

XI. PEDIATRICS

A. GROWTH AND DEVELOPMENT

- Growth is increase in _____ and development is an increase in capability or _____.
- Development does not always follow growth and chronological age. Chronological age and developmental age are two **different** things.
- Cephalocaudal development is development that moves from the _____ downward through the body and towards the feet.
- Proximodistal development is development that moves from the _____ of the body outward to the extremities.

1. Growth and Development and Toys:

- In addition to growth and developmental level, you must also think about the client's disease.
 - For a child with a heart defect, would you give them something to do that will get them excited and increase their heart rate? _____, because that would _____ the workload on the heart, and we NEVER want to _____ the workload on the heart of a client with heart disease.

2. Safety and Toys:

- Would you give a child in a croup tent their favorite teddy bear from home? _____
- Would it be appropriate or inappropriate for you to get into the croup tent to play with an 18 month old baby? _____
 - Unless they're asleep, you will probably need to get into the croup tent with them to keep them in the tent and inhaling the humidified oxygen.

NCLEX® Critical Thinking Exercise:

You are taking care of a 5 month old baby. What toy is most appropriate for them?

1. Rattle
2. Stuffed animal they can grasp
3. Puzzle with big pieces
4. Nursery rhyme CD

When a baby is born, they all have an _____ grasp reflex.

NCLEX® Critical Thinking Exercise:

You are caring for an 11 year old boy in the hospital. What would be the best activity for him?

1. Frequent visits from friends
2. Playing video games
3. Stamp collecting
4. Watching TV
5. Reading his favorite book

Ok, some Growth and Development questions:

- When does the anterior fontanel close? _____ months
- When does the posterior fontanel close? _____ months
- Why are new foods introduced to infants one at a time? _____ Also, they have an immature GI tract.
- How is the earlobe positioned to view the auditory canal in a child over the age of two? _____ and _____
- What is the most common reason for failed toilet training? They are not _____
- How many cups of milk should a 15 month old toddler consume daily? _____ cups.
- At what age does the best friend stage occur? _____

- What are the major causes of accidents in children up to 1 year of age?
_____, _____, and _____.
- Between ages 6 and 12, what is the major cause of accidents? _____
- What happens to the growth rate between 6 and 12 years of age? _____
- A school age child requires, on average, how many calories per day?
_____ calories.
- How much earlier do girls experience the onset of puberty than boys? About
_____ years.

B. VITAL SIGNS/ASSESSMENT:

1. Observation:

Always begin with _____

2. Distraction Techniques:

- This is done to make sure we get the most accurate _____ vital signs.
- Don't forget to talk to the _____, even before you talk to the child.
You need a trusting relationship with them.

3. Order to Obtain Vital Signs:

- Least _____ first
- Observe before touching or even talking to them.
- Progression of obtaining vital signs:**
 - Respirations
 - _____
 - Blood Pressure
 - _____

- d. Always count RR and HR for one full minute because of _____.
- e. If vital signs cannot be taken without disturbing the child, then record the _____ with the measurements.
- f. **Temperature:**
 - 1) **Rectal:** Recommended for any child _____ than 2 years.
Considered the most reliable route for measurement in children.
Contraindicated in children who are immunosuppressed
 - 2) **Axillary:** May be done in all ages when an _____ route is not possible.
 - 3) **Oral:** Start at age _____.
 - 4) **Tympanic:** All ages.

Always note where the Temperature was taken, Do NOT add a degree!

4. Oxygen Saturation:

Used to obtain a picture of the blood oxygen level through the skin.

- a. Check perfusion, skin temp, and edema to determine the best location for sensor probe.
- b. Common sites are _____ and _____.
- c. Record what is going on at the time the pulse ox is measured.
- d. The pulse waveform/intensity display on the oximeter machine should correlate with the child's _____ pulse.

C. Communication:

1. Newborns (Birth - 1 month):

- Primary mode of communication is _____.
- They express themselves through crying
- Respond to human voice and presence
- Touch has a positive effect
- Nursing strategy: Encourage parent to _____ infant.

