Nursing Care Of the hospitalized child

Prepared by

Digafe Hailu

Department of pediatric nursing

Objectives

- Evaluate nursing care of the hospitalized child.
- Compare and contrast physical assessment of the infant, toddler, child and adolescent
- Differentiate stressors for pediatric patients from each other and those of an adult
- Analyze separation anxiety
- Differentiate between pediatric expressions of pain and adult expression of pain

Outline

- Stress
- Coping
- Hospitalization of child
- Stressors of hospitalization
- Changes in pediatric population
- Parental responses to stressors of hospitalization
- Providing developmentally appropriate activities
- Normalizing the hospital environment
- maximizing potential benefits of hospitalization

Stress

- Is when individuals perceive that they can not cope with demands being made on them or with threats to there well-being
- Things are only stressful if the person believes they are a stressor
- What is stressful to one person may not be stressful to another

Effects on health

- If stress is excessive or prolonged it can be maladaptive and lead to harm or disease
- Stress can effect cognitive function
- Chronic and intense stress can effect brain structure and function
  - Hippocampus atrophy ; memory impairments
- Long term exposure to catecholamine's can
  - Increase cardiovascular disease
  - Aggravate migraine headaches, peptic ulcers
  - Control of diabetes can be affected by stress

Coping

- Cognitive and behavioral efforts to manage stress that seems to exceed available resources.
  - Emotional focused
  - Problem focused

Hospitalization of the child

- The act of putting a child in the hospital adds stress to a child already coping with illness.
- With hospitalization there is a:
  - Change from the usual state of health
  - Change in routine

Stressors of Hospitalization

- Separation from family
- Change of environment
- Loss of control
- Bodily injury and pain

Risk factors that increase vulnerability to stressors of hospitalization

- “Difficult” temperament
- Lack of fit between child and parent
- Age (especially from 6 months to 5 years)
- Below-average intelligence
- Multiple and continuing stressors(e.g., frequent hospitalizations)

Changes in the Pediatric Population

- More serious and complex problems
- Fragile newborns
- Children with severe injuries
- Children with disabilities who have survived because of increased technologic advances
- More frequent and lengthy stays in hospital

Infants and Toddlers

- Parent child relationship is disturbed
- Change in routine promotes distrust
- Separation anxiety (6 to 30 months)
  - Protest phase
    - Cry and scream, cling to parent
  - Despair phase
    - Crying stops; evidence of depression
  - Detachment phase
    - Denial; resignation, not contentment
    - May seriously affect attachment to parent after separation

