

CHILD CARE IN BELGIUM

Tarefa:

1. Tendo em mente *Teoria da diversidade e universalidade dos cuidados culturais* (M. Leininger, 1991), **identifique no caso os factores culturais** que contribuem para o estado de saúde e para a oferta de cuidados de saúde.
2. Compare com a realidade portuguesa: quais as semelhanças e diferenças que encontra?
3. Que outra informação seria relevante para perceber as necessidades destes clientes e os cuidados a prestar?

Arne : boy

age : 8 months

weight : 8.34 kg

height : 73 cm

Temperature at admission : 40°C

Nutrition : 3 times 240 ml nutrilon AR plus, fruit sauce at noon

Arne is the only child of young parents. He has regular colds lately with a running nose and slight temperature increases. According to the general practitioner this was mostly due to viral infections.

Since a couple of days, Arne has a cold again. Due to an increasing temperature (upto 40°C) he is becoming more and more ill. Because it is already very late in the evening (10pm) and it is a Saturday, they cannot reach their GP. The parents are very worried that he will get fever convulsions and don't thrust the situation no more.

The doctor on guard is contacted and they make an appointment immediately. The visit doesn't take very long: he prescribes a febrifuge and antibiotics (symptoms : infected mucus and red throat)

Once back home, the temperature remains high (up to 39°C) and Arne still looks very ill. He doesn't want to drink his bottle and taking the antibiotics is difficult. He moans and becomes more and more dazed.

After a couple hours, the parents decide to recontact the doctor on guard who gives them the advice to pass again in his cabinet the next morning.

But the parents are too worried and decide to take their son to the emergency room at the closest hospital.

Emergency Room:

At first impression the baby is very ill and has a temperature above 40°C.

When taking off his clothes, the pediatric nurse discovers petechiae on his leg.

The nurse immediately gets in touch with the pediatrician on guard and asks for a quick intervention. Fortunately the pediatrician is at that very moment in house and he/she decides to proceed to a thorough examination including a blood test, a hemoculture, a urine sample and a L.P. executed around 5.30 am.

Together with the blood test a venous catheter for an infuse is applied and he/she starts up medication:

- SOPP 100 ml (100ml/h)
- penicilline 4 x 500.000 U/d IV
- claforan 3 x 400 mg /d IV
- when fever: prodafalgan 250 mg IV (max 4 times a day)
- NO ASPEGIC

Arne is transferred to the pediatric ward together with his mother