

Nursing Concepts for Caring Hospitalized Children

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*Learning
Topics*

- **Common Stressors and Child's response to hospitalization**
- **Nursing Care to Assist the Child with Hospitalization**



Settings for Care

Hospital



- 24-hour observation
- Emergency hospitalization
- Outpatient and day facilities
- Rehabilitative care
- Medical-surgical unit
- Intensive care unit

School-based clinics

Community clinics



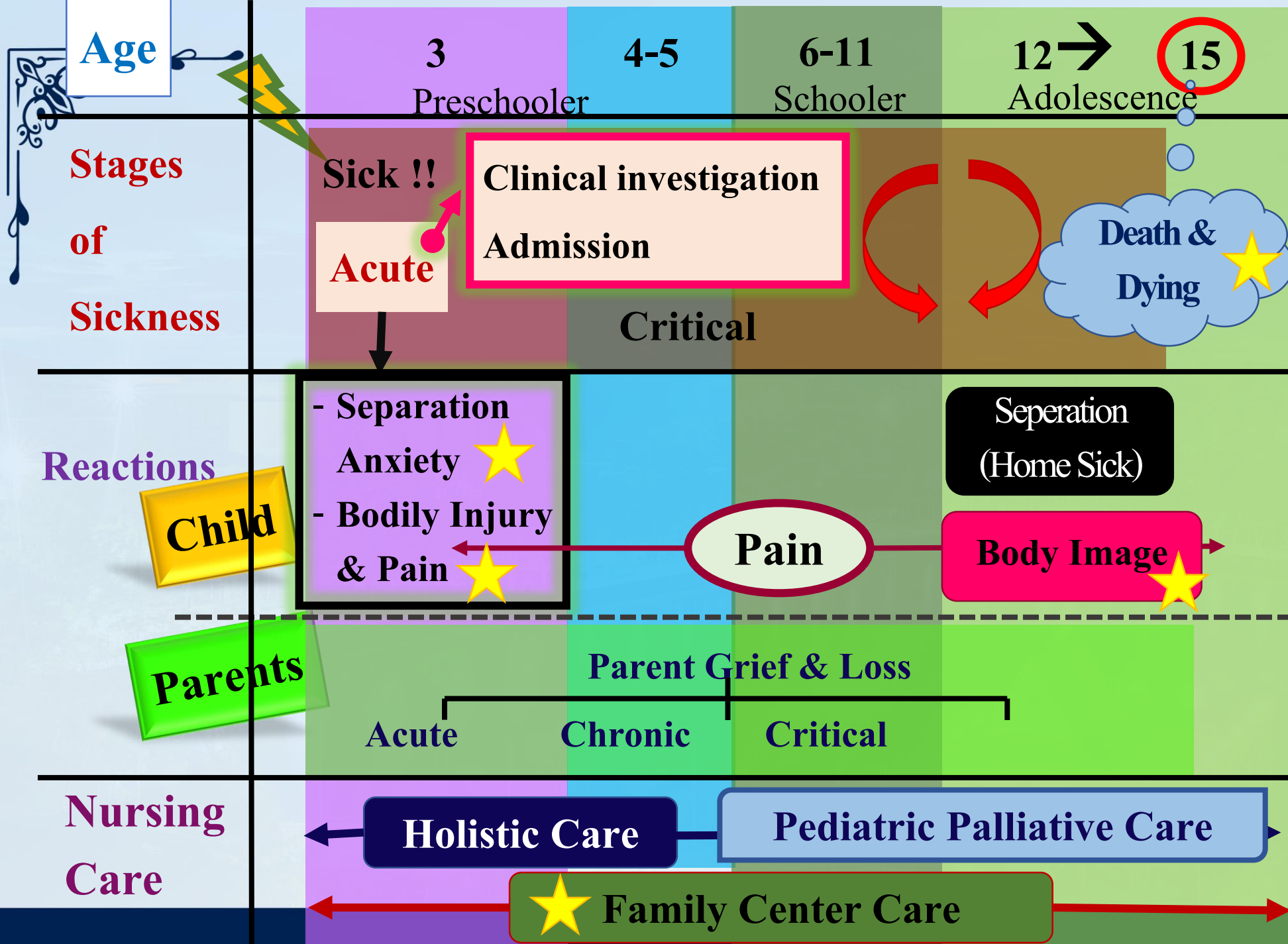
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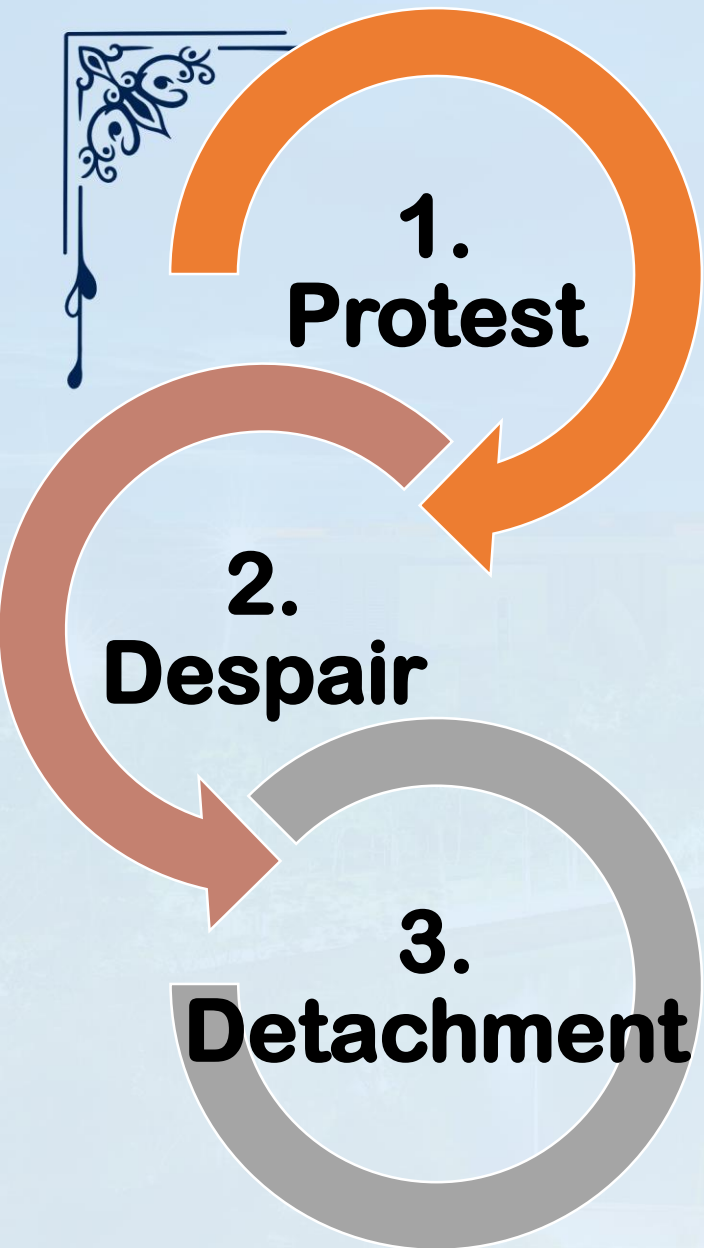
Common Stressors and Children's Response to Hospitalization/Illness

