Chapter 21

The Child’s Experience of Hospitalization

Objectives

- Identify various health care delivery settings.
- Describe three phases of separation anxiety.
- List two ways in which the nurse can lessen the stress of hospitalization for the child’s parents.
- Discuss the management of pain in infants and children.

Objectives (cont.)

- Describe two milestones in the psychosocial development of the preschool child that contribute either positively or negatively to the adjustment to hospitalization.
- Contrast the problems of the preschool child and the school-age child facing hospitalization.
- Identify two problems confronting the siblings of the hospitalized child.

Objectives (cont.)

- List three strengths of the adolescent that the nurse might use when formulating nursing care plans.
- Organize a nursing care plan for a hospitalized child.
- Recognize the steps in discharge planning for infants, children, and adolescents.
- Interpret a clinical pathway for a hospitalized child.

Health Care Delivery Settings

- Outpatient Clinic

-Eliminates the need to separate the child from the family so that the treatment and the emotional impact of the illness are reduced
• Types
  • Private office or hospital-affiliated
  • Satellite
  • Pediatric research centers
  • Outpatient surgery centers

• Outpatient Clinic (cont.)

• Promoting a positive experience
  • Attitude of personnel child comes in contact with is of the utmost importance
  • For many children, the only exposure to health care is through brief clinic appointments

• Preparing the Child for a Treatment or Procedure

• Infants
  • Involve parents
  • Include familiar objects
  • Soothe, distract, and hug afterward

• Preparing the Child for a Treatment or Procedure (cont.)

• Toddlers and preschoolers
  • Involve parents
  • Offer simple explanations
  • Give permission to express discomfort
  • Offer one direction at a time
  • Allow for choices, if possible
Use distraction

Hug after treatment or procedure

Preparing the Child for a Treatment or Procedure (cont.)

School-age child

All of the previous preparations, plus

- Let them examine equipment
- Encourage child to verbalize fears
- Offer small reward after treatment or procedure, a sticker, for example

Preparing the Child for a Treatment or Procedure (cont.)

Adolescent

- Provide privacy
- Involve teen in treatment or procedure
- Explain treatment or procedure and equipment
- Suggest coping techniques

Home

- Not only a matter of supplying appliances and nursing care
- Includes assessment of the total needs of children and their families

Hospice care can also be provided in the home

Changes in health care delivery affect the role and responsibilities of the nurse

The various home and support groups that are available have the potential for improving life for the child and family and help reduce the cost of medical care

Children’s Hospital Unit
• Designed to meet the needs of the child and parents
• Special treatment room for child to be examined or receive some form of treatment
• Playrooms for the children are also available
• Daily routine emphasizes parent rooming-in
• Provision of consistent caregivers
• Flexible schedules to meet the needs of the growing child
• The Child’s Reaction to Hospitalization
• Depends on
  — Age
  — Amount of preparation given
  — Security of home life
  — Previous hospitalizations
  — Support of family and medical personnel
  — Child’s emotional health
• The Child’s Reaction to Hospitalization (cont.)
• The major causes of stress for children of all ages are
  — Separation
  — Pain
  — Fear of body intrusion
• This is influenced by
  — Developmental age
— Maturity of parents
— Cultural and economics
— Religious background
— Past experiences
— Family size
— State of health on admission
— Other factors

• Cultural Considerations
• Familiar rituals and routines must be incorporated into the plan of care for a hospitalized child
• Separation Anxiety
• Occurs in infants age 6 months and older
• More pronounced in toddlers
• Three stages
  — Protest
  — Despair
  — Denial or detachment
• Pain
• Pain is whatever the person says it is
  — May be verbally or nonverbally expressed
• The fifth vital sign and is assessed and recorded with routine documentation
• Patients in pain secrete higher levels of cortisol, have compromised immune systems, experience more infections, and show delayed wound healing
Four Pain Assessment Tools for Children

Two Additional Pain Assessment Scales

PICIC (Pain Indicator for Communicatively Impaired Children)
- Crying with or without tears
- Screaming or groaning
- Distressed facial expression
- Tense body
- Irritability to touch

FLACC
- Face: grimace
- Legs: restless to kicking
- Activity: quiet to arched
- Crying: moan to scream
- Consolability: touch to inconsolable

Pain (cont.)