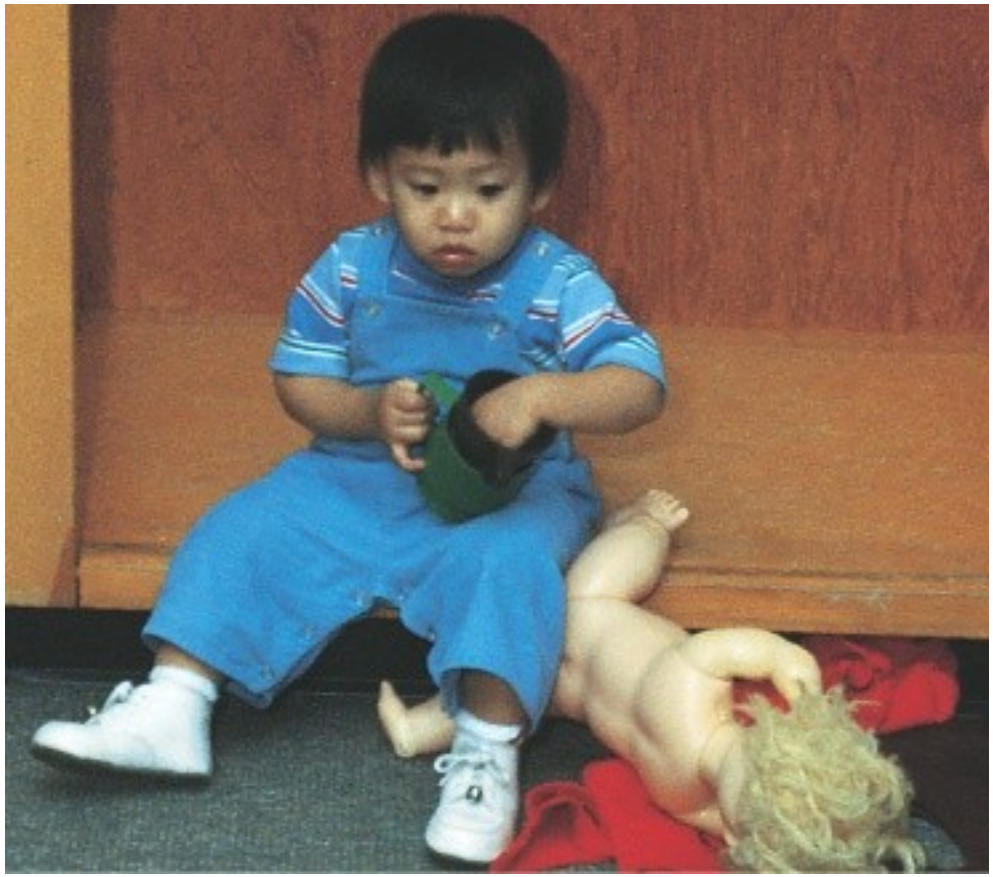
Separation anxiety

- Nursing interventions
  - Preserve trust
  - Reassure child parents will return
  - Provide place for parent to stay in hospital to promote attachment
  - Have parents leave personal articles with child (pictures, toys, cloths etc.)
  - Maintain pre-hospital routines and rituals when possible.
  - Return control to parent and child by providing choices.

Protest Phase of Separation Anxiety



Despair Phase of Separation Anxiety



Loss of Control: Infants' Needs

- Trust
- Consistent loving caregivers
- Daily routines

Loss of Control: Toddlers' Needs

- Autonomy
- Daily routines and rituals
- Loss of control may contribute to:
  - Regression of behavior
  - Negativity

Young Infant’s Response to Pain

- Generalized response of rigidity, thrashing
- Loud crying
- Facial expressions of pain (grimace)
- No understanding of relationship between stimuli and subsequent pain

Facial Expression of Physical Distress



Older Infant’s Response to Pain:

- Withdrawal from painful stimulus
- Loud crying
- Facial grimace
- Physical resistance

Pain Scale- FLACC

	0	1	2
Face	No expression or smile	Occasional grimace or frown/withdrawn/ disinterested	Frequent to constant frown, clenched jaw, quivering chin
Legs	Normal position/relaxed	Uneasy/ restless/tense	Kicking or legs drawn up
Activity	Laying quietly/normal position/ moves easily	Squirming/ shifting back and forth/ tense	Arched rigid or jerking
Cry	No Cry	Moans or whimpers/ occasional complaint	Crying steadily, screams or sobs, frequent complaint
Consolability	Content/relaxed	Reassured by occasional touching/ hugging/ talking	Difficult to console or comfort

Infants and Toddlers

- Regression- common in toddlers and young children

Preschooler

- Fear mutilation
- Egocentric, present oriented
- Sees illness as punishment
- Separation anxiety still exists
- May show signs of regression

Loss of Control: Preschoolers

- Egocentric and magical thinking typical of age
- May view illness or hospitalization as punishment for misdeeds
- Preoperational thought

