

support their child when the child is awake.

The nurse should participate in preoperative conferences with the physician and parents. The nurse needs to know what information the parents have been given in order to provide further explanations or emotional support when necessary.

Nursing Alert

Report sluggish, dilated, or unequal pupils immediately because they may indicate increased intracranial pressure (ICP) and potential brainstem herniation—a medical emergency.

Prevent Postoperative Complications

After surgery the surgeon prescribes specific orders for taking vital signs, positioning, regulating fluids, and administering medication. These vary somewhat, depending on the location of the craniotomy. The following are general principles of care for infratentorial or supratentorial surgery. [Chapter 27](#) discusses additional aspects of care, such as care of the child with seizures and care of the unconscious child in terms of respiratory status and neurologic assessment.

Assessment

Vital signs are taken as often as every 15 to 30 minutes until the patient is stable. Temperature measurement is particularly important because of hyperthermia resulting from surgical intervention in the hypothalamus or brainstem and from some types of general anesthesia.

Nursing Alert

To keep an accurate account of drainage, circle the soiled area with a pen and monitor for signs of continuous bleeding.

The presence of colorless drainage is reported immediately because it most likely is cerebrospinal fluid leaking from the incisional area. A foul odor from the dressing may indicate an infection. Such a finding is reported, and a culture is taken. The most likely types of infection are meningitis and respiratory tract