

is essential for these children to have an acceptable quality of life. Their pain may be caused by infections (e.g., otitis media, dental abscess), encephalopathy (e.g., spasticity), adverse effects of medications (e.g., peripheral neuropathy), or an unknown source (e.g., deep musculoskeletal pain). Pain is not only related to the disease processes but also to various treatments these children often undergo, including venipunctures, lumbar punctures, biopsies, and endoscopies. Ongoing assessment of pain is crucial and is most easily accomplished in older children who are able to communicate. Nonverbal and developmentally delayed children are more difficult to assess. The nurse should be alert for signs of pain, such as emotional detachment, lack of interactive play, irritability, and depression. Effective pain management depends on the appropriate use of pharmacologic agents, including EMLA or LMX cream, acetaminophen, NSAIDs, muscle relaxants, and opioids. Tolerance to opioids may indicate increased dosing; monitored use ensures safety. Nonpharmacologic interventions (e.g., guided imagery, hypnosis, relaxation, and distraction techniques) are useful adjuncts.

Common psychosocial concerns include disclosing the diagnosis to the child, making custody plans when the parent is infected, and anticipating the loss of a family member. Other stressors may include financial difficulties, HIV-associated stigma, attempts to keep the diagnosis secret, infection of other family members, and any losses associated with HIV. Most mothers of these children are single mothers who are also HIV infected. As primary caretakers, they often attend to the needs of their child first, neglecting their own health in the process. The nurse should encourage the mother to receive regular health care. As an integral part of the multidisciplinary team, the nurse is necessary for the successful management of the complex medical and social problems of these families.

Children with HIV infection attend daycare centers and schools. It is well established that the risk of HIV transmission in these settings is minimal. These institutions are required to follow Centers for Disease Control and Prevention and Occupational Safety and Health Administration guidelines for infection control measures. Standard precautions describing proper management of blood and body fluids should also be followed. It is recommended