

rest will be treated with special drugs and x-ray treatments.” During recovery the child needs additional explanation about the treatment and the reason for residual neurologic effects, such as ataxia or blindness. Hair loss is a normal concern for the child, and its regrowth will be delayed, depending on the length of therapy. At this point it is advisable to reintroduce the idea of a wig.

### **Promote Return to Optimum Functioning**

The ultimate goal is a cured child who has optimum functioning. As soon as possible, the child should resume usual activities within tolerable limits, especially returning to school.<sup>†</sup> Until the skull is completely healed, the child may need to wear a helmet when engaging in any active sport. This decision is made by the child's neurosurgeon. The school nurse and teacher should confer with the parents on activity restrictions, such as physical education, and the reactions of schoolmates to the child's appearance.

The vast realm of possible consequences after the diagnosis of a brain tumor is not discussed here. Rather, the reader is referred to other sections of the text that deal with possible outcomes, such as the paralyzed, visually impaired, or unconscious child or the child with a ventricular shunt, seizure disorder, or meningitis. Numerous physical problems can occur with progression of the tumor that may necessitate additional procedures. For example, frequent vomiting, anorexia, and nausea may require non-oral routes of feeding, such as gastrostomy or parenteral alimentation. Whenever these procedures are instituted, the nurse may be responsible for teaching the family appropriate home care to allow the child the highest quality of life (see the discussion of discharge planning and home care in [Chapter 19](#)).

## **Neuroblastoma**

Neuroblastoma is the most common extracranial solid tumor of childhood and the most common cancer diagnosed in infancy. Approximately 650 new cases of neuroblastoma are diagnosed every year in the United States ([National Cancer Institute, 2015c](#)). The median age at diagnosis is 19 months ([National Cancer Institute, 2015c](#)). These tumors originate from embryonic neural crest cells that normally give rise to the adrenal medulla and the