

If signs of cystitis such as dysuria or hematuria occur, prompt medical evaluation is needed. Hemorrhagic cystitis warrants a full workup and prompt intervention.

In most cases, IV fluids are given before, during, and after the drug to ensure adequate hydration, thereby eliminating the need for the child's drinking large amounts of fluid. If oral home administration is prescribed, the family needs specific instructions on exactly how much fluid the child must have.

Alopecia

Hair loss is a side effect of several chemotherapeutic drugs and cranial irradiation. Not all children lose their hair during drug therapy, and some children may experience thinning of the hair rather than baldness. However, retaining hair is the exception rather than the rule. It is better to warn children and parents of this side effect to allow time to adapt to the side effect.

The family should know that the hair falls out in clumps, causing patchy baldness. To lessen the trauma of seeing large amounts of hair on bed linen or clothing, the child can wear a disposable surgical cap to collect the shed hair during the period of greatest hair loss, or the hair can be cut short or shaved. Families should also be aware that wigs are tax deductible and that hair typically regrows in 3 to 6 months. The hair is often a different color and texture than before cancer treatment.

Nursing Tip

Encouraging children to choose a wig similar to their own hairstyle and color before the hair falls out is helpful in fostering later adjustment to hair loss.

If the child chooses not to wear a wig, attention to some type of head covering is important, especially in cold or sunny climates. Scalp hygiene is also important. The scalp should be washed regularly as with any other body part.

Steroid Effects

Short-term steroid therapy produces physical changes and