Nursing care of the child with a brain tumor is similar regardless of the type of intracranial lesion. Because a brain tumor is potentially fatal, the reader is urged to incorporate the psychological interventions discussed in Chapter 17 with those elaborated on in this section. Despite the grave nature of some brain tumors, it is important to realize the hope that new standard therapies and emerging therapies have brought to the families of many pediatric brain tumor patients.

Assess for Signs and Symptoms

A child admitted to the hospital with neurologic dysfunction is often suspected of having a brain tumor, even though the actual diagnosis is not yet confirmed. Establishing a baseline of data for comparing preoperative and postoperative changes is an essential step toward planning physical care and preventing complications. Table 25-2 summarizes common presenting signs and assessment procedures to document significant changes in the child's condition.

Prepare the Family for Diagnostic and Operative Procedures

The suspected diagnosis of a brain tumor is always a crisis. Although some tumors are removed with excellent results, the physician can rarely give definitive answers regarding the prognosis until after surgery. Therefore, parents, the child, and other family members require much emotional support to face the diagnostic procedures and a craniotomy.

How the child is prepared for the diagnostic tests depends on the child's age and experience. Because most of the tests involve x-ray equipment, the child may be familiar with the procedure. Chapter 20 discusses preparing children for an MRI or a CT scan. Once surgery is scheduled, the child needs an explanation of what to expect. Although it may be tempting to justify the surgery by stating that removing the tumor will take away various symptoms, the nurse should refrain from emphasizing this point too strenuously. Postsurgical headaches and cerebellar symptoms, such as ataxia, may be aggravated rather than improved. Surgery may not improve vision. With optic gliomas the child will be blind in one eye even if the tumor is fully resected. Finally, surgical removal of the mass may be impossible, and after surgery, functioning may temporarily deteriorate or result in permanent damage. Being