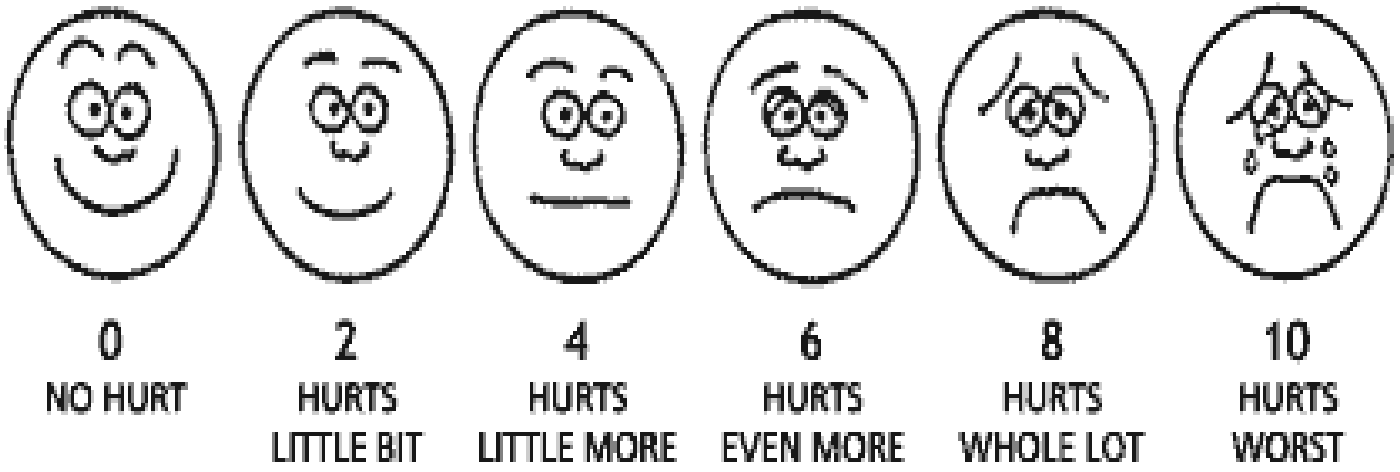
Preschooler nursing interventions

- Encourage parents to participate in care
- Give simple explanations
- Provide therapeutic play
- Allow child to play with equipment
- Praise the child, give rewards (stickers)

Young Child’s Response to Pain:

- Loud crying, screaming
- Verbalizations: “Ow,” “Ouch,” “It hurts”
- Thrashing of limbs
- Attempts to push away stimulus
- May deny pain for fear of an injection
- Often can describe location and intensity of pain

Pain Scale - Faces



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Preventing or Minimizing Separation

- Primary nursing goal
- Especially for children younger than 5 years
- Family-centered care
- Parents are not “visitors”
- Familiar items from home

Mothers Are the Usual Family Caregivers



Providing Comfort to Hospitalized Child



School-age

- **Fear:** Pain, bodily injury and loss of control
- Fears are often related to school peers and family
- Will ask relevant questions and want to know reasons for tests etc.
- Have a more realistic understanding of their disease
- Become stressed over separation from family and **peers**.

Cont…

- Vulnerable to events that lessen their feelings of control and power
- Hospital activities that limit control may be a direct threat to children’s security
- Allow children to exert control whenever possible
- Boredom is a big problem with hospitalized children

Interventions

- Communicate openly, explain rules
- Clarify misconceptions
- Encourage self care
- Allow peers and siblings to visit
- Age appropriate therapeutic play
- Provide explanations; use visual aids
- Praise child, focus on behavior

Pain

- Able to describe pain
- Become concerned with disability and death
- May bite, kick, cry when in pain
- Stalling behavior (“wait a minute”)
- Muscle rigidity
- May use all behaviors of young child

Adolescents

- **Fear:** Loss of independence, loss of identity, body image disturbance, rejection by others
- Separation from peers is a source of anxiety
- Physical appearance is of great importance
- May be reluctant to ask questions, may fear being lied to, may verify information from multiple sources to be sure others are being truthful
- Often feel they are “invincible” which puts them at risk for noncompliance and risk taking behaviors

Loss of Control: Adolescents

- Struggle for independence and liberation
- Separation from peer group
- May respond with anger, frustration
- Need for information about their condition
- Less vocal protest, less motor activity
- Increased muscle tension and body control
- More verbalizations (“It hurts,” “You’re hurting me”)

Interventions

- Involve adolescent in plan of care
- Support relationship with family and peers
- Provide consistent and truthful explanations
- Accept emotional outbursts
- Promote communication between adolescent and family

