

stethoscopes, or oximeter probes, are reviewed, and new equipment, such as monitors, IV lines, and oxygen masks, are described. Comforting aspects of the environment, such as play areas, chairs for parents, and televisions, are emphasized. Many patients who will be sedated during catheterization or receive narcotic pain relievers after surgery will have minimal recall of that period and will not need detailed information about the equipment or procedures used. Information should be specific to the planned procedure for each patient.

A discussion of ways the child can cope with the experience should be included. For a young child, bringing a familiar stuffed animal or comfort object will help relieve anxiety, and advising an older child to bring headphones and favorite music to the catheterization laboratory will help distract him or her during the procedure. Recovery topics after catheterization include lying still to prevent bleeding at the catheter site, advancing diet, controlling pain, and monitoring. After surgery, the nurse reviews the importance of ambulation, coughing, deep breathing, drinking, and eating and describes pain management and monitoring routines. Simple coping strategies for use during painful procedures should be reviewed; these include distraction techniques such as counting, blowing, singing, and telling stories.

Children and their families should have a choice about an ICU tour. Exposure to the ICU environment can actually increase anxiety in some children, particularly young children, those with previous hospital experiences, and those who are highly anxious ([LeRoy, Elixson, O'Brien, et al, 2003](#)). Usually the day before the procedure is ample time to allow the child to ask questions and to prevent undue fantasizing about the experience. The child should be protected from the frightening sights in the unit; equipment not in view postoperatively, such as equipment located behind or below the bed, needs less attention. The child and parents are encouraged to ask questions or to explore further any equipment in the room, but they should not be pushed to assimilate more information than they are able.

Preoperative physical care differs little, if any, from that for any other surgery and is discussed in [Chapter 20](#). The child should be assured that the parents will be there when the child wakes up; they should be allowed to accompany their child as far as possible