

procedural techniques for children in each age group also minimizes fear of bodily injury. For example, because toddlers and young preschoolers are traumatized by insertion of a rectal thermometer, axillary temperatures or temperatures taken with electronic or tympanic membrane devices can effectively be substituted. Whenever procedures are performed on young children, the most supportive intervention is to do the procedure as quickly as possible while maintaining parent-child contact.

Because of toddlers' and preschool children's poorly defined body boundaries, the use of bandages may be particularly helpful. For example, telling children that the bleeding will stop after the needle is removed does little to relieve their fears, but applying a small Band-Aid usually reassures them. The size of bandages is also significant to children in this age group; the larger the bandage, the more importance is attached to the wound. Watching their surgical dressings become successively smaller is one way young children can measure healing and improvement. Prematurely removing a dressing may cause these children considerable concern for their well-being. Specific pain management strategies are discussed in [Chapter 5](#).

For children who fear mutilation of body parts, it is essential that the nurse repeatedly stress the reason for a procedure and evaluate the child's understanding. For example, explaining cast removal to preschoolers may seem simple enough, but children's comprehension of the details may vary considerably from the explanation. Asking the child to draw a picture of what they foresee happening presents substantial evidence of how they perceive events.

Children may fear bodily injury from a great variety of sources. Imaging machines, strange equipment used for examination, unfamiliar rooms, and awkward positions can be perceived as potentially hazardous. In addition, thoughts and actions can be imagined sources of bodily damage. Therefore, it is important to investigate imagined reasons, particularly of a sexual nature, for illness. Because children may fear revealing such thoughts, using techniques such as drawing or doll play may elicit previously undisclosed misconceptions.

Older children fear bodily injury of both internal and external origins. For example, school-age children are aware of the