

rapidly after diagnosis. Denial and disbelief are usually pronounced. After renal failure is established and symptoms become progressively more distressing, the initiation of dialysis is usually perceived as a positive experience, and after experiencing initial concerns regarding the treatment, the child begins to feel better, and parental anxiety is relieved for a time.

For children, however, initiating a dialysis regimen is a traumatic and anxiety-provoking experience, because it involves surgery for implantation of a graft, fistula, or peritoneal catheter. The initial experience with the dialysis procedure is frightening to most children. They need reassurance about the nature of the preparations for dialysis and the conduct of the treatment.

Adolescents, with their increased need for independence and their urge for rebellion, usually adapt less well than younger children. They resent the control and enforced dependence imposed by the rigorous and unrelenting therapy program. They resent being dependent on hemodialysis technology, their parents, and the professional staff. Depression or hostility is common in adolescents undergoing hemodialysis.

Both the graft and the fistula require needle insertions at each dialysis. The goal is to perform pain-free venipuncture. Using buffered lidocaine with a small-gauge needle (30-gauge) to anesthetize the area before venipuncture of the graft or fistula is one method. Using an anesthetizing topical preparation, such as eutectic mixture of local anesthetics (EMLA; lidocaine and prilocaine) 1 hour before venipuncture is another approach (see [Pain Management, Chapter 5](#)). External dual-lumen venous access devices eliminate the need for needles but are more prone to infection and other central line complications.

The availability of home peritoneal dialysis has offered a greater degree of freedom for persons undergoing long-term dialysis. The nurse is responsible for teaching the family about (1) the disease, its implications, and the therapeutic plan; (2) the possible psychological effects of the disease and the treatment; and (3) the technical aspects of the procedure. The family learns to manage the various aspects of the dialysis procedure, how to maintain accurate records, and how to observe for signs of complications that need to be reported to the proper persons.

Body changes related to the disease process (such as pale or