

not punishment for real or imagined transgressions and that the nurse understands their fear, anger, and discomfort. They also need human touch. This is often difficult to arrange for the child with massive burns. Stroking areas of unburned skin is comforting. Even older children enjoy sitting on the parent's or caregiver's lap and being cuddled and hugged. This can be a reward or a comfort in times of stress, but most of all it should be kept in mind that it is a natural part of childhood.

Psychosocial Support of the Family

Recognizing and respecting each family's strengths, differences, and methods of coping allow the nurse to respond to their unique needs by implementing a family-centered approach to care. In the acute phase, most of the attention is focused on the child, and the parents or caregivers may feel powerless and ineffectual. Parents or caregivers may feel overwhelming guilt, whether or not the guilt is justified. They feel responsible for the injury. These feelings may impede the child's rehabilitation. Parents or caregivers may indulge the child and allow non-adherent behaviors that affect physical and emotional recovery. They need to be informed of the child's progress and helped to cope with their feelings while providing support to their child. The nurse can help them understand that it is not selfish to look after themselves and their own needs to meet their child's needs. It is important to recognize the parents' or caregivers' need to grieve the change in their child's normal appearance as part of the grieving process. Definitive professional help may be needed for those whose response to the injury is severe or whose response to stress is manifested in destructive behavior.

The parents or caregivers are members of the multidisciplinary team and participate in the development of the care plan. It is important to facilitate their input; to consider all aspects of the physical, emotional, social, and cultural factors affecting the child and family; and to establish a realistic home therapy program. The family's willingness to assume responsibility for care and their ability to implement the therapeutic regimen are assessed. Home, school, and other environmental factors are explored; financial concerns and available community resources are discussed; and a specific care plan for the child, with an anticipated follow-up program, is developed.