2. Infants (1 month – 12 months):

- Communication is still primarily nonverbal
- Begin verbal communication with vocalizations
- Communicate through crying and facial expressions
- Attentive to human voice and presence, but no _____ of words.
- Respond to touch through patting, rocking, and stroking
- Nursing strategies: speak in high-pitched voice, cuddle, pat, and rub to calm

3. Toddlers and Preschoolers (1 – 5 years):

- Evolving verbal skills
- Use of language to express thoughts
 - Greater _____ than expressive language
 - Concrete and literal thinking, may misinterpret phrases
 - Vocabulary depends on _____ and family's use
 - May ask a lot of questions (preschooler)

- Short attention span
- Limited _____
- Cognitive development:
 - Egocentric
 - Magical _____
 - Animism
- Nonverbal communication:
 - Express themselves through dramatic _____ and drawing
 - Play is the _____ of the child

4. School-Age Children (6 -12 years):

- Cognitive development
 - Able to use logic
 - Begin to understand other's point of view
 - Begin to understand _____ and effect
 - Beginning understanding of _____ functions
- Verbal communication:
 - Big vocabulary
 - Receptive and expressive language _____
 - Misinterpretation of phrases is still common
- Nonverbal communication:
 - Can interpret nonverbal messages
 - Expression of _____ and feelings

5. Adolescents (13 – 18 years):

- Abstract thinking without full _____ comprehension
- Interpretation of medical terminology is limited

- Drive for _____
- Trust and understanding build rapport
- Need for _____
- Nursing strategies: Straightforward approach; talk in private area. Conduct at least part of the interview without _____ present.

6. Children with Physical and/or Developmental Disabilities:

- If unable to communicate, may feel helplessness, _____ or anxiety
- Family may become _____
- Nursing Strategies:
 - Nonverbal – Use gestures, _____ boards, writing tablets
 - Communication – Use a system of head nods, _____ blinks

D. REVIEW OF SYSTEMS:

1. Respiratory System:

Observable signs of respiratory dysfunction:

- Accessory _____ use
- Nasal flaring
- Circumoral _____
- Sternal retractions
- Capillary refill > _____ seconds

a. Upper Respiratory Disease:

- 1) **Laryngotracheobronchitis:** the most common type of croup experienced by children admitted to the hospital. Primarily affects children under _____ years. Caused from a viral infection.

S/S:

- Slight to severe dyspnea
- Barking or brassy _____
- Increased _____

Treatment for LTB:

- Manage children at home with mild croup. At home, most episodes can be treated with judicious use of :
 - Steam, such as hot showers
 - Car rides with the windows down at night
 - Cool-temperature therapy assists by _____ edematous blood vessels
- If symptoms worsen or there is no improvement, _____ is required. Nebulized epinephrine (racemic epinephrine) is often used to _____ the edematous blood vessels.
 - Nebulized epinephrine has a _____ onset and improvement is seen in 10 – 15 minutes. Observe for relapse.
- Corticosteroids to _____ inflammation of the airway

Don't confuse Epiglottitis with Croup. _____ is a serious obstructive inflammatory process that occurs in children 2 to 5 years of age.

Epiglottitis key differences: absence of a cough, presence of dysphagia, and the rapid progression to severe respiratory distress.

Epiglottitis kids look worse than they _____
LTB kids sound worse than they _____

b. Lower Respiratory Tract Disease:

1) RSV – Respiratory Syncytial Virus:

- **Causes:**
 - An acute _____ infection that affects the bronchioles and includes RSV, bronchiolitis, and RSV pneumonia.

- Leading cause of lower respiratory tract illness in children less than _____ years.
- **Risk Factors:**
 - Prematurity
 - Congenital disorders
 - Smoke
 - Focus is on _____ ; high risk children will get palivizumab (Synagis®).
- **S/S:**
 - URI
 - Nasal _____
 - Mild fever
 - Dyspnea
 - Nonproductive _____
 - Tachypnea with flaring nares
 - Retraction and possible _____

It is important to know the onset of s/s because the disease will become worse on days _____.

Hint: Signs and symptoms can range from mild to severe; can go from a cough, runny nose with copious amounts of mucous, to severe respiratory distress!

- **TX:**
 - **Mild**
Treat symptoms (supportive care: antipyretics)
 - **Severe**
Suction
Oxygen: may need mechanical ventilation
IV fluids
Albuterol (Proventil®)
Antipyretics
 - **Prevention:**
Palivizumab (Synagis®) and respiratory syncytial virus immune globin (RespiGam®)

NCLEX® Critical Thinking: How is Asthma different from RSV?

