

Unless an emergency is life threatening, children need to participate in their care to maintain a sense of control. Because emergency departments are frequently hectic, there is a tendency to rush through procedures to save time. However, the extra few minutes needed to allow children to participate may save many more minutes of useless resistance and uncooperativeness during subsequent procedures. Other supportive measures include ensuring privacy, accepting various emotional responses to fear or pain, preserving parent–child contact, explaining all events before or as they occur, and personally remaining calm. Pain management strategies are discussed in [Chapter 5](#).

At times, because of the child's physical condition, little or no preparatory counseling for emergency hospitalization can be done. In such situations, counseling subsequent to the event has therapeutic value. The counseling should focus on evaluating children's thoughts regarding admission and related procedures. It is similar to precounseling techniques; however, instead of supplying information, the nurse listens to the explanations offered by the child. Projective techniques such as drawing, doll play, or storytelling are especially effective. The nurse then bases additional information on what has already been understood.

Intensive Care Unit

Admission to an ICU can be traumatic for both the child and parents ([Fig. 19-10](#)). The nature and severity of the illness and the circumstances surrounding the admission are major factors, especially for parents. Parents experience significantly more stress when the admission is unexpected rather than expected. Stressors for the child and parent are described in [Box 19-11](#). Although several studies have described what parents perceive as most stressful, the most effective strategy may be to simply ask parents what is stressful and implement interventions that will enhance their ability to cope ([Board and Ryan-Wenger, 2003](#)). Assessment should be repeated periodically to account for changes in perceptions over time. The use of daily patient goal sheets has been successful in improving communication among health care providers caring for children in the ICU ([Agarwal, Frankel, Towner, et al, 2008](#); [Phipps and Thomas, 2007](#)). By clearly defining