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

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Erikson’s Stage</th>
<th>Nursing Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy/Toddler (0-18 mo)</td>
<td>Trust vs. Mistrust</td>
<td>Respond to crying; tell them the truth; have parents present; continuity of care/primary nursing; follow-through on things</td>
</tr>
<tr>
<td>Toddler/Preschooler (1-3 yr)</td>
<td>Autonomy vs. shame and doubt</td>
<td></td>
</tr>
<tr>
<td>Preschool (3-6 yr)</td>
<td>Initiative vs. guilt</td>
<td></td>
</tr>
<tr>
<td>School age (6-12yr)</td>
<td>Industry vs. inferiority</td>
<td>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;</td>
</tr>
<tr>
<td>Adolescence (12-18yr)</td>
<td>Identity vs. role confusion</td>
<td></td>
</tr>
<tr>
<td>Adult (18-35 yr)</td>
<td>Intimacy vs. isolation</td>
<td></td>
</tr>
</tbody>
</table>

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 caregivers 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 caths (Broviac) 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
• 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

**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