- Fear of the unknown
- Separation anxiety
- Fear of pain or mutilation
- Loss of control
- Anger
- Guilt
- Regression





Stages of Separation



Protest	Despair	Detachment
Screaming, crying, inconsolable	Child becomes hopeless and becomes quiet, withdrawn, apathetic	Lack of protest when parents leave
Clinging to parents, pleading for parents to stay	Sadness, depression	Appearance of being happy and content with caregivers and other children.
Agitated, temper tantrums, refuse to comply with care	Withdrawal or complaint behavior	Close relationships not established
Resists caregivers	Crying when parents appear	If parents reappear, child may ignore.



Infant

- At about 6 months of age are acutely aware of the absence of parent and become fearful of unfamiliar persons.
- They can sense the anxiety their parents are experiencing
- Accustomed to having basic needs of food and sleep met by parent and constraints of hospitalization results in loss of needs being met.

Toddlers

- **Separation anxiety
 - Nurses experience protest and despair in this group
 - Fear of injury and pain
 - Regressive behavior



Preschooler	Schooler	Adolescence
<ul style="list-style-type: none">➤ Separation anxiety generally less than the toddler➤ Less direct with protests; cries quietly➤ May be uncooperative➤ Fear of injury➤ Loss of control➤ Guilt and shame	<ul style="list-style-type: none">➤ May have already experienced when starting to school➤ Fear of injury and pain➤ Want to know reason for procedures➤ Like being involved and wants to make choices	<ul style="list-style-type: none">➤ Separation from friends rather than family more important➤ Fear of altered appearance➤ Will act as though not afraid when they really are.➤ Give them some control to avoid a power struggle



Children's Understanding of Hospitalization

A child or adolescent bases their understanding of hospitalization on:

- Cognitive ability at various developmental stages
- Previous experiences with health care professionals



Families Response to Hospitalization

- Hospitalization is disruptive to the family's usual routines
- May lead to change in roles
- Family members are anxious and fearful



Nursing Care to Assist the Child with Hospitalization

Related to Age



Developmental milestones and approach to communication

Infants (0-12 mo)	Toddlers (1-2 yr)	Preschoolers (3-5 yrs)	School-age (6-11)	Adolescents (12 and older)
Use of calm voice; respond to cries, mimic baby sounds, talk and read regularly, use a slow approach and allow time to get to know you	Learn the toddler's words for common items, picture books, respond to their receptiveness, preparation should occur immediately before event	Seek opportunities to offer choices, use play for explanations, simple sentences, picture books, puppets, be concise; limit length of explanations	Photos, books, videos; est. limits, use play, introduce preparatory materials 1-5 days in advance of the event	Engage in conversations about their interests, use of videos to explain, foster independence, preparatory materials up to 1 wk in advance, respect privacy needs



Infant – Trust vs. Mistrust

- Encourage parent to visit / rooming in
- Encourage parents to participate in care
- Teach parents procedures they are capable of doing
- Discuss arrangements for care of other family at home
- Try to simulate home routine
- Try to assign same nurse
- Allow parents to be present during procedures and comfort afterwards
- Keep frightening objects from view
- Provide swaddling, soft talking to soothe
- Play close attention to light and sound stimulation
- Allow non-nutritive sucking for comfort



Older Infant / Toddler Autonomy vs. Shame and Doubt

- Encourage parent to room in and if have to leave, leave when awake and leave something of meaning with child for support.
- Provide warmth and support
- Explain to parent stage child is in
- Bring infants security object -- favorite toy, blanket
- Set limits, give choices on simple decisions
- Teach parents child may regress, may promote potty chair if child is trained. Offer frequently (4x per shift)
- Promote ritualistic behavior for bedtime
- Teach parents about hazards (crib, chair, toys, equipment) be sure to supervise when out of crib.



Preschooler – Initiative vs. Guilt

- Acknowledge child's fears regarding hospitalization
- Orient to the hospital, spend time with child to build trust
- Encourage presence of parent if possible and encourage to participate in care. Provide comfort and support
- Nutrition – assess food likes (hamburger, PBJ sandwich, etc) Give small portions. Make environment comfortable and accept messes. Encourage intake of fluids with games.
- Provide consistent environment ; Reinforce coping behavior
- Provide with as much mobility as possible
- Provide play and divisional activities
- Avoid intrusive procedures as much as possible
- Assess child's perception by asking to draw a picture and tell about it
- Prepare her for hospitalization by reading a book recommended by the nurse. Such material should be appropriate to the child's age and culture.



School Age – Industry vs. Inferiority

- Ascertain what child knows. Clarify using scientific terminology and how body functions
- Direct questions more to the child when teaching them (help master over feelings of inferiority)
- Use audiovisuals, pictures, body outlines.
- Suggest ways of maintaining control (i.e.: deep breathing relaxation).
- Gain cooperation. Give positive feedback
- Include in decision-making (time to do it, preferred site).
- Encourage active participation (removing dressings, doing PIN care). Plan child's day if possible with child's input
- Maintain clear and consistent limits
- Allow for privacy
- The child's anxiety and fear often will be reduced if the nurse explains what is going to happen and demonstrates how the procedure will be done by using a doll.



Adolescent – Identity vs Identity Diffusion

- **Assess knowledge.**
- **Encourage questioning regarding fears, or risks.**
- **Involve in decision-making.**
- **Ask if patient wants parent there.**
- **Make as few of restrictions as possible.**
- **Suggest ways of maintaining control.**
- **Accept regression to more childish ways of coping.**
- **Give positive reinforcement.**
- **Provide privacy for care**
- **Encourage to wear street clothes and perform normal grooming**
- **Allow favorite food to be brought in if not on a special diet**



Children with Special Needs

- For those with visual or hearing impairment
 - provide material in auditory, tactile, or visual means to assist child
- Provide special equipment for those with psychomotor difficulties
- During patient teaching - provide more reinforcement and shorter teaching sessions



Nursing Measures to Tailoring Care

- Encourage positive communication with health care team
- View care as a partnership
- Be aware that **the parents are the ones who knows the child best**
- Provide support to the parents, allow them to assist with the care
- Recognize influences of cultural background



Preparation Strategies

- Allowing the child to dress up as a doctor or a nurse helps prepare the child for hospitalization.
- This helps the child adjust to treatment care and the recovery process.

