

and minimize side effects.

## Health Promotion

Children with cancer require the same basic health supervision as any child. Sometimes the overwhelming needs and demands placed on the family, coupled with the singular concern focused on the cancer by both family and practitioners, result in a lack of attention to normal health care needs. Nurses should monitor the type of primary care the child receives, using as a guideline recommendations for health supervision. Areas of particular concern are growth, physical and cognitive development, and neurologic status. Two other areas are also important: (1) dental care, because of potential side effects from treatment, and (2) immunizations, because of concern with live virus vaccines and immunosuppression.

### Dental Care

Irradiation to the head and neck can cause a number of late complications ([Landier, Armenian, Meadows, et al, 2016](#)). Some are irreversible, such as facial asymmetry, but those affecting the teeth and gums (e.g., caries, periodontal disease) benefit from excellent oral hygiene, including regular use of systemic and topical fluoride and regular dental examinations and cleaning (see [Dental Health, Chapter 14](#)). There is evidence of delayed or absent development of the permanent teeth ([Effinger, Migliorati, Hudson, et al, 2014](#)). Children need to be aware of this possibility and need help to explain the delay to peers.

### Immunizations

Viral replication after the administration of live vaccine for polio, measles, rubella, and mumps can cause serious disease in immunocompromised children. The child receiving chemotherapy for cancer should not receive live, attenuated vaccines. Inactivated vaccines can be given to immunosuppressed children. Siblings and other family members can receive the live measles, mumps, and rubella vaccine and the varicella vaccine without risk to the child who is immunosuppressed.

An important indication for isolation is an outbreak of childhood