remissions are occurring, and these may have better outlooks than previously thought.

A site that is resistant to chemotherapy and is responsible for leukemic relapse is the testes. A minority of males experience relapses during maintenance therapy or have occult disease after cessation of therapy. Treatment for testicular disease includes bilateral testicular irradiation, and intensive systemic chemotherapy (Rabin, Gramatges, Margolin, et al, 2016).

Blood or Marrow Transplantation

BMT has been used successfully in treating some children with ALL and AML. In general, BMT is not recommended for children with ALL during the first remission because of the excellent results possible with chemotherapy. The indication for BMT are those with ALL who are stratified as high risk or have a poor early therapy response (Gottschalk, Naik, Hegde, et al, 2016). Because of the poorer prognosis in children with AML, transplantation may be considered during the first remission when a suitable donor is available (Gottschalk, Naik, Hegde, et al, 2016).

Nursing Care Management

Nursing care of the child with leukemia is directly related to the regimen of therapy. Myelosuppression, drug toxicity, and leukemic infiltration cause secondary complications that necessitate supportive physical care. This discussion focuses on supportive interventions for the child with leukemia and the family. General aspects of care appropriate for the child with leukemia are discussed earlier in the Nursing Care Management section.

Prepare the Family for Diagnostic and Therapeutic Procedures

From the time before diagnosis to cessation of therapy, children must undergo several tests, the most traumatic of which are bone marrow aspiration or biopsy and LP. Multiple finger sticks and venipunctures for blood analysis and drug infusion are common occurrences for several years after the diagnosis. Therefore, the child needs an explanation of the rationale for each procedure and what can be expected (see Preparation for Diagnostic and