

Stressors of Hospitalization

- Separation from family, friends, school
- Loss of control
- Bodily injury
- Pain
- Procedures

Things that influence their reaction:
 age
 how many times in hospital
 the seriousness of the illness
 culture

What they hear...

- Time to move you to the floor (think they have to sleep on the floor)
- I need to flush your IV (think of toilet)
- You will be asleep during the surgery (might wake up in the middle of it, animals are “put to sleep”)
- I need to take your temperature (might perceive as “taking” away from them)

Erikson’s Classifications

Age	Erikson’s Stage	Nursing Implications
Infancy/Toddler (0-18 mo)	Trust vs. Mistrust	Respond to crying; tell them the truth; have parents present; continuity of care/primary nursing; follow-through on things
Toddler/Preschooler (1-3 yr)	Autonomy vs. shame and doubt	
Preschool (3-6 yr)	Initiative vs. guilt	
School age (6-12yr)	Industry vs. inferiority	help them to feel productive or that they are progressing/learning; let them help with procedures...give them a little job with you; positive feedback;
Adolescence (12-18yr)	Identity vs. role confusion	
Adult (18-35 yr)	Intimacy vs. isolation	

Maslow

- Most important: Physical needs
 Next: Safety
 Next: Love
 Next: Self esteem
 Least important: Self actualization

Kohlberg’s Moral Development

- Preconventional (ages 2 to 7 years)
 - Follows rules set by authority
- Conventional (ages 7 to 12 years)
 - Seeks conformity and loyalty
- Postconventional (ages 12 and older)
 - Strives to construct a value system independent from others.

Infant 0-18 months

- Response to illness/injury:
 - Separation from parent is their greatest concern (try to keep parents and kids together)
 - Frightened by loud noise sudden movements

- Stranger anxiety
- Interventions:
 - Minimize separation
 - Calm parents
 - Familiar objects...kids should have objects from home...not all new stuff from gift shop.
 - Appropriate stimulation
 - No bottle propping
 - Try to limit the number of care givers assigned to the child.
 - Encourage bonding
 - Talk to infant.
 - Provide parents with information.
 - Allow out of crib time to older infants.

Toddler 1 year to 3 years

- Response:
 - Fear separation from parents, dark, alone
 - protest (crying), seem depressed, despair (goes in stages)...LOOK THESE UP!
 - View illness as punishment and fear of being hurt
 - Loss of autonomy
 - Restriction of movement...they would rather explore their environment
 - Sleep disturbance

Toddler: Interventions

- Allow parent to stay with child.
- Advise parents to bring toys from home, not buy new toys.
- Close crib all the way (so kid is in a cage)

Preschooler 3 to 6 years

- Regression
- Fear body mutilation, dark, unknown, separation, pain, blood
- Magical thinking and fantasy
- May respond with aggression (Play-Doh is great for working out aggression)
- Medical play is very important

Preschooler: Interventions

- Simple, concrete explanations
- Use familiar words
- Assure the child they did not cause the illness.
- "Which ear do you want to use to take your temperature?"
- Avoid giving choices if none exist.

School-age: 6 to 12 years

- Greatest concern is mutilation and bodily harm
- Also fears loss of status with peers, loss of control, pain, death
- Guilty feelings
- Children have injury d/t beginning to ride bikes and injury...stuff like that.
- Kids will name their cath (Browiac) and such...personalize it.
- EMLA cream...kids this age can understand this is going to make the area numb.

School Age Fun!

- "I like the playroom": no meds or treatments in the playroom
- If over age 12 there is a "teen room"...movies, internet, books
- Therapeutic play is the work of children

**DO NOT TAKE TWO
TODDLERS!**

- Allow them freedom of movement
- Independence
- Explain in terms the child can understand.

Adolescents: 12 to 18 years

- Fear loss of control and death
- Concern regarding change body function or appearance
- Concern about separation from peers
- Body image changes
- Social isolation

Water is only fresh
for 4 hours!

Adolescent: Interventions

- Provide a special area for activities with this age group.
- Allow them to wear their own clothing when possible
- Provide privacy...a lot of teens won't take shower b/c they're afraid someone will walk in.
- Avoid "interrogation"
- Allow friends to visit or bring foods

Family Systems Theory

- Family continually interacts
- Family viewed as a whole
- Change in one member affects all

Family centered care

- Parents are the constant, and the experts of the child....parents can often tell you if pt is doing better or worse.
- Respect, support, and encourage the family to provide care through illness, and recovery.
- Empowerment of family...give them a sense of control.
 - ex...parents can keep track of input on the whiteboard.

Families

- Family is who they say they are.
- Group of people joined together by some type of bond...Social, emotional, financial
- Family Centered Care Key Concepts

Siblings

- May think it is their fault their sibling is sick.
- May fear they will get sick also.
- May fear the parent will also get sick.

Emergency Situations

- Parents in room during painful procedures proved helpful, even if the child cries more!
- Situational Crisis
- Denial

Critically Ill Child

- Explain things before they walk into the room for the first time.
- Encourage them to touch the child.
- Children can still hear even when sedated!

Consent

- Every attempt should be made to obtain parental consent.
- "Assent" is the child's permission to proceed.
- Minors are deemed emancipated if:
 - Self-supporting
 - Married

- Pregnant or a parent
- In the military
- Declared to be emancipated

Chronic Illness

- Research shows these parents need more information than those of acutely ill children.
- 10% of children have a chronic condition
- Can families care for them at home?

Post Hospital Reactions

- *Younger*: Aloof then dependent. New fears, temper tantrums, finickiness, regression
- *Older*: Emotional coldness then demanding dependence. Anger, jealousy.

Professional Pediatric Nurses

- Educator
- Advocate
- Researcher
- Manager
- Caregiver

Hockenberry, Marilyn J.. *Wong's Essentials of Pediatric Nursing*. Seventh Edition ed. St. Louis: Mosby, 2005. Print.

Parsh, B. (2010, March 11). The Hospitalized Child. Pediatric Nursing. Lecture conducted from CSU Sacramento, Sacramento

Sampson, J (2010, March 11). The Hospitalized Child. Pediatric Nursing. Lecture conducted from CSU Sacramento, Sacramento.

Tobar, K. (2010, March 11). The Hospitalized Child. Pediatric Nursing. Lecture conducted from CSU Sacramento, Sacramento.