

stridor, drooling, restlessness, agitation, increasing respiratory rate, and progressive cyanosis. Suction equipment and oxygen should be available after tonsillectomy.

Nursing Alert

The most obvious early sign of bleeding is the child's continuous swallowing of the trickling blood. While the child is sleeping, note the frequency of swallowing. If continuous bleeding is suspected, notify the surgeon immediately.

Family Support and Home Care

Discharge instructions include (1) avoiding irritating and highly seasoned foods, (2) avoiding gargles or vigorous toothbrushing, (3) avoiding coughing or clearing of the throat or putting objects in the mouth (e.g., a straw), (4) using analgesics or an ice collar for pain, and (5) limiting activity to decrease the potential for bleeding. Hemorrhage may occur after surgery as a result of tissue sloughing from the healing process. Any sign of bleeding warrants immediate medical attention. Chewing gum may prevent throat and ear pain in older children. Objectionable mouth odor and slight ear pain with a low-grade fever are common for 5 to 10 days postoperatively. However, persistent severe earache, fever, or cough requires medical evaluation. Most children are ready to resume normal activity within 1 to 2 weeks after the operation. The child's voice may sound different postoperative, especially if the tonsils were large.

Influenza

Influenza, or the “flu,” is classified into three groups of orthomyxoviruses, which are antigenically distinct: types A and B, which cause epidemic disease, and type C, which is antigenically stable and causes milder disease. Influenza is spread from one individual to another by direct contact (large-droplet infection) or by articles recently contaminated by nasopharyngeal secretions. Attack rates are highest in young children who have had no previous contact with a strain. Influenza is frequently most severe in infants. During epidemics, infection among school-age children