and family need to know that the sensations are real—not imagined. A Cochrane Review reported that various medications such as morphine, gabapentin, and ketamine have been used for phantom limb pain, but complete pain relief has been unsuccessful (Alviar, Hale, and Dungca, 2011). Discharge planning must begin early in the postoperative period. Once the child has begun physical therapy, the nurse should consult with the therapist and practitioner to evaluate the child's physical and emotional readiness to reenter school. It is an opportune time to involve a community nurse in the child's home care. Every effort is made to promote normalcy and gradual resumption of realistic pre-amputation activities.* Role playing in anticipation of such experiences is beneficial in preparing the child for the inevitable confrontation by others. Environmental barriers, such as stairs, are assessed in terms of the accessibility in the school and home, especially because the child may need to use crutches or a wheelchair before complete healing and prosthetic competency are achieved. The nurse encourages the child to select clothing that best camouflages the prosthesis, such as pants or long-sleeved shirts. Well-fitted prostheses are so natural looking that girls can usually wear sheer stockings without revealing the device. Encouraging the child to wear jeans and a T-shirt may distract attention from the deformity and focus on familiar aspects of appearance.

The family and child need much support in adjusting not only to a life-threatening diagnosis but also to alteration in body form and function. Because loss of a limb entails a grieving process, those caring for the child need to recognize that the reactions of anger and depression are normal and necessary. Often parents view the anger as a direct affront to them for allowing the amputation to occur, or they see the depression as rejection. These are not personal attacks but the child's attempts to cope with a loss.

Ewing Sarcoma (Primitive Neuroectodermal Tumor of the Bone)

Ewing sarcomas, which includes primitive neuroectodermal tumor of the bone, arise in the marrow spaces of the bone rather than from osseous tissue. The tumor originates in the shaft of long and trunk bones, most often affecting the pelvis, femur, tibia, fibula, humerus,