

Caring for the child during hospitalization can be a special challenge. Frequently, nurses are unfamiliar with children who are cognitively impaired, and they may cope with their feelings of insecurity and fear by ignoring or isolating the child. Not only is this approach nonsupportive, it may also be destructive to the child's sense of self-esteem and optimum development, and it may impair the parents' ability to cope with the stress of the experience. To prevent engaging in this nontherapeutic approach, nurses are to use the mutual participation model in planning the child's care. Parents should stay with their child but not be made to feel as if the responsibility is totally theirs.

When the child is admitted, a detailed history is taken (see [Chapter 19](#)), with special focus on all self-care abilities. Questions about the child's abilities are approached positively. For example, rather than asking, "Is your child toilet trained yet?" the nurse may state, "Tell me about your child's toileting habits." The assessment should also focus on any special devices that the child uses, effective measures of limit setting, unusual or favorite routines, and any behaviors that may require intervention. If the parent states that the child engages in self-stimulatory or self-injurious activities (e.g., head banging, self-biting), the nurse should inquire about events that precipitate them and techniques (e.g., distraction, medication) that the parents use to manage them ([Oliver and Richards, 2010](#)).

The nurse also assesses the child's functional level of eating and playing; ability to express needs verbally; progress in toilet training; and relationship with objects, toys, and other children. The child is encouraged to be as independent as possible in the hospital.

Realizing that the child may be lonely in the hospital, the nurse makes certain that toys and other activities are provided. The child is placed in a room with other children of approximately the same developmental age, preferably a room with only two beds to avoid overstimulation. The nurse should treat the child with dignity and respect in a manner that promotes acceptance and understanding by other children, parents, and those with whom the child comes into contact in the hospital.

Explain procedures to the child using methods of communication that are at the appropriate cognitive level. Generally, explanations should be simple, short, and concrete, emphasizing what the child