Asthma is inflammation and bronchoconstriction of the _____
resulting in an _____.

Asthma is not a virus.

2) Pneumonia:

Disease marked by _____ of the lungs

- **Causes:**

- Viral

Common viral causes: RSV, Adenovirus or Parainfluenza

- Bacterial

Usually _____ pneumonia

Children < 4 years have the greatest incident rate

- Mycotic

“Walking Pneumonia” primarily in adolescents

- Aspiration pneumonia

Occurs when something other than air has gotten into the lungs

- **S/S:**

The same as generalized respiratory distress:

- Fine crackles or rhonchi, with a cough that is either productive or non-productive
- Decreased or absent breath sounds
- Abdominal distention
- Back pain
- Fever, usually quite _____
- Chest pain

- **Tx.**

Depends on the _____ of pneumonia

- 1) First priority is always ABCs
- 2) Oxygen
- 3) Plenty of fluids to keep hydrated and keep secretions moving
- 4) Antibiotics for bacterial pneumonia
- 5) Supportive care: hydration, antipyretics and nebulizers

3) Asthma:

Asthma is _____ and constriction of the airways resulting in obstruction

S/S:

- Cough
- Shortness of _____
- Audible wheezing
- Prolonged _____ wheezing
- Restlessness and cyanosis

What is the most important thing in proactive care for the asthma client?

Asthma Education, specifically identifying _____

What would be an appropriate pet for a child with asthma?

4) Cystic Fibrosis:

- What two body systems are affected by CF? _____ and _____
- What type of enzymes can be given to help improve digestion? _____ enzymes. Take within 30 minutes of eating, and the beads should not be crushed or chewed.

- **Diet:**
 - Well-balanced, high fat, high calorie, and high protein
 - They need _____ soluble vitamins, including A, D, E and K supplements
- **S/S and Dx:**
 - What word describes the stools of a client with CF?
_____, fatty, frothy stools.
 - The _____ test is the diagnostic test for cystic fibrosis.
 - What electrolyte imbalance is the child with CF at risk for?

 - In the newborn, what is the earliest sign of CF?
Meconium _____
 - With cystic fibrosis the mucous secretions are _____ and _____.
 - Cystic Fibrosis is an inherited disease, but you MUST get the gene from both parents.

Down Syndrome:

- What type of infections are Down Syndrome children most prone to developing? _____, because they have a poor immune system.
- _____ defects are the most common type of defect associated with down syndrome.
- The primary aim in genetic counseling is to inform the parents of their _____.

2. Cardiac System:

a. Heart Failure:

In children, HF is usually due to congenital heart defects.

1) S/S: (early):

- Increased pulse at rest and with _____ exertion
- Increased respiratory rate
- Scalp sweating
- Fatigue
- Sudden _____ gain

Fluid retention think heart problems first!

2) Treatment:

- Ongoing Assessment
- Listen to the lungs
- Control _____ temperature
- Sit them up
- Rest
- _____ stimuli
- Cool humidified oxygen
- _____ sleep
- Medications:

- **Digoxin (Lanoxin®)**

Main signs of toxicity are bradycardia and _____

For infants, hold the dose if the pulse is < _____.

For children, hold the dose if the pulse is < 70

Normal Digoxin Level
0.8-2.0 ng/mL

Infants rarely get more than _____ mL of digoxin (Lanoxin ®) per dose

Give digoxin (Lanoxin ®) 1 hour before or 2 hours after feeding

Do Not mix with food or fluid

If you miss a dose and it is 4 hours past due on the dose, you are going to _____ the dose and give the next dose on time.

Do not give more if the baby vomits

If two doses in a row are missed, call the primary healthcare provider

ALWAYS check the dose with another _____

- **Ace Inhibitors:**

Common Ace Inhibitors: captopril (Capoten®) and enalapril (Vasotec®)

With Ace Inhibitors, watch for:

1. decreased blood pressure
2. kidney problems
3. a cough

Work by _____ aldosterone

- **Furosemide (Lasix®)**

May be needed to _____ volume

3) Nutrition in the HF Pediatric Client:

- Well rested _____ to eating
- Small frequent feedings
- Increase calories
- Good feeding schedule for a heart baby is every _____ hours
- Don't prolong infant feedings past 30 minutes
- Use a soft nipple with a _____ opening, so the baby won't have to work so hard
- Breastfed babies may need additional supplements for _____

b. Hypercyanotic Spells:

Known as blue spells or “tet” spells
Often seen in infants with Tetralogy of Fallot

Treatment:

- Put infants in the knee-chest position
- 100% O₂
- Morphine for sedation
- Loose clothes
- Loose _____
- Quiet play
- No stress
- Respond to crying quickly
- Infections must be treated _____, because they can't handle fever

c. Effects of Chronic Hypoxia:

1) Polycythemia: _____ red blood cells

Why does this happen? The body senses that the body is hypoxic and makes more red blood cells to carry oxygen, but there's no more oxygen to carry. So the blood gets really thick.

