

significantly since the advent of immunizations. The use of antibiotics and antitoxins has further reduced serious complications resulting from such infections. However, infectious diseases do occur, and nurses must be familiar with the infectious agent to recognize the disease and to institute appropriate preventive and supportive interventions (Table 6-1).

TABLE 6-1
Communicable Diseases of Childhood

Disease	Clinical Manifestations	Therapeutic Management and Complications	Nursing Care Management
Chickenpox (Varicella) (Fig. 6-2)			
<p>Agents: Varicella-zoster virus (VZV)</p> <p>Source: Primary secretions of respiratory tract of infected persons; to a lesser degree, skin lesions (scabs not infectious)</p> <p>Transmissions: Direct contact, droplet (airborne) spread, and contaminated objects</p> <p>Incubation period: 2 to 3 weeks, usually 14 to 16 days</p> <p>Period of communicability: Probably 1 day before eruption of lesions (prodromal period) to 6 days after first crop of vesicles when crusts have formed</p>	<p>Prodromal stage: Slight fever, malaise, and anorexia for first 24 hours; rash highly pruritic; begins as macule, rapidly progresses to papule and then vesicle (surrounded by erythematous base; becomes umbilicated and cloudy; breaks easily and forms crusts); all three stages (papule, vesicle, crust) present in varying degrees at one time</p> <p>Distribution: Centripetal, spreading to face and proximal extremities but sparse on distal limbs and less on areas not exposed to heat (i.e., from clothing or sun)</p> <p>Constitutional signs and symptoms: Elevated temperature from lymphadenopathy, irritability from pruritus</p>	<p>Specific: Antiviral agent acyclovir (Zovirax); varicella-zoster immune globulin or intravenous immune globulin (IVIG) after exposure in high-risk children</p> <p>Supportive: Diphenhydramine hydrochloride or antihistamines to relieve itching; skin care to prevent secondary bacterial infection</p> <p>Complications: Secondary bacterial infections (abscesses, cellulitis, necrotizing fasciitis, pneumonia, sepsis) Encephalitis Varicella pneumonia (rare in normal children) Hemorrhagic varicella (tiny hemorrhages in vesicles and numerous petechiae in skin) Chronic or transient thrombocytopenia</p> <p>Preventive: Childhood immunization</p>	<p>Maintain Standard, Airborne, and Contact Precautions if hospitalized until all lesions are crusted; for immunized child with mild breakthrough varicella, isolate until no new lesions are seen.</p> <p>Keep child in home away from susceptible individuals until vesicles have dried (usually 1 week after onset of disease), and isolate high-risk children from infected children.</p> <p>Administer skin care: Give bath and change clothes and linens daily; administer topical calamine lotion; keep child's fingernails short and clean; apply mittens if child scratches.</p> <p>Keep child cool (may decrease number of lesions).</p> <p>Lessen pruritus; keep child occupied.</p> <p>Remove loose crusts</p>