

respect the child's space may engender fear in other children who perceive that the playroom is not a safe place after all. The fear of having other procedures performed in the playroom may prevent children from going there to participate in therapeutic and interactive play.

3. It is important to maintain a fair balance between what constitutes therapeutic management of illness and childhood recreation. It would be appropriate in this situation to intervene and ask the phlebotomist to return in 30 minutes to an hour and indicate that the child will be ready for the venipuncture in the treatment room at that time. It is important to stress that the playroom is off limits for procedures. It would be appropriate to discuss this plan with Joel, indicating that the procedure will be performed at the designated time. It is also important to explore pain management issues with Joel: Does he usually use local anesthetic or other topical remedies to prevent pain at the site? If so, it will be necessary to make such arrangements in advance, possibly now, so his pain is managed appropriately. As the nurse, it is appropriate to discuss a delay in obtaining the laboratory results with Dr. Lung and the reasons for the delay. As workers on the pediatric floor, it is important for medical and nursing staff to communicate effectively. If this arrangement does not suit Dr. Lung's time frame for accomplishing certain tasks, one might suggest a trade-off. The nurse may draw the blood in the treatment room after preparations are made and Joel agrees on a time. Remember, however, that school-age children are prone to "bargain" for more time to delay or prevent the event because it is painful. One must be gently firm about the agreed-on time of the procedure and not allow further delays to accommodate the child who just does not want the procedure performed—ever, in most cases.

4. Yes, there is sufficient evidence to support these decisions and the plan of action.