

Administering mouth care is particularly difficult in infants and toddlers. A satisfactory method of cleaning the gums is to wrap a piece of gauze around a finger; soak it in saline or plain water; and swab the gums, palate, and inner cheek surfaces with the finger. Children should perform mouth care routinely before and after any feeding and as often as every 2 to 4 hours to rid mucosal surfaces of debris, which becomes an excellent medium for bacterial and fungal growth.

Difficulty eating is a major problem with stomatitis and may warrant hospitalization if the child refuses fluids. The child usually chooses the foods that are best tolerated. Drinking can usually be encouraged if a straw is used to bypass the ulcerated oral mucosa. The nurse should encourage parents to relax any eating pressures because the anorexia accompanying stomatitis is well justified. In addition, because it is a temporary condition, once the ulcers heal, the child can resume good food habits. Ordinarily, severe mucosal ulceration indicates a need for decreased chemotherapy until complete healing takes place, usually within a week. Analgesics, including opioids, may be needed when treatment cannot be altered, such as during BMT.

If rectal ulcers develop, meticulous toilet hygiene, warm sitz baths after each bowel movement, and an occlusive ointment applied to the ulcerated area promote healing; the use of stool softeners is necessary to prevent further discomfort. Parents should record bowel movements because the child may voluntarily avoid defecation to prevent discomfort. Rectal temperatures and suppositories are always avoided because they may traumatize the area.

## **Neurologic Problems**

Vincristine, and to a lesser extent vinblastine, can cause various neurotoxic effects. One of the more common neurotoxic effects is severe constipation caused from decreased bowel innervation. Administration of opioids can further aggravate constipation. The nurse advises parents to record bowel movements and to notify the practitioner of a change in stool habits. Physical activity and stool softeners are helpful in preventing the problem, but laxatives, such as polyethylene glycol, are often necessary to stimulate evacuation. Dietary changes such as increased fiber may not be effective,