasha 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.

- Assure parents that sharing is a difficult concept to grasp and that, as with most skills, preschoolers need practice to understand and learn it.

- Defining limits and exposing children to these three categories (mine, yours, ours) helps them determine which objects belong to which category.
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.

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.
SIBLING RIVALRY

• Jealousy of a brother or sister may first become evident during the preschool period, partly because this is the first time that children have enough vocabulary to express how they feel and partly because preschoolers are more aware of family roles and how responsibilities at home are divided.

• 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.
Broken Fluency

- Developing language is such a complicated process that children from 2 to 6 years of age typically have some speech difficulty that parents may interpret as stuttering.

- 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 a child begins to speak without this problem and then, during the preschool years, develops it.

- It is a part of normal development and, if accepted as such, will pass. It is resolved most quickly.

Dr. Shaban
Because preschoolers' imagination is so active, this can lead to a number of fears.

Fears of the dark, and separation or abandonment are all very real to a preschooler.

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 in the dark.
- Children awaken screaming because of nightmares. They may be reluctant to go to bed or to go back to sleep by themselves unless a light is left on.
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.

• A child cries afterward not only from the pain but also from the sight of the injury.

• Part of this fear arises because preschoolers do not know which body parts are essential and which ones—like an inch of scraped skin—can be easily replaced.
DR. SHABAN

MORAL 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.”

- Preschoolers begin to have an elemental concept of God if they have been provided some form of religious training.
Discipline

- Preschoolers have 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 their parents. So “Timeout” is a good technique to correct behavior for parents throughout the preschool years.

- Beating should be never use as a disciple method, instead other method can be used such as letting the child taking responsibilities of his own action.
Nutritional Needs
- Preschool children need less food to maintain growth. Growth is slower than the infant stage
- Excessive sugar consumption (Dental problems; Obesity; Could increase hyperactive behavior)

Minor illnesses help build the immune system. The average preschooler has 7 or 8 colds a year

Major illnesses
- Cancer and AIDS are severe major illnesses that greatly impact the children and their families
- Reactions to hospitalizations – preschoolers can experience separation anxiety
- Emotional illness – Parents and teachers may be seeking quick fixes to behavioral problems so medication use is on the rise
Child Maltreatment

- **Physical abuse**: infliction of physical injury
- **Child neglect**: failure to provide for the child’s basic needs
  - Can be physical, educational, or emotional
- **Sexual abuse**: fondling, rape, incest, intercourse, sodomy, exhibitionism.
- **Emotional abuse**: acts or omissions by caregivers that have caused, or could cause, serious behavioral, cognitive, or emotional problems

DR. SHABAN
WARNING SIGNS OF CHILD ABUSE

- Visible, serious injuries that have no reasonable explanation
- Bite or choke marks
- Burns from cigarettes or hot water
- Feelings of pain for no apparent reason
- Fear of adult or care providers
- Inappropriate attire in warm weather (long sleeves, turtlenecks) to conceal injuries to the neck, arms, or legs
- Extreme behavior – highly aggressive, extremely passive, or extremely withdrawn
- Fear of physical contact
Preschool age is a good time to educate children about their safety, which 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 (dialing the emergency No.)

- **Describing** what police officers look like and explaining that police officers can help in an emergency situation.

- **Explaining the good secrete and the bad one.**
Preschool Period

Nursing Implications

- Play is a tool that can be used by nurses to alleviate fear and anxiety in children of this age (play therapy).

- Assess child’s perception by asking to draw a picture & tell about it (Draw therapy).

Wellness Promotion

- Teaching health education.

- Keeping immunization records.

- Taking time to prepare for hospitalization.
**Things Parents can do to Prepare Child**

- Read stories
- Talk about hospital and coming home
- Encourage child to ask questions
- Visit a hospital or surgical area and allow to touch equipment
- Encourage child to draw pictures of what they think it will be like
- Be honest and tell about pain, etc.