Children sometimes refrain from reporting pain for fear they will receive an injection

Infants should be assessed according to a behavior scale

In toddlers, crying may be caused by anxiety and fear rather than pain

All factors related to pain should be considered

Managing Pain

Nonpharmacological techniques
- Drawing
- Distraction
- Imagery
- Relaxation
- Cognitive (thinking) strategies
- Backrub or hand massage

- Drug Physiology
- Elimination of the drug may be prolonged because of an immature liver enzyme system
- Dosages are influenced by weight and differences in expected absorption, metabolism, and clearance

- Drugs Used for Pain Relief
- Acetaminophen—mild to moderate pain
  - Can lead to liver failure if not dosed correctly
- Nonsteroidal antiinflammatory drugs (NSAIDs)—mild to moderate pain
- Opioids—moderate to severe pain
  - Used for long periods of time
  - Tolerance and respiratory depression can occur

- Drugs Used for Pain Relief (cont.)
- Providing adequate pain relief enables patients to focus on their surroundings and other activities
- Inadequate pain relief causes the patient to focus on the pain and when more medications will be given to stop the pain
- More effective pain relief at lower dosages of the analgesic around the clock, referred to as preventive pain control
• Drugs Used for Pain Relief (cont.)

• Fentanyl
  — Naloxone (Narcan)—used in case of opioid overdose

• Local anesthetics (e.g., EMLA cream)

• Patient-controlled analgesia (PCA)
  — Child must be 7 years of age or older

• Conscious Sedation

• The administration of IV drugs to a patient to impair consciousness but retain protective reflexes, the ability to maintain a patent airway, and the ability to respond to physical and verbal stimuli

• A 1:1 nurse-patient ratio is continued until there are stable vital signs, age-appropriate motor and verbal abilities, adequate hydration, and a presedation level of responsiveness and orientation

• Fear

• Intrusive procedures are fear-provoking

• Disrupts child’s trust level

• Threatens self-esteem and self-control

• May require restriction of activity

• Regression

• The loss of an achieved level of functioning to a past level of behavior that was successful during earlier stages of development

• Can be minimized by an accurate nursing assessment of the child’s abilities and the planning of care to support and maintain growth and development

• When the child is free from the stress that caused the regression, praise will motivate the achievement of appropriate behavior
• Cultural Needs

• Showing cultural sensitivity decreases anxiety

• Effective utilization of health care service and compliance with treatment plans are enhanced when the nurse’s approach is compatible with cultural needs and beliefs

• Nonverbal cues and body language are important in intercultural communication

• Cultural Needs (cont.)

• Crying may be interpreted by some cultures as a signal of an organic upset of illness

• One cultural group may prize autonomy and initiative while others may tolerate only complete obedience

• Respecting cultural and religious beliefs will enhance compliance

• Assess family through the eyes of its culture to avoid labeling a family who is “different” as dysfunctional

• Fostering Intercultural Communication

• Approaches to various cultures involve knowing what is and is not acceptable as it relates to
  — Personal space
  — Smiling
  — Eye contact
  — Touch
  — Focus

• It is important for the nurse to take the time to become familiar with culturally acceptable behaviors

• The Parents’ Reactions to the Child’s Hospitalization

• May believe they are to blame for their child’s illness

• Immunizations may have been neglected
• Guilt, helplessness, and anxiety
• Parents are seldom the direct cause for hospital admission
• The nurse listens carefully to parental concerns and acknowledges the legitimacy of their feelings
• Encourages and supports parents and other family members, stresses their importance to the child’s recovery
• Encourages their participation in the care of the child
• The Parents’ Reactions to the Child’s Hospitalization (cont.)
• Parents may ventilate their feelings and stresses through anger, crying, or body language
• Behavior often involves attitudes resulting from early childhood experiences
• An understanding and acceptance of people and their problems is essential for the successful pediatric nurse
• Poor communication can result in unnecessary fear
• The Nurse’s Role in Hospital Admission
• Must be prepared to meet the emotional needs of those involved
• Parents should try to be as matter-of-fact as possible about this new experience for their child
• It is not necessary to go into great detail with the child about what is going to happen as it may increase the child’s anxiety
• Developmental History
• Family relationships and support systems
• Cultural needs that may affect care and hospital routine
• Nicknames, rituals, routines
• Developmental level and abilities
• Communication skills
• Personality, adaptability, coping skills
• Past experiences, divorces, new siblings, extended family
• Previous separation experiences
• Impact of current health problem on growth and development
• Preparation given to the child
• Previous contact with health care personnel
• Developing a Pediatric Nursing Care Plan
• Result of nursing process
• States specifically what is to be done for each child
• Keeps the focus on the child and not on the condition or therapy
• Involves growth and development process; evaluation of the primary caregiver, who has a direct role in the safety and maintenance of the child’s health
• Clinical Pathways
• Interdisciplinary plan of care
• Displays progress of entire treatment plan
• Nursing care plan focuses on the nurse’s role
• Clinical pathway focuses on the team’s approach to outcomes of care
• Developmental Nursing Tips
• Play is an important part of a nursing care plan for children
• The achievement of developmental tasks should be part of the plan of care for the hospitalized child
• Needs of the Hospitalized Child
• The Hospitalized Infant
• Can be frustrating for the infant
• Used to getting what they want when they want it
• May miss continuous affection of their parents
• Daily schedules are disrupted
• Nurse must try to meet the needs of the infant while preventing excess frustration
• Major goal is to assist parent-infant attachment process and promote sensorimotor activities
• Liberal visiting hours are essential
• Consistency in caregivers is important at this stage of development

