

monitoring BP. The nurse plays an important role in assessing individual families and providing targeted information regarding nonpharmacologic modes of intervention, such as diet, weight loss, smoking cessation, and exercise programs. A DASH diet—low in sodium, red meats, and sugar and high in fruits, vegetables, whole grains, beans, nuts, low-fat dairy, fish, and poultry—is recommended for children/adolescents with elevated BP/hypertension. The child should be referred to a nutritionist with expertise in working with children and adolescents with hypertension. Exercise regimens should be individualized but should emphasize the benefits of regular aerobic exercise (ideally 300 minutes of aerobic exercise weekly). School-aged children and young adolescents generally prefer team sports rather than individual training, which they may view as a burden rather than an enjoyable activity. If peers and family members can be encouraged to participate in any of the management strategies, the child's compliance is likely to be greater.

If drug therapy is prescribed, the nurse needs to provide information to the family regarding the reasons for it, how the drug works, and possible side effects. General instructions for antihypertensive drugs include:

- Rise slowly from a horizontal position and avoid sudden position changes.
- Take drugs as prescribed.
- Maintain adequate hydration.
- Notify the practitioner if unpleasant side effects occur but do not discontinue the drug.
- Avoid alcohol and stay on the prescribed diet.

The need for regular follow-up is stressed, especially because antihypertensive therapy can sometimes be safely discontinued if BP remains under control over time.

## Kawasaki Disease

Kawasaki disease is an acute systemic vasculitis of unknown cause. It is seen in every racial group, with 75% of the cases occurring in children younger than 5 years old. The peak incidence is in the toddler age group. The acute disease is self-limited; however,