Family

- Hospitalizing a child adds stress and anxiety to the entire nuclear family including:
  - Parents
  - Siblings
- A child being hospitalized may also change family roles

Parental Responses to Stressors of Hospitalization

- Disbelief, anger, guilt
  - Especially if sudden illness
- Fear, anxiety
  - Related to child's pain, seriousness of illness
- Frustration
  - Especially related to need for information
- Depression

Sibling Reactions

- Loneliness, fear, worry
- Anger, resentment, jealousy
- Guilt

Altered Family Roles

- Anger and jealousy between siblings and ill child
- Ill child obligated to play sick role
- Parents continue pattern of overprotection and indulgent attention

What we can do for child

- Prevent or minimize separation
  - Parent participation, minimize effects of separation
- Minimize loss of control
  - Promote free movement, maintain routine, encourage independence
- Prevent or minimize bodily injury
- Provide developmental activities
- Use play to decrease stress
- Maximize benefits of hospitalization

Family Presence During Hospitalization



Providing developmentally appropriate activities

- Using play/expressive activities to minimize stress:
  - Divisional activities
  - Toys
  - Expressive activities
  - Play therapy
  - Dramatic play

Using Play to Ease Children's Fears



“Normalizing” the Hospital Environment

- Promote freedom of achievement
- Maintain child’s routine, if possible
- Time structuring
- Self-care (age appropriate)
- Schoolwork
- Friends and visitors

Maximizing Potential Benefits of Hospitalization

- Fostering parent-child relationships
- Providing educational opportunities
- Promoting self-mastery
- Providing socialization
- Supporting family members

What we Can do for Family

- Family centered care
- Provide information

Assessment Techniques

- Newborn
- Infant
- Toddler
- Preschool
- School age
- Adolescent

Newborn History and PE

- Maternal History important!
- PE
  - Do all you can with infant sleep i.e RR, HR, listen to abdomen etc
  - Umbilical cord needs to be checked
  - Continue to check fontanels
  - Hr 100-160
  - RR 30-60
  - BP 73/55

Infant History and PE

- Maternal history and birth process still addressed
- All History from mother
- Continue to assess all possible while infant is asleep
- Play with older infants
- May be more comfortable being assessed in mothers arms

Toddler History and PE

- Maternal and birth history continue to be important
- Establish relationship with mom before trying to talk to child
- Allow child to play with equipment prior to use if possible
- Do not separate child from parent!
- May play with toddlers
- Allow parent to help when possible with assessment (may need mom to move stethoscope around chest)
- Stranger/ separation anxiety!!!!

Average VS

- 12 month
  - HR 80-130
  - RR 20-40
  - BP 90/56
- 24 month

- HR 70- 120
- RR 20-40
- BP 90/56

Preschool History and PE

- Children tend to be more outgoing, cooperative
- Explain procedures prior to starting, allow child to play with equipment
- Use distraction!
- Vital signs 3-5 years
  - HR 70-120
  - RR 20-30
  - BP 92/55

School age History and PE

- Children become aware of the difference in sexes, privacy becomes important!
- Vitals 6-9 years
  - HR 70-110
  - RR 16-22
  - BP @ 6 years 96/57
  - BP @ 9 years 100/61
- Vitals 10-12 years
  - HR 60-100
  - RR 16-20
  - BP@12yrs 107/64

Teen History and PE

- History comes from teen, not from parent
- Want to be treated more like an adult
- Do not talk down to pt no “honey” or “sweetie” etc.
- Ask if they want parent in the room for exam.
- Ask about drug use, sexual activity without parent in room!
- Confidentiality!

