

Procedures” (LeRoy, Elixson, O'Brien, et al, 2003), which addresses issues specific to the child with heart disease. The following discussion highlights some important aspects of preparation for cardiac catheterization and cardiac surgery.

The expected outcomes for preprocedure preparation include reducing anxiety, improving patient cooperation with procedures, enhancing recovery, developing trust with caregivers, and improving long-term emotional and behavioral adjustments after procedures (LeRoy, Elixson, O'Brien, et al, 2003). Important factors to consider in planning preparation strategies are the child's cognitive development, previous hospital experiences, the child's temperament and coping style, the timing of preparation, and the involvement of the parents. The most beneficial preparation strategies usually combine information giving and coping skills training, such as conscious breathing exercises, distraction techniques, guided imagery, or other behavioral interventions.

Outpatient preoperative and precatheterization workups are common for most elective procedures. Children are then admitted on the morning of the procedure. Preprocedure teaching is often done in the clinic setting or at home and may include a tour of the ICU and inpatient facilities. Children of different ages and developmental levels require different amounts of information and different approaches. Whereas young children should be prepared close in time to the event, older children and adolescents may benefit from teaching several weeks in advance. Parents should be included in the preparation session to support their child and learn about upcoming events.

Topics to include in preoperative or precatheterization preparation include information on the environment, equipment, and procedures that the child will encounter during and after the procedure. Many information-giving techniques can be used, such as verbal and written information, hospital tours, preoperative classes, picture books, or videos. Information about what the child will see, hear, and feel should be included, especially for older children and adolescents. Some of the sensory experiences of being in an ICU or catheterization laboratory include sights (monitors, many people, a lot of equipment), sounds (beeping noises, alarms, voices), and sensations (lines and dressings, tape, discomfort, thirst). Familiar aspects of the environment, such as BP cuffs,