The environment is made conducive to rest and free of emotional stress. This requires adequate preparation during hospital admission and before surgery. Parents are encouraged to room-in with their child and to participate in care. Play activities need to be tailored to the child's energy level without being overly strenuous or challenging, because these can increase metabolic rate and promote frustration and anxiety.

After surgery, the child is observed for signs of shock from removal of excess catecholamines. If a bilateral adrenalectomy was performed, the nursing interventions are those discussed for chronic adrenocortical insufficiency.

Disorders of Pancreatic Hormone Secretion

Diabetes Mellitus

DM is a chronic disorder of metabolism characterized by hyperglycemia and insulin resistance. It is the most common metabolic disease, resulting in metabolic adjustment or physiologic change in almost all areas of the body. The most recent statistics (2010) indicate that in the United States, approximately 215,000 children younger than 20 years old have either type 1 or type 2 diabetes (Centers for Disease Control and Prevention, 2010). The odds are higher for African-American and Hispanic children—nearly 50% of them will develop diabetes (Urrutia-Rojas and Menchaca, 2006). DM in children can occur at any age, but 40% of children diagnosed are between 10 to 14 years old and 60% are between 15 to 19 years old. Girls are 1.3 to 1.7 times more likely to develop type 2 diabetes than boys (Laffel and Svoren, 2015).

Traditionally, DM had been classified according to the type of treatment needed. The old categories were insulin-dependent diabetes mellitus (IDDM), or type I, and non–insulin-dependent diabetes mellitus (NIDDM), or type II. In 1997, these terms were eliminated because treatment can vary (some people with NIDDM require insulin) and because the terms do not indicate the underlying problem. The new terms are *type 1* and *type 2*, using Arabic symbols to avoid confusion (e.g., type II could be read as