Keep them hydrated to keep the blood thinned out.

With polycythemia, there are so many RBCs, there's no room for platelets.

- 2) Clubbing
Late sign of chronic hypoxia
- 3) Poor growth and development
- 4) Squatting

d. Congenital Heart Defects:

Are a _____ or functional defect of the heart or great vessels that is present at birth.

In children, cardiac defects are classified by _____ patterns, such as:

Defects with Increased Pulmonary Blood Flow

Obstructive Defects, and

Defects with Decreased Pulmonary Blood Flow

***A review of the Pediatric Congenital Heart Defects is in the Resource Documents**

3. GI System

a. Cleft Palate/Cleft Lip

- What is a top concern for a client with a cleft palate, cleft lip, or both?

- When a baby is born with a cleft lip and palate, which one do you correct first?
The cleft _____.
- Burp the infant with a cleft lip and palate frequently because they swallow lots of _____.

1) Cleft Lip Repair

Position the child on their _____ or side-lying position following cleft lip repair.

The goal is to protect the suture line. Do Not place them in the _____ position.

Post-op; Clean the suture line with _____.

What restraint would you select after a cleft lip repair? _____
restraints

2) Cleft Palate Repair

When is the best time for a cleft palate repair to be done?

Before _____ develops, usually between ages 1 and 2 years.

Avoid putting things in their mouth, especially hard things.

We don't want to do anything that will disrupt the _____ line.

So, _____ diet until well healed.

Are speech defects common after a cleft palate repair? _____

b. GER, GERD:

What's the difference between gastroesophageal reflux and gastroesophageal reflux disease?

Gastroesophageal reflux is the passage of gastric contents into the _____.

GERD is the chronic form of GER.

With GERD, you have tissue damage to the respiratory structures which can lead to pneumonia and bronchospasms. So it is worse!

Positioning is controversial.

Use upright positions with feeding and at night

Elevated prone position (30 degrees)

Prone decreases reflux, improves stomach _____, and decreases the chance of _____.

How can you alter feedings to help with reflux? _____
feedings of thickened formula.

c. Pyloric Stenosis:

1) S/S:

- Pyloric stenosis results in projectile _____, usually after a feeding.
- _____ shaped mass in the epigastric region, near the umbilicus.
It's the enlarged pylorus.
- Projectile vomiting, because there is _____ behind the vomitus.

2) Diagnosis:

Pyloric ultrasound

3) Treatment

Important nursing interventions:

- Hydration
- Intake and output
- Daily _____
- Monitor urine _____

d. Intussusception (Interceptive Bowel):

It is when a piece of bowel goes backwards inside itself, forming an obstruction.

S/S:

- Sudden onset
- Cramping
- Abdominal pain, intermittent
- Inconsolability
- Drawing up of _____
- Classic symptom: currant _____ stools

What should you be monitoring closely? The _____.

Sometimes a barium enema can be done and the pressure of the enema going through the bowel will push out the telescoped area, but others have to have surgery. But, after a barium enema or surgery, they still keep them in the hospital for three days because it might just _____.

e. Celiac Disease:

Celiac sprue is a genetic malabsorption disorder where there is a **permanent** intestinal _____ to gluten.

Treatment:

Teach that it is a lifelong disorder, so:

- 1) No food with _____ (vegetable proteins)

2) They cannot have BROW:

- Barley
- _____
- Oats
- _____

3) Can have RCS:

- _____
- Corn
- Soy

f. Hirschsprung's Disease:

A congenital anomaly also known as aganglionic _____, that results in a mechanical obstruction. Usually affects the sigmoid colon.

