notice of this is posted above the head of the bed. When the child is turned, every precaution is used to prevent jarring or misalignment to prevent undue strain on the sutures. Two nurses, one supporting the head and the other the body, are needed. The use of a turning sheet may facilitate turning a heavy child.

Nursing Alert

The Trendelenburg position is contraindicated in both infratentorial and supratentorial surgeries because it increases intracranial pressure (ICP) and the risk of hemorrhage. If shock is impending, the practitioner is notified immediately, before the head is lowered.

Fluid Regulation

With an infratentorial craniotomy, the child is allowed nothing by mouth for at least 24 hours or longer if the gag and swallowing reflexes are depressed or the child is comatose. With a supratentorial procedure, feeding may be resumed soon after the child is alert, sometimes within 24 hours. Clear water is always started first because of the danger of aspiration. If the child vomits, stop oral liquids. Vomiting not only predisposes the child to aspiration but also increases ICP and the risk for incisional rupture.

IV fluids are continued until fluids are well tolerated. Because of the cerebral edema postoperatively and the danger of increased ICP, fluids are carefully monitored and usually infused less than the maintenance rate. A hypertonic solution such as mannitol may be necessary to remove excess fluid. These drugs cause rapid diuresis. Urinary output is monitored after administration of these drugs to evaluate their effectiveness.

Comfort Measures

Headache may be severe and is largely the result of cerebral edema. Measures to relieve some of the discomfort include providing a quiet, dimly lit environment; restricting visitors; preventing any sudden jarring movement, such as banging into the bed; and preventing an increase in ICP. The last is most effectively achieved by proper positioning and prevention of straining, such as during coughing, vomiting, or defecating. The use of opioids, such as