Concern with missing school or work

Play deprivation

Data primarily from Tichy AM, Braam CM, Meyer TA, et al: Stressors in pediatric intensive care units, *Pediatr Nurs* 14(1):40–42, 1988.

The family's emotional needs are paramount when a child is admitted to an ICU. A major stressor for parents of a child in the ICU is the child's appearance (Latour, van Goudoever, and Hazelzet, 2008). Although the same interventions discussed earlier for the stressors of separation and loss of control apply here, additional interventions may also benefit the family and child (see Box 19-11). In a qualitative study of 19 parents of 10 children in an ICU, parents reported that they simply wanted nurses to nurture the child in the same way the family would (Harbaugh, Tomlinson, and Kirschbaum, 2004). Nurse behaviors that exemplified caring and affection were perceived as helpful in decreasing stress. Behaviors perceived as not helpful included separating the child from the parents and communicating poorly with parents. Therefore, even critical care must be centered on the family. It is important that visiting hours be liberal and flexible enough to accommodate parental needs and involvement.

Critically ill children become the focus of the parents' lives, and parents' most pressing need is for information. They want to know if their child will live and, if so, whether the child will be the same as before. They need to know why various interventions are being done for the child, that the child is being treated for pain or is comfortable, and that the child may be able to hear them even though not awake. When parents first visit the child in the ICU, they need preparation regarding the child's appearance. Ideally, the nurse should accompany the parents to the bedside to provide emotional support and answer any questions.

Despite the stresses normally associated with ICU admission, a special security develops from being carefully monitored and receiving individualized care. Therefore, planning for transition to the regular unit is essential and should include:

- Assignment of a primary nurse on the regular unit
- Continued visits by the ICU staff to assess the child's and parents'