

child should be allowed as much activity as possible within the limitations of the illness or treatment. Any functional mobility, however minimal, is preferred to total immobility.

High-protein, high-calorie foods are encouraged to prevent negative nitrogen balance, which may be difficult to correct by diet, especially if there is anorexia as a result of immobility and decreased gastrointestinal function (decreased motility and possibly constipation). Stimulating the appetite with small servings of attractively arranged, preferred foods may be sufficient. At times, supplementary nasogastric or gastrostomy feedings or intravenous (IV) nutrition or fluids may be needed, but these are reserved for serious disability in which oral intake is impossible. Adequate hydration and, when possible, an upright position and remobilization promote bowel and kidney function and help prevent complications in these systems.

Children are encouraged to be as active as their condition and restrictive devices allow. This poses few problems for children, whose innate ingenuity and natural inclination toward mobility provide them with the impetus for physical activity. They need the opportunity, the materials and objects to stimulate activity, and the encouragement and participation of others. Those who are unable to move may benefit from passive exercise and movement in consultation with a physical therapist.

Using dolls, stuffed animals, or puppets to illustrate and explain the immobilization method (e.g., traction, cast) is a valuable tool for small children. Placing a cast, tubing, or other restraining equipment on the doll offers the child a nonthreatening opportunity to express, through the doll, feelings concerning the restrictions and feelings toward the nurse and other health care providers. The doll or puppet may also be used for teaching the child and family procedures, such as IV therapy, procedural sedation, and general anesthesia.

Whenever possible, transporting the child outside the confines of the room increases environmental stimuli and allows social contact with others. Specially designed wheelchairs or carts for increased mobility and independence are available. While hospitalized, children benefit from visitors, computers, books, interactive video games, and other items brought from their own room at home. An activity center or slanting tray can be helpful for the child with