

Therapy for hyperthyroidism is controversial, but the end goal is the same—decrease the circulating TH. The three acceptable modes available are antithyroid drugs, subtotal thyroidectomy, and ablation with radioiodine (^{131}I iodide) (Lee and Hwang, 2014; Léger and Carel, 2013). Each therapy has advantages and disadvantages.

When affected children exhibit signs and symptoms of hyperthyroidism (e.g., increased weight loss, pulse, pulse pressure, and blood pressure), their activity should be limited to classwork only. Vigorous exercise is restricted until thyroid levels are decreased to normal or near-normal values.

Thyrotoxicosis (thyroid “crisis” or thyroid “storm”) may occur from sudden release of TH. Although thyrotoxicosis is unusual in children, it can be life threatening. Clinical signs of thyroid storm are acute onset of severe irritability and restlessness, vomiting, diarrhea, hyperthermia, hypertension, severe tachycardia, and prostration. There may be rapid progression to delirium, coma, and even death. A crisis may be precipitated by acute infection, surgical emergencies, or discontinuation of antithyroid therapy. In addition to antithyroid drugs, beta blockers are used to control symptoms until normal thyroid function is achieved (Léger and Carel, 2013). Therapy is usually required for 2 to 3 weeks.

The American Thyroid Association* has an extensive website with information related to prevention, treatment, and cure of thyroid disease.

Nursing Care Management

Because the clinical manifestations often appear gradually, the goiter and ophthalmic changes may not be noticed, and the excessive activity may be attributed to behavioral problems. Nurses in ambulatory settings, particularly schools, need to be alert to signs that suggest this disorder. Weight loss despite an excellent appetite, academic difficulties resulting from a short attention span, inability to sit still, unexplained fatigue and sleeplessness, and difficulty with fine motor skills such as writing, can all be signs of this disease. Exophthalmos may develop long before the onset of the signs and symptoms and may be the only presenting sign.

Nursing care focuses on treating physical symptoms before a response to drug therapy is achieved. Children with hyperthyroidism need a quiet, unstimulating environment that is