The Hospitalized Toddler

• Their world revolves around their parents, especially their primary caregiver
• Cannot understand why they are separated from their caregiver and become distressed
• Cohesive staff is essential to meet the needs of the children and their parents

Nursing Goals of the Hospitalized Toddler

• Reassure parents, particularly the child’s primary caregiver
• Maintain the toddler’s sense of trust
• Incorporate home habits into care plans
• Allow the child to work through or master threatening experiences through soothing techniques and play
• Provide individualized, flexible nursing care plans in accordance with the child’s development and diagnosis

Nursing Goals of the Hospitalized Toddler (cont.)

• Children should be forewarned about any unpleasant or new experience that they may need to undergo
• Preparation and explanation are done immediately before the procedure
  — Crying and protestations are healthy expressions and relieve tension

• When restraint is indicated (splints, IV therapy, large dressings), increased emotional support should be provided

• The Hospitalized Preschooler

• Fear of bodily harm

• Magical thinking and fantasy

• Concrete thinking, may be better able to understand what is happening

• Explanations must be realistic, clear, understandable, and truthful

• Children who ask questions should be complimented and listened to; any misinterpretations should be corrected

• Teach parents that upon discharge that the child may be demanding and irritable

• The Hospitalized School-Age Child

• Stage of industry and independence

• Forced dependency in the hospital can result in a feeling loss of control and security

• Can participate in own care and make simple choices to foster their feelings of independence

• Common for this age to be “brave” and to show little, if any, fear in situations that are actually quite upsetting

• Observe body language

• Safety Alert

• Observation of nonverbal clues such as facial grimaces, squirming, and finger tapping is important in determining the need for pain relief and support for the child

• The Hospitalized Adolescent
• Experience feelings of loss of control during hospitalization
• May cause adolescent to withdraw, be noncompliant, or display anger
• May be concerned with how the illness will affect their appearance
• Incorporating choice, privacy, and the opportunity for peer visitors is important
• Adjustment to Illness
• Can understand the implications of their disease
• Are capable of participating in decisions related to treatment and care
• The nurse who recognizes these skills and encourages their practice helps the adolescent gain confidence
• Roommate Selection
• Adolescents usually do better with one or more roommates
• It is not a good choice to have a senile patient or infant as a roommate for the adolescent patient
• Location of adolescent’s room is important
• Confidentiality and Legality
• Many problems can be avoided if the confidentiality of the relationship is clearly defined during initial meetings
• An emancipated minor is no longer under the parent’s authority
• Be familiar with state law as it applies to adolescent patients
• Discharge Planning
• Ideally begins at the moment of admission to hospital
• Written instructions should be given for any home treatments
• Parents also must be prepared for behavioral problems that may arise after hospitalization
• Guidance for Parents

• Anticipating behaviors such as clinging or regression

• Allowing the child to become a participating family member as soon as possible

• Taking the focus off the illness

• Being kind, firm, and consistent with misbehavior

• Building trust by being truthful

• Allowing time for free play

• Legal and Ethical Considerations

• Discharge charting should include who accompanied the child (and identification given), time of discharge, behavior and condition of the child, method of transportation, vital signs and weight, medications, and instructions given to the parents or caregiver

• Home Care

• Children with acute or chronic conditions are cared for in the home

• Home health care and other community agencies work with the family to provide holistic care

• Respite care can be provided for the primary caregivers

• Home Care (cont.)

• The health care worker in the home should
  — Observe how the parents interact with the child
  — Observe facial expressions and body language
  — Listen to the parents and observe how they attend to the physical needs of the child
  — Ask questions or discuss apprehensions the parents may have
  — Be attuned to the needs of other children in the home
  — Explore community facilities or support groups available
• Question for Review
  • What is the difference between a nursing care plan and a clinical pathway?
• Review
• Objectives
• Key Terms
• Key Points
• Online Resources
• Review Questions