about needs of children. Promote needed legislation. Directly advocate about problems that affect children’s health, such as child abuse and lead poisoning. Promote quality day care or preschool programs. The range of possible effective intervention is wide and will depend on your work setting and interest.

You have a critical role as advocate in the local or broader community for the maltreated child, family in distress, and cultural group suffering poverty and its consequences. Interventions have to extend beyond the individual client to the broader society, through community and societal awareness, public policy, legislation, and overcoming of negative forces. Citizens, schools, churches, health care and social agencies, and political parties all have responsibility for healthy children and families.

**Nursing Diagnoses Related to the Preschooler**

- Ineffective Airway Clearance
- Impaired Verbal Communication
- Readiness for Enhanced Communication
- Ineffective Coping
- Risk for Delayed Development
- Diarrhea
- Risk for Falls
- Fear
- Delayed Growth and Development
- Risk for Disproportionate Growth

**EVALUATION**

Sometimes care can be evaluated by the verbal and nonverbal responses of the preschooler and family at the time of care. Sometimes you receive a later report. Evaluation is not just a measurement. It is an approach of self-review of actions and thoughtfulness about the agency or system response. At times, it involves advocacy on behalf of the preschooler and continuing work with the family, for example, in cases of child maltreatment. The statements in **Box 11-9. Considerations for the Preschool Child and Family in Health Promotion**, may also be used in evaluation. Reference 50 is also a resource for determining outcomes in practice.

**BOX 11-9**

**Considerations for the Preschool Child and Family in Health Promotion**

1. Family, cultural background and values, support systems, and community resources for the family
2. Parents as identification figures for the child, secondary identification of the preschool child with the parents
3. Behaviors that indicate gender identity and sense of sexuality in the preschool child
4. Behaviors that indicate ability of the preschool child to relate to siblings, adults in the extended family, and other adults and authority figures in the environment
5. Parental behaviors that indicate difficulty with parenting or potential of actual abuse of the preschool child
6. Physical characteristics and patterns, such as neuromuscular development, nutrition, exercise, and rest or sleep, that indicate health and are within age norms for growth for the preschool child
7. Cognitive characteristics and behavioral patterns in the preschool child that demonstrate curiosity, increasingly realistic thought, expanding concept formation, and continuing mental development
8. Communication patterns—verbal, nonverbal, and action—and language development that demonstrate continuing learning and age-appropriate norms for the preschool child
9. Behaviors that indicate that the child can participate in and enjoys early childhood education experiences
10. Overall appearance and behavior and play patterns in the preschool child that indicate development of initiative rather than excessive guilt, positive self-concept, body image formation, and sense of sexuality
11. Use of adaptive mechanisms by the preschool child that promote a sense of security, control of anxiety, and age-appropriate emotional responses
12. Behavioral patterns that indicate the preschool child is forming a superego or conscience and continuing moral and spiritual development
13. Behavioral patterns and characteristics that indicate that the preschool child has achieved developmental tasks
14. Parental behaviors that indicate knowledge about how to guide and discipline the child and assist the child in becoming more independent
15. Parental behaviors that indicate the child is achieving the developmental tasks for this era

Source: Reference 73.