Chapter 44

Reaction to Illness and Hospitalization
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Stressors of Hospitalization

- Separation anxiety
  - Protest phase
    - Cry and scream, cling to parent
  - Despair phase
    - Crying stops; evidence of depression
  - Detachment phase
    - Denial; resignation but not contentment
    - May seriously affect attachment to parent after separation
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
  - Temper tantrums

Loss of Control: Preschoolers
- Egocentric and magical thinking
  - Typical of age
- May view illness or hospitalization as punishment for misdeeds
- Preoperational thought
Loss of Control: School Age
- Striving for independence and productivity
- Fears of death, abandonment, permanent injury
- Boredom

Loss of Control: Adolescents
- Struggle for independence and liberation
- Separation from peer group
- May respond with anger, frustration
- Need for information about their condition

Fears of Bodily Injury and Pain
- Common fears among children
- May persist into adulthood and result in avoidance of needed care
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

Older Infant’s Response to Pain

- Withdrawal from painful stimuli
- Loud crying
- Facial grimace
- Physical resistance
### Young Child’s Response to Pain
- Loud crying, screaming
- Verbalizations: “Ow,” “Ouch,” “It hurts”
- Thrashing of limbs
- Attempts to push away stimulus

### School-Age Child’s Response to Pain
- Stalling behavior (“wait a minute”)
- Muscle rigidity
- May use all behaviors of young child

### Adolescent
- Less vocal protest, less motor activity
- Increased muscle tension and body control
- More verbalizations (“It hurts,” “You’re hurting me”)
Effects of Hospitalization on the Child

- Effects may be seen before admission, during hospitalization or after discharge
- Child’s concept of illness is more important than intellectual maturity in predicting anxiety

Individual Risk Factors That Increase Vulnerability to Stresses of Hospitalization

- “Difficult” temperament
- Lack of fit between child and parent
- Age (especially between 6 mos and 5 yrs)
- Male gender
- Below-average intelligence
- Multiple and continuing stresses (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
Beneficial Effects of Hospitalization

- Recovery from illness
- Increase coping skills
- Master stress and feel competent in coping
- New socialization experiences

Parental Responses to Stressors of Hospitalization

- Disbelief, anger, guilt
  - Especially if sudden illness
- Fear, anxiety
  - R/T child’s pain, seriousness of illness
- Frustration
  - Especially r/t 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

Preparation for Hospitalization

- Assessment
- Nursing diagnosis
- Planning
- Implementation
- Evaluation

Preventing or Minimizing Separation

- Primary nursing goal
- Especially for children <5 years
- Family-centered care
- Parents are not “visitors”
- Familiar items from home
“Normalizing” the Hospital Environment

- Maintain child’s routine, if possible
- Time structuring
- Self-care (age appropriate)
- School work
- Friends and visitors
Pain

“Pain is whatever the experiencing person says it is, existing whenever the person says it does.”
—McCaffery and Pasero, 1999

This includes verbal and nonverbal expressions of pain

Pain Facts and Fallacies

- FACT: children are undertreated for pain
- FACT: analgesia is withheld for fear of the child becoming addicted
- FALLACY: analgesia should be withheld because it may cause respiratory depression in children
- FALLACY: infants do not feel pain

Principles of Pain Assessment in Children: QUESTT

- Question the child
- Use a pain-rating scale
- Evaluate behavioral and physiologic changes
- Secure parent’s involvement
- Take the cause of pain into account
- Take action and evaluate results
Pain-Rating Scales

- Not all pain-rating scales are reliable or appropriate for children
- Should be age appropriate
- Consistent use of same scale by all staff
- Familiarize child with scale

Pain Scales

- FACES pain-rating scale
- Numeric scale
- FLACC scale
  - Facial expression
  - Legs (normal relaxed, tense, kicking, drawn up)
  - Activity (quiet, squirming, arched, jerking, etc.)
  - Cry (none, moaning, whimpering, scream, sob)

FACES Pain Rating Scale
Nonpharmacologic Interventions

- Based on age
- Swaddling, pacifier, holding, rocking
- Distraction
- Relaxation, guided imagery
- Cutaneous stimulation

Anesthetics: Topical and Local

- Major advancement for atraumatic care
- EMLA
- NUMBY stuff
- Intradermal local anesthetics
- Importance of timing
Analgesics
- Opioids
- NSAIDs
- “Potentiators”
- Lytic cocktail (DPT)—Demerol, Phenergan, and Thorazine
- Co-analgesics, amnestics, sedatives, etc.
- Role of placebos

Dosage of Analgesia
- Based on body weight up to 50 kg
- Concept of “titration”
- Ceiling effect of nonopioids
- First pass effect
- PCA

Nursing Care of the Family
- Family assessment
- Discharge assessment and planning
- Encourage parent participation in planning and care
- Information
- Preparing for discharge and home care
Care of the Child and Family in Special Hospital Situations

Ambulatory/Outpatient

- **Benefits**
- Preparation of child can be challenging
- The stress of waiting
- Explicit discharge and follow-up instructions

Isolation

- Added stressor of hospitalization
- Child may have limited understanding
- Dealing with child's fears
- Potential for sensory deprivation
Emergency Admission

- Essentials of admission counseling
- "Postvention"—counseling subsequent to the event
- Participation of child and family as appropriate to situation

Intensive Care Unit

- Increased stress for child and parents
- Emotional needs of the family
- Parents' need for information
- Perception of security from constant monitoring and individualized care