1) S/S:

- The presenting symptom is _____.
- Abdominal distention
- _____ - like stools that have a foul smell

2) Tx:

- Remove the portion of the bowel that is diseased.
- May require two surgeries to give the intestines time to heal.

4. Genitourinary:

UTI-Urinary Tract Infection:

Very common in children and can be potentially serious.

The ages most commonly affected are _____ months, and males and females both have a greater incidence in the first year of life.

a. S/S under age 2:

- In newborns and children <2 years, the s/s may be nonspecific- might even seem to be a GI problem.
- Failure to thrive
- _____ problems
- Vomiting and _____
- If left untreated, kidneys becomes small, tissue may be destroyed and scarring occurs. Then the kidneys could fail.
- Tendency for infections to _____, so family teaching is very important

b. Predisposing factors:

- Renal anomalies
- Constipation
- _____
- Poor hygiene
- Pin worms
- Sexual activity – including sexual abuse

Why are girls more prone to UTIs than boys?

The female urethra is about 1 ½ inches long at maturity, and it's only ¾ inch long in young females. It provides a ready pathway for micro-organisms to invade.

c. S/S over age 2:

Classic symptoms of UTI are seen in children >2 years:

- Frequency
- Dysuria
- Fever
- _____ pain
- Hematuria

d. Dx:

- Requires a properly collected urine specimen
- Most accurate method is _____.

e. Tx:

- Antibiotic therapy: PO or IV

5. Hematology:

a. General Overview:

- When caring for a client with a hematologic disorder, always include _____ isolation as part of their plan of care.
- High risk for _____
- Encourage good handwashing
- Always use sterile technique when working with any central lines because these are a primary source of _____.

Sickle Cell Crisis:
Decreased Blood Flow →
Decreased Oxygen → Pain

b. Sickle Cell Disease (SCD):

- A hereditary disorder in which the _____ is partly or completely replaced with sickle-shaped hemoglobin.

- There is a reduced _____ carrying capacity. Sickle shaped hemoglobin cannot carry oxygen like normal Hgb.

1) S/S:

- _____ in the areas of involvement.
- Anorexia.
- Exercise _____.

2) Tx:

- _____
- HYDRATION
- Analgesics
- Antibiotics
- _____ transfusions and
- Oxygen

Pain Management:

Pain Assessment Scales for children are located in detail in the RESOURCE DOCUMENTS, including CRIES and Oucher.

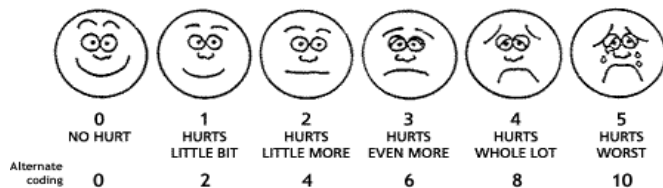
Pain Assessment:

1. FLACC Scale – used for infants two months to seven years of age:

Face, Legs, Activity, Crying, Consolability

2. Wong-Baker Pain Rating Scale – used in children 3 years old and older:

The scale with the little faces ☺



3. Numerical Scale – five years of age and older

6. Neurological System:

Hydrocephalus:

- A disturbance of the ventricular circulation of the cerebral spinal fluid in the _____.
- Increase of cranial pressure.

a. S/S:

- Bulging with palpation of the anterior fontanel
- Dilated scalp veins
- Depressed _____
- Irritability and changes in the _____
- High-pitched cry
- Setting Sun Sign

b. Tx: Insertion of a VP (ventriculoperitoneal shunt):

Post-op Care:

- Measure the _____ occipital circumference
- Fontanel and cranial _____ line assessment
- Monitor the temperature
- _____ position

Hydrocephalus is often associated with a myelomeningocele. When an infant is born with Spina Bifida, protect the _____, do not let it rupture! The baby should be lying _____. Cover the sack with a moist sterile normal saline dressing so it won't dry out while waiting for surgery.

7. Musculoskeletal System:

***Review Seizures in the Adult Neuro section. The same content applies to Pediatrics.**

Scoliosis is _____ curvature and _____ of the spine.

- Seldom apparent before age 10, and can be genetic.

Contributing factors:

- Heavy _____ (suitcases, grocery, etc.)
- Bags
- Carrying children on hips

Tx: The 3 O's

- Observation
- Orthosis (supports and braces)
- _____ which usually is spinal fusion with rods.