Things Parents can do to Prepare Child

- Read stories
- Talk about hospital and coming home
- Encourage child to ask questions
- Visit a hospital or surgical area and allow to touch equipment
- Encourage child to draw pictures of what they think it will be like
- Be honest and tell about pain, etc.



Nursing Care to Assist Families to Cope

- Orient to hospital
- Assess what parent/child know of illness and treatment
- Assess teaching needs - keep updated on condition of child
- Reinforce and encourage questions
- Discuss ways the parents can participate in the care
- Assess & discuss family support, make referrals



Grief & Loss to Child's Perception of Death

Components of Grief (5 stages)

Denial: “This isn’t happening.”

Anger: “It’s not fair!”

Bargaining: “If I just behave better, things will be different.”

Depression: “Everything sucks, what’s the point?”

Acceptance: “I miss Shaggy, but things will be okay.”



Child's Perception of Death

Age	Developmental Stage (Piaget)	Perception or Concern	Anticipated Response
< 2 years	Sensorimotor	Sense separation and the emotions of others	Withdrawal Irritability
2 – 6 years	Preoperational	Dead = "Not Alive" Death as Temporary	Wonder about what the dead "do" Magical thinking (I am the cause)
6 – 10 years	Concrete operational	Morbid interest in death Others die → I die	Exaggerated behavioral reactions to the idea of death and dead things
Adolescence	Formal operational	Adult concepts Existential implications	"But not me" Death as an adversary



Nursing Interventions when Dealing with Children's Reactions to Death

Infants and Toddlers

- ✓ Help parents deal with their feelings so that they can meet the emotional needs of their little ones
- ✓ Encourage parents to stay as close to their children as possible, yet recognizing the parents' needs
- ✓ Maintain normal schedules, routines, rituals as much as possible
- ✓ If a parent has died, strive to provide a consistent caregiver for the child
- ✓ Promote primary nursing



Nursing Interventions when Dealing with Children's Reactions to Death

Toddler

- ✓ Help parents deal with their feelings so that they can meet the emotional needs of their little ones
- ✓ Help parents to understand behavioral reactions of their children e.g. regression in development, temper tantrums, etc.
- ✓ Encourage parents to stay with the child as much as possible as there may be great fear of separation from parents
- ✓ If a parent has died, strive to provide a consistent caregiver for the child
- ✓ Promote primary nursing



Nursing Interventions when Dealing with Children's Reactions to Death

School age

- ✓ Help parents deal with their feelings so that they can meet the emotional needs of their little ones
- ✓ Encourage parents to stay as close to their children as possible, yet recognizing the parents' needs
- ✓ Because of the children's fears of the unknown, anticipatory guidance is very important
- ✓ Because the developmental task of this age is industry, interventions of helping children maintain control over their bodies & their understanding allow them to achieve independence, self-worth, & self-esteem & avoid a sense of inferiority
- ✓ Encourage children to talk about their feelings & provide aggressive outlets
- ✓ Encourage parents to honestly answer questions about dying rather than avoiding or fabricating euphemisms
- ✓ Encourage parents to share moments of sorrow with their children
- ✓ Provide preparation for post-death services in response to questions about what happens to the body



