the illness is important to prevent complications.

Nursing Care Management

Because abdominal pain is a common childhood complaint, the nurse needs to make some preliminary assessment of the severity of pain (see Pain Assessment, Chapter 5). One of the most reliable estimates is the degree of change in behavior. Younger, nonverbal children will assume a rigid, motionless, side-lying posture with the knees flexed on the abdomen, and there is decreased range of motion of the right hip. Older children may exhibit all of these behaviors while complaining of abdominal pain and refusing to play.

Nursing Alert

In any instance in which severe abdominal pain is observed, the nurse must be aware of the danger of administering laxatives or enemas. Such measures stimulate bowel motility and increase the risk of perforation.

Postoperative Care

Postoperative care for the nonperforated appendix is the same as for most abdominal procedures. Care of the child with a ruptured appendix and peritonitis involves more complex care, and the course of recovery is considerably longer. The child is maintained on IV fluids and antibiotics, is allowed nothing by mouth (NPO), and the NG tube is kept on low continuous gastric decompression until there is evidence of intestinal activity. Listening for bowel sounds and observing for other signs of bowel activity (e.g., passage of flatus or stool) are part of the routine assessment. A drain is often placed in the wound during surgery, and frequent dressing changes with meticulous skin care are essential to prevent excoriation of the area surrounding the surgical site. If the wound is left open, moist dressings (usually saline-soaked gauze) and wound irrigations with antibacterial solution are used to provide optimum healing environment.

Management of pain is an essential part of the child's care. Because pain is continuous during the first few postoperative days, analgesics are given regularly to control pain. Procedures are