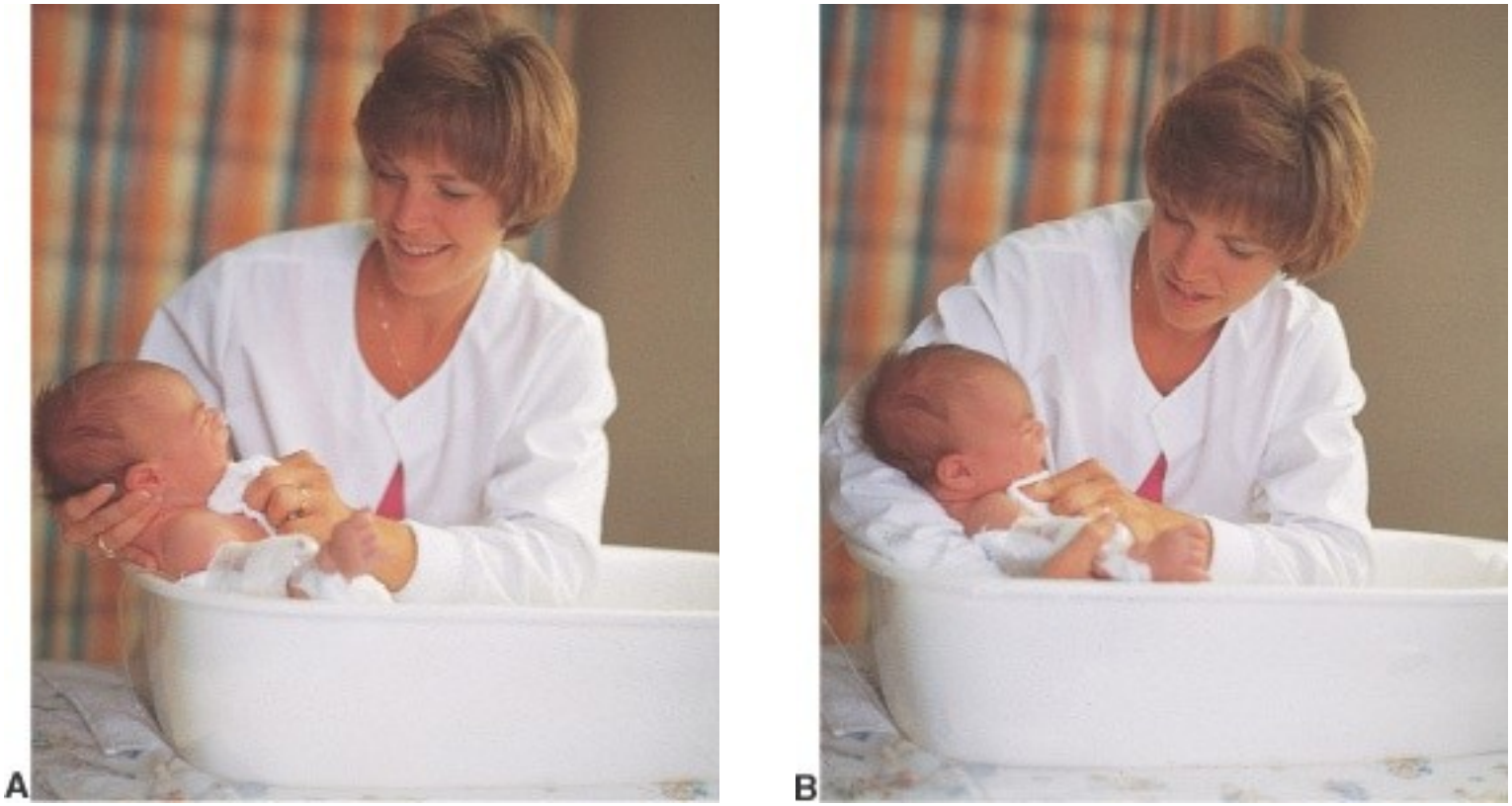
PE Adolescent

- Vitals 13-14 years
  - HR 60-100
  - RR 16-20
  - 107/64
- Vitals 15- 18 years
  - HR 60-100
  - RR 12-20
  - BP 114/65
  - BP@ 18yrs, 121/70

General Hygiene and Care

- Skin care
  - Bathing
- Oral hygiene
- Hair care
- Feeding
- Temperature management

