

SUBJECT:
INTERACTION SHEET GUIDELINES

EFFECTIVE DATE: 11/03

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APPLICATION: NURSING DIVISION

DISTRIBUTION: Nsg Clinical Policy/Procedure Manual,
OA Library

APPROVAL BY: Nsg Clinical Policies/Procedures
Committee

ORIGINATOR: Nursing Procedure
Subcommittee, Clinical Practice Council

SUPERSEDES: 10/01

POLICY

1. The Interaction Sheet shall be used when close observation of a patient/family member is needed. It can be ordered by a physician or initiated by a staff member. This form is a permanent part of the medical record.
2. There must be documentation every shift. If no interaction occurred during the shift, an entry stating "no contact made" shall be documented along with the shift, date, staff person's name and title.
3. Interactions shall be charted by the staff person who observed the interaction.
4. Each interaction shall be signed, with the staff member's title included.
5. "Person" column - state the relationship of the person visiting or their proper name if there are multiple persons of the same relationship. Example: mother, maternal grandmother, Aunt Sally.
6. "Date/Time/Duration" column - record date and time of the visit and the duration of the stay. Example: 2/14/94 1100 34 minutes.
7. "Observation" - describe the interaction that occurred during the visit using behavioral terms. Document conversation when family calls on the telephone.
OBSERVATIONS SHALL BE WRITTEN IN AN UNBIASED AND FACTUAL MANNER.

Example A: Mother played with child with good eye contact. Played for 10 min, then left to "go get a cigarette." Mother returned in 10 minutes. Left child as meal tray delivered.

Example B: Child playful and active with staff, smiles when spoken to, cries when placed in crib.

This form assists the nursing staff in maintaining a record of pertinent interactions between the patient/visitors/staff that may be (but not limited to) supportive, nurturing, and appropriate exchanges to neglectful, abusive, and inappropriate exchanges.

SUPPORTIVE DATA

A child's development is optimal when parents/caregivers create a nurturant, child-centered, and warm environment with clear rules and expectations. Development can be restricted by parent/caregiver interactions that are characterized by harshness, insensitivity, intrusiveness, and rigidity. The inclusion of this document is helpful when developing an overall picture of dynamics of family/caregiver interactions. Such documentation is useful in situations that involve diagnoses such as nonorganic failure to thrive, Munchausen Syndrome by Proxy, sexual abuse, physical abuse, or psychological abuse.

Objective and subjective data can include:

Child's response to cuddling
 Child's response to parents and interactions with caregivers.
 Eye contact vs. gaze aversion.
 Expressive facial gestures vs. flat affect.
 Good sucking vs. poor latching on or problems coordinating suck and swallowing.
 General appearance of child (not clean, dressed inappropriately for climate, underweight.)
 Evidence of a variety of developmental delays (cognitive, language, motor skills.)
 Displays intense interest in inanimate object such as toys, but much less interested in social interactions.
 Vigilant of people with increased distress as they come closer.
 Sexually precocious behavior.
 Refuses to defend self.
 Pseudo-mature behavior.
 Bizarre behavior.
 Apathy or withdrawal.

Child displays either excessive or complete absence of anxiety about separation from parents.
 Amount of stimulation adult/caregiver provides.
 - Feeding Techniques (e.g., bottle propping, burping.)
 - Adult expects child to be capable of adult thought and behavior.
 - Does not talk to child.
 - Not involved with child.
 - Plays very little with child.
 - Calls child derogatory names.
 - Is passive, unconcerned about child's needs.
 - Disciplines - spansks, slaps, yells at infant 6 months for bad behaviors.
 - Is excessively irritated by baby's crying.
 - Consistently yells at child rather than talking in a normal tone.
 - Appears to lack parental warmth toward child.

Adult/Caregiver:

Provides stimulation: rocking, lifting, bouncing.
 Touches, holds, and looks at infant.
 Performs caretaking duties: feeding, changing.
 Attempts appropriate social interaction.
 Uses infant/child-oriented language
 Responds to infant's distress and nondistress vocalizations.

EQUIPMENT:

Form 0007436: Arkansas Children's INTERACTION SHEET stamped with patient's green card. This form is part of the permanent record.

PERFORMED BY: RN, LPN, PCT, Social Work, MD,
 Child Life Hospital

REFERENCES:

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2. CHILD ABUSE: MEDICAL DIAGNOSIS AND MANAGEMENT. Reece, Robert M. MD. Lea & Febiger, 1994, p. 151.
3. CORE CURRICULUM FOR THE NURSING CARE OF CHILDREN AND THEIR FAMILIES. Broome, Marion E., PhD, RN, FAAN; Rollins, Judy A., MS, RN. Jannetti Publications, Inc., 1999, p. 353.
4. Wong, D.L. (2003). Health problems of early childhood: Child maltreatment. In Wong's Nursing Care of Infants and Children, pp. 683-697. St. Louis: Mosby.
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REVIEWED: ANNUALLY

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