Nursing Interventions when Dealing with Children's Reactions to Death

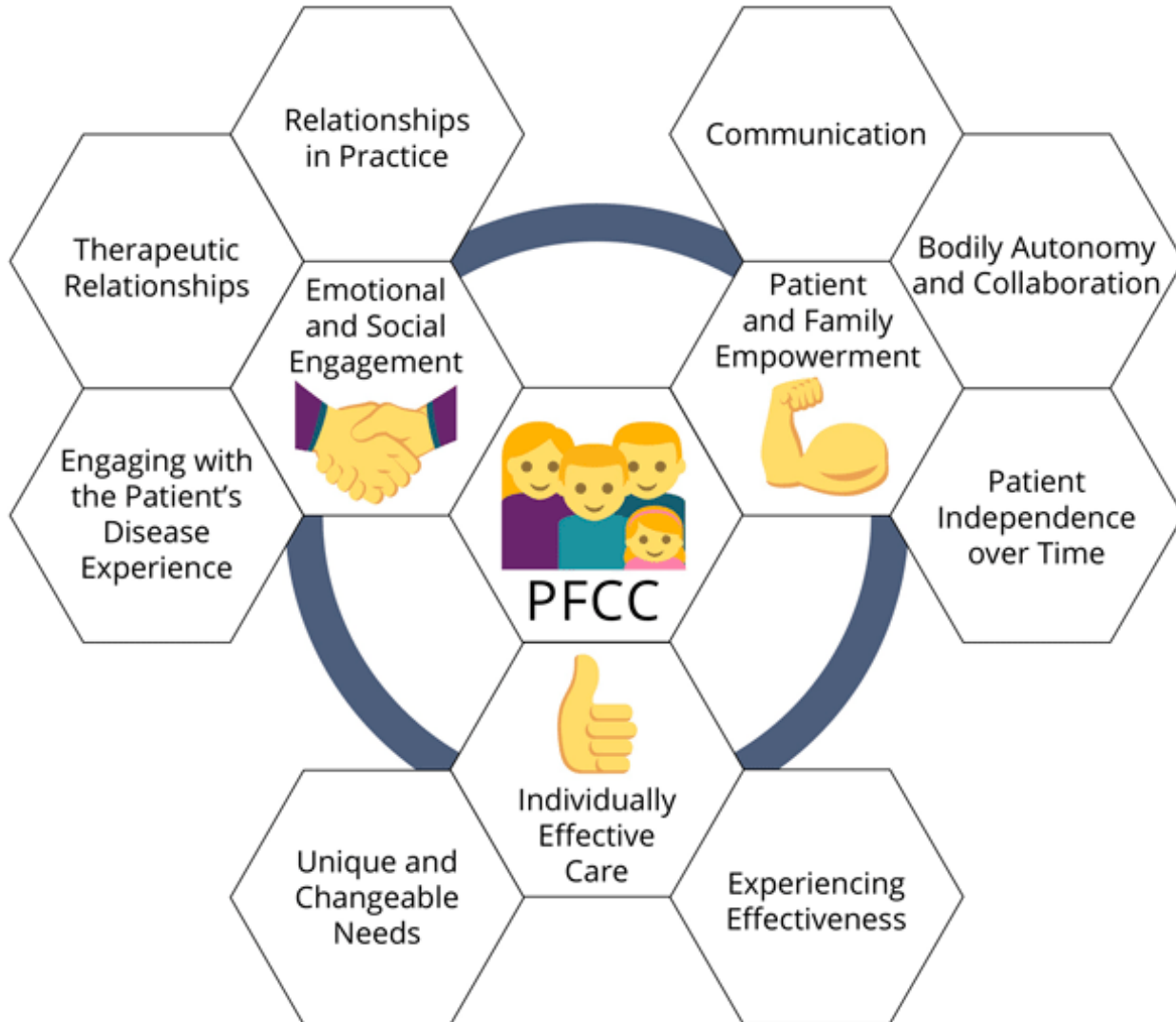
Adolescence

- ✓ Help parents deal with their feelings, allowing them more emotional reserve to meet the needs of their children
- ✓ Avoid alliances with either parent or child
- ✓ Answer adolescents' questions honestly, treating them as mature individuals & respecting their needs for privacy, solitude, & personal expressions of emotions
- ✓ Help parents understand their child's reactions to death/dying, especially that concern for present crises, may be much greater than for future ones, including possible death



Family Centered Care

The Nature of Patient- and Family-Centred Care for Young Adults Living with Chronic Disease and their Family Members: A Systematic Review
(Allen, Scarinci, & Hickson, 2018)





Credit: The National Center for Family-Professional Partnerships (www.fv-ncfpp.org)



Roles of Nurse to Promote Family Centered Care

- Welcome packet to help parents adjust when their child has to go to the hospital.
- Breast feeding helps mothers learn about their children.
- Giving to family (Maybe more than parents) got to visit
- Support group
- Family-centered end-of-life care
- Providing families with complete information corresponds to reality
- Letting the family participate in decision making
- **Every activity is designed by us using information from family readiness assessments.**



*Cinema time !!!
Please watch this provided
movie. And answer these
following questions.*

- *Is caring for sick children in movie appropriate?*
- *How?*
- *What principles are used?*



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