Supporting Infant During Tub Bath



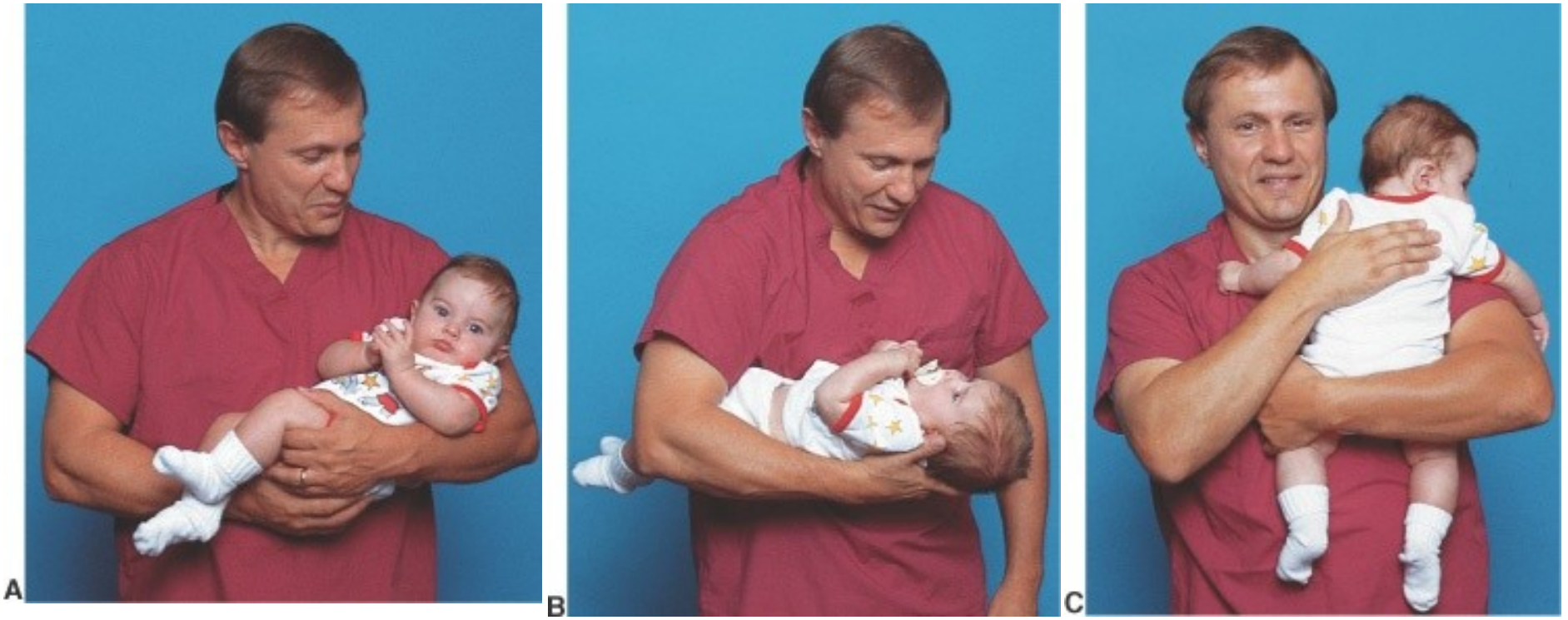
Safety

- Name bands
- Patient identity
- Environment
- Activity supervision
- Hugs tags

Nurse Maintains Hand Contact



Carrying Infants



Transporting Pediatric Patients

- Infants must be in bassinet
- Older kids in wheelchairs, stretchers, and "buggies"







Restraining Methods

- Therapeutic hugging
- Mummy or swaddle restraint
- Limb restraints
- Papoose board

Therapeutic Hugging for Extremity Vein Puncture



Mummy Restraint



Elbow Restraints



Papoose Board

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SPECIMEN COLLECTION

- Urine
- Stool
- Blood
- Sputum

Application of a Urine Collection Bag





Puncture Site on Sole of Infant's Foot



References

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