

# Caring for the Ill Child and Family



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Family-centered care across all settings, from community to acute care, is the underpinning for contemporary nursing and parallels today's trend for the child and family to obtain health care in diverse familiar settings in which they live, grow, play, work, or go to school.

# Stephanie's Story

- The Life of an Ill Child

# Nurse-Family Relationship

## Key Elements of Family-Centered Care:

- The family is a constant
- Facilitating family/professional collaboration
- Exchanging complete and unbiased information
- Honoring cultural diversity
- Recognizing different methods of coping
- Encouraging family to family support
- Appreciating families as families
- Encouraging family/community support

# Chronic Illness

## Chronic diseases share the following characteristics:

- They have a biological, psychological or cognitive basis.
- They last, or are virtually certain to last, for more than one year.
- They are associated with one or more of the following:
  - Limitation of function, activities or social role in comparison with healthy, same-age peers in the areas of physical, cognitive, emotional and social functioning, as well as growth and development
  - Dependency on one or more of the following to compensate for or minimise limitation of function, activities or social role: medications, special diet, medical technology, assistive device, personal assistance
  - A need for medical care or related services, psychological services or educational services over and above the usual for the child's age, or for special ongoing treatments, interventions or accommodations at home or school.

# Acute Illness

- Accidents
- Injuries
- Infections
- Poisoning
- Trauma
- Bites/Stings
- Rashes
- Fever



# Most Common Illnesses Among Children

## Chronic

Obesity  
Tooth Decay  
Diabetes  
Asthma  
Malnutrition  
Developmental Delays

## Acute

Allergic Reaction  
Colds/Flu  
Ear Infections  
Diarrhea  
Lacerations  
Burns

# Example Scenario

The parents of 12 year old Joe, who has leukemia, refuse to allow anyone to discuss his illness and possible treatment with him. Their rationale is that he is too young and this information would only upset him. Based on your knowledge of growth and development, as well as informed consent, how would you approach his parents?



# Scenario Reflection

By age 11, a child's abstract reasoning and logic are advanced. Both children and parents have the right to refuse treatment at any time; however, if this child is not told about the treatment, he cannot participate in the decision process, which can in turn, be detrimental to his recovery.

# Group Activity

Separate into 5 Groups

1. Infant Group
2. Toddler Group
3. Preschooler Group
4. School Aged Group
5. Adolescent Group

# Group Activity

1. Describe the developmental stage of your group's child.
2. Provide 5 nursing interventions based on the developmental stage, which will reduce the hospitalized child's stress level.

### Separation Anxiety Stages:

- Protest
  - child realizes parents are leaving and could cry, cling, and act aggressively)
- Despair
  - child seems to withdraw and become apathetic
- Detachment
  - child represses pain at the sense of loss and shows disinterest on parent's return

### Treatment Family as 1 unit

Increased fear and anxiety with there is no communication

### Barriers to healthcare:

- Financial cost
- Insurance rates

### Child Barriers to Seek Treatment:

- Missing School
- Need to treatment impacts child's normal routine and life

### Empowering family includes:

- include them on decision making
- honor their cultural diversity
- encourage support groups
- education and communication is key
- Importance of return demonstration

### Stressors:

- Fear of the unknown
- Separation Anxiety
- Fear of pain
- Loss of control
- Anger and guilt
- Regression

## Provide Private and Individualized care

Families need special care as they perceive illness as increased threat or worst case scenario

### Primary Health Prevention:

- Taking child to primary care physician and planning follow up care
- Immunizations

If able, let mom hold child while RN performs care

Playroom is just for play, DO NOT perform procedures there. Whenever possible, all treatments need to be scheduled away from child's bed or safe area

To prevent aspiration, never prop a baby's bottle

Families may have difficult time coping.

- Assess their readiness to learn, educational level, language issues, and how much they may already know

### Preschooler:

- Acknowledge child's fear
- Orient hospital setting
- Spend time with child to build trust
- Provide play and divertional activities

### School Age:

- Ask child what they know
- Direct questions
- Allow dress up and play therapy
- Give positive feedback to gain cooperation
- Include in decision making
- Include active participation
- Maintain clear concise limits
- Allow for privacy

### Children of Special Needs:

- Visual or hearing impaired
- Psychomotor difficulties
- Attention deficit disorder

### Adolescence:

- Encourage questions regarding their fears and risks
- Involve in decision making
- Ask if they want parent present
- Make few restrictions as possible
- Accept regression to more childish ways of coping
- Provide privacy for care
- Allow favorite foods if not on special diet