

## ACE.P Knowledge Domains

### Individualized Care

Since developmental and family processes are manifested and experienced uniquely by each individual child and family, assessing function and expectations of care is essential.

The term “normal” or “delayed” may lead to the belief that there is a typical way for vulnerable children to present, both behaviorally and physiologically. Vulnerable children and their families live in a wide variety of settings and represent a broad spectrum of strengths, resources, needs, wishes, and expectations.

Functional status assessment utilizing standardized tools to evaluate family functioning and pediatric development, such as *Ages and Stages Questionnaire*, and *Pediatric Inventory for Parents*, assist practitioners in recognizing, responding to, and respecting the child’s and/or caregivers’ expectations regarding outcomes of care, creating a way to frame caring for vulnerable children, and to foster family-centered care.

### Complexity of Care

The care of vulnerable children requires specialized knowledge in the art and science of nursing to manage the interplay of factors that influence quality of care.

Vulnerable children are a unique population for whom nurses provide care, but this has not always been evident in how we teach or in the experiences faculty create for students. Clinical experiences need to reflect the numerous interconnected factors that affect care and the multiple variables that impact the quality of care for vulnerable children.

Management of multiple co-existing acute, chronic, and secondary conditions may generate tension between immediate and long-term needs. The immediate and long-term needs of vulnerable children converge in complex ways as they experience changes, both temporary and permanent, in environments as well as levels of independence and functioning. Nurses use judgment to observe, interpret, respond, and reflect, based on their knowledge and the expectations of vulnerable children and/or their caregivers.

Unfolding cases, simulations, and teaching strategies using ACE.P Essential Knowledge Domains and Nursing Actions facilitate the ability of nurses to care for vulnerable children and/or their caregivers in a way that is competent, individualized, and humanistic.

### Vulnerability During Transitions

Transitions occurring in the lives of vulnerable children occur throughout the stages of growth and development: including changes in environment, abilities, and family life cycle. Transitions have the potential to create upheaval, disequilibrium, and opportunities for vulnerable children and their families.

Coordinating care during significant life transitions for vulnerable children is fundamental to providing competent, individualized, and humanistic, patient-centered care. Care must be more than a series of discrete services; rather, continuity of care must be provided when vulnerable children move among care settings.

Nurses are advocates for vulnerable children and their caregivers while learning to promote health and manage disease. The nurses' professional identity is clearly evidenced in their role as advocates. As advocates for vulnerable children and their caregivers, nurses have the ability to improve the quality of care provided and to incorporate the expectations of vulnerable children and/or caregivers for promotion of health and management of disease.

A diligent focus on maintaining function, control, dignity, and integrity is necessary to promote health, nutrition, function, independence, safety, social interactions, and quality of life. Nurses help individuals and their caregivers to make life and health care choices in an effort to reclaim or develop new pathways toward human flourishing.