E. Miscellaneous Information

a. Head Lice:

Common symptom: _____

How are lice spread? _____ contact

b. Pin Worms:

How are they spread? _____ to _____

How do you collect a specimen for diagnosis? _____

The whole family should be treated

1) S/S:

Intense rectal _____

Evidence of itching in young children includes:

- General irritability
- Restlessness
- Poor sleep
- Bed wetting
- Distractibility
- Short attention span

2) Tx:

mebendazole (Vermox®) is the drug of choice

Good hand _____

Keep fingernails _____

c. Chicken Pox

Prevent _____ of the lesions.

Home remedies that alleviate itching are _____ baths, _____
_____ paste.

Is chicken pox contagious? _____

Caused by the virus Varicella zoster, vaccine preventable.

What does Varicella zoster cause in older adults? _____

d. Mononucleosis:

What is the name of the virus that causes infectious mononucleosis? _____

How is it spread? _____ intimate contact

Tx:

Rest, analgesics, and fluid

The spleen will be enlarged, so you don't want them to participate in contact sports.

e. Common Childhood Surgeries:

1. Tonsillectomy:

- How should a client be positioned after a tonsillectomy? Place on side and elevate head of bed or _____.
- Why are brown and red fluids not given post op? We do not want anything to be confused with _____.
- What would indicate that hemorrhaging is occurring?
_____ swallowing
- How many days post op is the client at risk for hemorrhage?
Up to _____ days
- Common complaints post op? Sore _____ and slight _____ pain

- Low grade temp
- Bad _____

f. Otitis Media

Patho:

What part of the ear is affected? _____ ear

The eustachian tubes are blocked.

It usually follows an _____ infection.

S/S:

What does the tympanic membrane look like with otitis media? Bulging and bright _____

Tx:

Do heating pads help with the pain? _____

Avoid _____. And provide soft foods.

Lie on the _____ side.

May not can hear you.

Avoid smoke.

May require tympanostomy tubes to keep the middle ear _____.

It's ok if the tubes, also called a grommet or PE tubes (pressure equalizing tubes), fall out.

Prevention:

Have baby _____ for feedings.

No bottle propping.

_____ nose blowing.

Play _____ games

Avoid smoke.

While tubes are in, wear ear plugs when bathing or swimming.

g. General Data Questions

1) Why are peanuts so dangerous when aspirated?

They _____ and crumble.

2) Why does the mentally challenged child often deliberately do things to displease?

For _____

3) When giving IM injections, why is the ventrogluteal muscle contraindicated in children who have not been walking for a least a year?

The ventrogluteal muscle is not _____.

4) When an infant has had a perineal surgery, what position should you place them in post-op?

- Prone is contraindicated.
- _____, to decrease stress on the suture line.

5) What does Syrup of Ipecac do?

It makes you _____. It irritates your stomach.

You are teaching a class on parenting at a local clinic. A parent asks you how to promote a positive self-esteem in their child. You respond that setting reasonable limits and promoting open lines of communication with their child will help to foster a higher self-esteem. Your answer is based on which parenting style?

1. Authoritarian
2. Permissive
3. Indifferent
4. Authoritative

Parenting Styles:

- **Authoritarian: highly controlling, expects to be obeyed, inflexible rules**
- **Authoritative: sets reasonable limits on behavior, encourages growing autonomy of child, open communication**
- **Permissive: few or no restraints, unconditional love, much freedom, little guidance, no limit setting**
- **Indifferent: no limit setting, lacks affection for the child, focused on own life**

Erickson's Stages of Development:

| Stage | Tasks | |
|---|-------------------------|---|
| Infancy (birth to 18 months) Trust vs Mistrust | Feeding, diaper changes | Children develop a sense of trust when caregivers provide reliability, care, and affection. A lack of this will lead to mistrust. |
| Early Childhood (2 to 3 years) Autonomy vs. Shame and Doubt | Toilet Training | Children need to develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy; failure results in feelings of shame and doubt. |
| Preschool (3-5 years) Initiative vs. Guilt | Exploration | Children need to begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval, resulting in a sense of guilt. |
| School Age (6-11 years) Industry vs. Inferiority | School | Children need to cope with new social and academic demands. Success leads to a sense of competence, while failure results in feelings of inferiority. |
| Adolescence (12-18) Identity vs. Role Confusion | Social Relationships | Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion and a weak sense of self. |