Pediatric Nursing

Reaction to Hospitalization

Lecture 2

Miss.kamlah ahmed
Hospitalization

• Hospitalization is the period of staying at hospital during illness situation

• Hospitalization is whether elective, planned in advance, or the result of an emergency or trauma, is stressful for children of all ages & their families.
• Hospitalized children experience a variety of emotions as they are in an unknown environment, surrounded by strangers and exposed to unfamiliar equipments.

• So for both children & their families, routines are disrupted & normal coping strategies are tested.

• The key role of the nurses includes addressing the psychological concerns that accompany with hospitalization. And minimize the stress by education & support.
Child understanding of health & illness

• Each child has a different understanding level of health & illness according to his developmental age & cognitive development.

• Nurses must know these levels of understanding, so they will be able to apply their strategies & interventions according to these data.
<table>
<thead>
<tr>
<th>Infant</th>
<th>Toddler &amp; preschooler</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 6 months of age, infant have developed an awareness of themselves as separated from their mother or father.</td>
<td>They begin to understand illness, but not its cause.</td>
</tr>
<tr>
<td>Feels anxious when approached by strangers</td>
<td>May view illness as a form of punishment for bad behavior or as something magical.</td>
</tr>
<tr>
<td>Infant is unaware of the effects of illness</td>
<td>The child concept of illness is limited to names &amp; location of some body parts. They begin to understand germs but not how they spared</td>
</tr>
<tr>
<td>School-aged</td>
<td>Adolescent</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Understand <strong>how germs are spread</strong></td>
<td><strong>Increasingly aware of the physiological, Psychological, &amp; behavioral causes of illness &amp; injury.</strong></td>
</tr>
<tr>
<td><strong>Concept of body parts &amp; function is maturing</strong></td>
<td><strong>Understand how symptoms can be related to certain organ functions in the body parts.</strong></td>
</tr>
<tr>
<td><strong>Has a more realistic understanding of the reasons of illness, the disease &amp; how body organ are affected.</strong></td>
<td><strong>Understand that disease may involve several causes &amp; effects &amp; that multiple organs or body parts may be involve. Concern of appearance &amp; body image.</strong></td>
</tr>
</tbody>
</table>
Stressors of Hospitalization

Significant stressors for hospitalized children of all ages includes:

• **Separation anxiety**, Separation form parents or the primary caregivers.
• Loss of control, autonomy, and privacy.
• Painful or invasive procedures.
• Fear of bodily injury & disrupted body image.
Risk Factors increase vulnerability to stressors

• Difficult temperament.
• Lack of fit between child & parent.
• Age (6-5 years).
• Male gender.
• Below average intelligence.
• Frequent hospitalizations.
• Seriousness of disease

Miss.kamlah ahmed
# Separation anxiety

<table>
<thead>
<tr>
<th>Protest</th>
<th>Despair</th>
<th>Denial detachment</th>
</tr>
</thead>
</table>
| • Screaming, crying, may resist attempts by other adults to comfort them | • Sadness, quiet, withdrawal or compliant behavior.  
  • Cry when parents return                                               | • Lack of protest when parents leave.        
  • Appearance of being happy.                                            
  • Show interest in surrounding                                          |
# Stressors of Hospitalization at stages

## Developmental stage

<table>
<thead>
<tr>
<th>Stressors of Infant</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Separation anxiety (from parents)</td>
<td>• Sleep-awake cycle is disrupted.</td>
</tr>
<tr>
<td>• Stranger anxiety (from nurses, doctors)</td>
<td>• Feeding routine disrupted.</td>
</tr>
<tr>
<td>• Painful, invasive procedures</td>
<td>• Show irritability.</td>
</tr>
<tr>
<td>• Immopelization (restricted to bed)</td>
<td>• less than 6 m, do not remember pain</td>
</tr>
<tr>
<td>• Sleep deprivation</td>
<td></td>
</tr>
<tr>
<td>• Sensory overload (react to light. Sounds)</td>
<td></td>
</tr>
</tbody>
</table>

## Nursing implications

- Encourage **parental presence**: by staying with child, increase visiting hours, engage the parents in providing care to their child.
- Adhere to **infant’s home routine** as much as possible.
- Promote **quite environment** & reduce excess stimuli.
- Utilize topical anesthetics or **sedation** as prescribed.
<table>
<thead>
<tr>
<th>Developmental stage</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stressors of Toddler</strong></td>
<td></td>
</tr>
<tr>
<td>• Separation anxiety (from parents, peer)</td>
<td>• frightened if forced to lie supine.</td>
</tr>
<tr>
<td>• Immopelization (restricted to bed)</td>
<td>• associate pain with punishment.</td>
</tr>
<tr>
<td>• Painful, invasive procedures</td>
<td>• wonders why parents don’t come to rescue.</td>
</tr>
<tr>
<td>• Fear of dark.</td>
<td></td>
</tr>
<tr>
<td>• loss of control</td>
<td></td>
</tr>
<tr>
<td>• Bodily injury or mutilation</td>
<td></td>
</tr>
<tr>
<td>• Fear of change.</td>
<td></td>
</tr>
</tbody>
</table>

