prevent pneumonia, encourage respiratory movement with incentive spirometers or other motivating activities (see Box 20-1). If these measures are presented as games, the child is more likely to comply. The child's position is changed every 2 hours, and deep breathing is encouraged.

## **Nursing Tip**

Because deep breathing is usually painful after surgery, be certain that the child has received analgesics. Have the child splint the operative site (depending on its location) by hugging a small pillow or a favorite stuffed animal.

During the recovery period, spend some time with the child to assess his or her perceptions of surgery. Play, drawing, and storytelling are excellent methods of discovering the child's thoughts. With such information, the nurse can support or correct the child's perceptions and boost his or her self-esteem for having endured a stressful procedure.

Many pediatric patients are discharged shortly after surgery. Preparation for discharge begins with the preadmission preparation visit. The nurse should discuss instructions for postoperative care and review them throughout the perioperative visit. After discharge, the nursing staff often makes phone calls to check the patient's status. Patient education and compliance with discharge instructions can also be assessed during these phone calls (see Nursing Care Guidelines box).

## Nursing Care Guidelines

## **Postoperative Care**

- Ensure that preparations are made to receive child:
- Bed or crib is ready.
- Intravenous (IV) pumps and poles, suction apparatus, and oxygen flow meter are at bedside.