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HACKETTSTOWN REGIONAL MEDICAL CENTER

Division of Nursing

Index: 6090.000
Addendum: #5
Issue Date: August 10, 1990
Review Date: August 27, 2010

TITLE: **CARE OF THE PEDIATRIC PATIENT ON 3 SOUTH**

I. Narrative

Children are particularly vulnerable to the stresses of illness and hospitalization because stress represents a change from the usual state of health and routine and because they possess limited coping mechanisms.

The three phases of separation anxiety are protest, despair, and detachment.

Feelings of loss of control are caused by unfamiliar environmental stimuli, physical restriction, altered routine, and dependency.

Fear of bodily pain may be manifested in the following ways: infants--facial expressions, body movements; toddlers--intense emotional upset, physical resistance; pre-schoolers--aggression, verbal expression, dependency; school-age children--precise verbalization of pain, passive requests for support or help, procrastination technique; adolescents--self-control, limited movement.

Because of their separation from significant people, hospitalized children may lack the opportunity to form new attachments in the strange environment of the hospital and exhibit negative behaviors after discharge.

Nursing care of the hospitalized child is aimed at preventing or minimizing separation, decreasing loss of control, minimizing bodily injury and pain, using play to lessen stress, and maximizing the potential benefits of hospitalization.

Pain assessment includes questioning the child, using pain rating scales, evaluating behavior, securing parents' involvement, and taking action. Pain management should incorporate both pharmacologic and nonpharmacologic methods.

Diversional or expressive play is an effective tool in minimizing stress.

The nurse can maximize potential benefits of hospitalization by fostering parent-child relations, providing educational opportunities, promoting self-mastery, and encouraging socialization.

Family reactions are influenced by the seriousness of illness; experience with illness or hospitalization and diagnostic or therapeutic procedures; available support systems; personal ego strengths; coping abilities; presence of additional stresses; cultural and religious beliefs; and family communication patterns.

Fear of contracting illness, their younger age, a close relationship with the ill sibling, substitute child care, minimum explanation of the illness, and perceived changes in parenting all increase the deleterious effects of a brother's or sister's illness/hospitalization on siblings.

Nursing care of the family involves listening to parents' verbal and nonverbal messages, providing clergy

support, accepting cultural socioeconomic and ethnic values, giving information to families and siblings, and preparing for discharge and home care.

Emergency admission or admission Same Day Surgery, isolation room, or intensive care unit requires additional intervention strategies to meet the child's and family's needs.

2. Nursing Guidelines for Providing Support During Hospital Admission

a. Prepare child and parents for hospital admission, such as for postoperative care.

b. Prepare child and parents for unanticipated hospital admission by focusing primarily on the sensory aspects of the experience and on usual family concerns, e.g., person in charge of child's care, schedule for visiting, area where family can wait.

c. Prepare siblings for their visit; plan length of time for sibling visitation; monitor siblings; reactions during visit to prevent them from becoming overwhelmed.

d. Accompany family to bedside to provide emotional support and answer questions.

e. Prepare siblings for their visit; plan length of time for sibling visitation; monitor siblings' reactions during visit to prevent them from becoming overwhelmed.

f. Encourage parents to stay with their child.

g. Prepare parents for expected role changes and identify ways for parents to participate in child's care without overwhelming them with responsibilities:

1) Help with bath or feeding.
2) Touch and talk to child.
3) Help with procedures.

h. Provide information about child's condition in understandable language:

1) Repeat information often.
2) Seek clarification of understanding.
3) Avoid medical discussions among health professionals at bedside or where family and child can overhear.
4) If bedside conferences are necessary, interpret information for family members and child or, if appropriate, ask family to leave area during report.

i. Prepare child for procedures, even if this involves explanation while procedure is performed.

j. Assess and manage pain; recognize that a child who cannot talk, such as an infant child can be in pain.

k. Establish a routine that maintains some similarity to daily events in child's life whenever possible.

1) Organize care during normal waking hours.
2) Keep regular bedtime schedules, including quiet times when television/radio is lowered or turned off.
3) Close and open drapes and dim lights to allow for day/night.

4) Place curtain around bed for privacy.
5) Orient child to day and time; have clocks or calendars in easy view for older children.

l. Schedule a time when child is left undisturbed, e.g. during naps, visit with family, or favorite televised program.

m. Reduce stimulation in environment:

1) Refrain from loud talking or laughing.
2) Keep equipment noise to a minimum:

a) Turn alarms as low as safely possible.
b) Perform treatments requiring equipment at one time.
c) Turn off bedside equipment that is not in use, such as suction and oxygen.
d) Avoid loud, abrupt noises.