**Nursing implications**

- Encourage *parental presence*: by staying with child, increase visiting hours, engage the parents in providing care to their child.
- Allow parent to **hold child** in their lap for examinations.
- Utilize topical anesthetics or **sedation** as prescribed.
- Explain all procedures, **allow choices** when possible.
## Developmental stage

### Stressors of Preschooler

- Separation anxiety (from parents, peer)
- Painful, invasive procedures
- Fear of dark.
- Loss of control
- Bodily injury or mutilation

### Responses

- Show difficulty in separating reality from fantasy.
- Fear ghosts, monsters, body parts will leak out, tubes are permanent.

## Nursing implications

- Encourage **parental presence**: by staying with child, increase visiting hours, engage the parents in providing care to their child.
- Provide night-light or flash-light.
- Utilize topical anesthetics or **sedation** as prescribed.
- **Explain** all procedures, **allow choices** when possible.
### Developmental stage

**Stressors of School-age child**

- Separation (from family, friends & school)
- Painful, invasive procedures
- Loss of control.
- Loss of control over bodily function
- Bodily injury.
- Fear of death.

### Responses

- Show increase sensitivity to environment.
- Demonstrate detailed recall of events to self & other patients.

### Nursing implications

- Encourage parental participation.
- Utilize topical anesthetics or sedation as prescribed.
- Explain all procedures, allow choices when possible.
- Encourage peer interaction.
## Developmental stage

**Stressors of Adolescent**

- Separation (from peer group)
- Fear of altered body image
- Loss of control.
- Fear of death.
- Fear from group separation & acceptance by them.

<table>
<thead>
<tr>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>displays denial, regression, withdrawal, projection, displacement</td>
</tr>
</tbody>
</table>

### Nursing implications

- **Explain** all procedures.
- Encourage peer interaction.
- Encourage discussions of fears & anxieties.
- Ask the adolescence of his/her desire of parental involvement.
- Include the adolescent in the plan of care
Nurse role to minimize loss of control

- Promoting freedom of movement.
- Maintain child routine.
- Encourage independence.
- Promoting understanding.
Family response to hospitalization

• The illness & hospitalization disrupt a family’s usual routines, coping mechanisms & parental roles.

• Family members may experience anxiety & fear, especially when hospitalization is due to serious condition or the outcomes are unknown.

• Some parents display disbelief (if illness is sudden & serious), others show anger & guilt (after reality of illness or when leaving their child alone in hospital).
Nurses Roles

• Nurses should individualize the care according to the needs of each family.

• the usual family needs are: the need to be informed, to be seen as a competent parent, to have some control, & to have competent caregivers.
To help child and his family to adapt to the hospital, several action can be done.

For planned hospitalization:

Both nurses & the family of the child must:

1. Take the child in tours in hospital, units, rooms, plying room.
2. Meet the medical team.
3. Let the child see photographs of the place if tours is not possible.
4. Answer the child’s questions.
5. Talk about going to hospital.
6. Let them dress like a doctor or nurse.
For unexpected hospitalization:

*Nurses must:*

1. Answer the family & child’s questions.
2. Educate them about the care provided, policy, interventions.
3. Let the family & the child express their emotions, fear, anxiety.
Nursing care provided in hospital are different depending on the family and the child’s needs as well as to the place of the child hospitalized in.
<table>
<thead>
<tr>
<th>Place</th>
<th>Nurse role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-stay</td>
<td>• Teaching is compressed.</td>
</tr>
<tr>
<td>Outpatient</td>
<td>• nurse apply variety of teaching methods in minimal time.</td>
</tr>
<tr>
<td>Units</td>
<td>• Keep child’s home routine as possible.</td>
</tr>
<tr>
<td></td>
<td>• Promote safe environment.</td>
</tr>
<tr>
<td>Emergency</td>
<td>• Keep family informed about child status.</td>
</tr>
<tr>
<td>ICU</td>
<td>• Explain all procedure to family.</td>
</tr>
<tr>
<td>Isolation</td>
<td>• Explain reason of isolation.</td>
</tr>
<tr>
<td></td>
<td>• Engage family in the care.</td>
</tr>
</tbody>
</table>