- b. "We try to organize care into clusters so that infants and children can sleep and we can turn down lights."
- c. "We silence alarms to allow for periods of sleep, especially at night."
- d. "When possible, we allow for uninterrupted sleep cycles—for infants 90 minutes and for older children 60 minutes."
- e. "We encourage parents to sit with and touch their child as often as possible."

## **Correct Answers**

1. c; 2. a, c, d, e; 3. a, c; 4. a, b, e; 5. b, e

## References

- Abraham M, Moretz JG. Implementing patient- and family-centered care: part I—understanding the challenges. *Pediatr Nurs*. 2012;38(1):44–47.
- Agarwal S, Frankel L, Tourner S, et al. Improving communication in a pediatric intensive care unit using daily patient goal sheets. *J Crit Care*. 2008;23(2):227–235.
- Anderson CD, Mangino RR. Nurse shift report: who says you can't talk in front of the patient? *Nurs Adm Q*. 2006;30(2):112–122.
- Board R, Ryan-Wenger N. Stressors and symptoms of mothers with children in the PICU. *J Pediatr Nurs*. 2003;18(3):195–201.
- Caffin CL, Linton S, Pellegrini J. Introduction of a liaison nurse role in a tertiary paediatric ICU. *Intensive Crit Care Nurs*. 2007;23(4):226–233.
- Clatworthy S, Simon K, Tiedeman ME. Child drawing: hospital—an instrument designed to measure the emotional status of hospitalized school-aged children. *J Pediatr Nurs*. 1999;14(1):2–9.
- Coyne I. Children's experiences of hospitalization. *J Child Health Care*. 2006;10(4):326–336.
- Craft MJ. Siblings of hospitalized children: assessment and intervention. *J Pediatr Nurs*. 1993;8(5):289–297.