heart rate of patients who are being given paralyzing agents or are under sedation may indicate the need for another dose of either or both medications.

## **Thermoregulation**

Hyperthermia often accompanies cerebral dysfunction; if it is present, measures are implemented to reduce the temperature to prevent brain damage and to reduce metabolic demands generated by the increased body temperature. Antipyretic agents are the method of choice for fever reduction; cooling devices should be used for hyperthermia. Laboratory tests and other methods are used in an attempt to determine the cause of the hyperthermia.

## Elimination

A urinary catheter is usually inserted in the acute phase, but diapers may be used and weighed to record urinary output. The child who formerly had bowel and bladder control is generally incontinent. If the child remains unconscious for a long period, the indwelling catheter may be removed, and periodic bladder emptying can be accomplished by intermittent catheterization. Stool softeners are usually sufficient to maintain bowel function, but suppositories or enemas may be needed occasionally for adequate elimination and to prevent fecal impaction. The passage of liquid stool after a period of no bowel activity is usually a sign of an impaction. To avoid this preventable problem, daily recording of bowel activity is essential.

## **Hygienic Care**

Routine measures for cleansing and maintaining skin integrity are an integral part of nursing care of the unconscious child. Unconscious children undergo numerous invasive procedures, and the skin sites used for these procedures require special assessment and intervention to promote healing and prevent infection. Skinfolds also require special attention to prevent excoriation.

Mouth care is performed at least twice daily because the mouth tends to become dry or coated with mucus. The teeth are carefully brushed with a soft toothbrush or cleaned with gauze saturated with saline. Commercially prepared cleansing devices, such as