

limited mobility to use for drawing, coloring, writing, and playing with small toys, such as trucks and cars. Accessibility to clocks, calendars, and a program of diversional therapy are also beneficial. All these interventions help children to function in a more typical way while hospitalized. Children are able to express frustration, displeasure, and anger through play activities (see [Chapter 19](#)), which is helpful in their recovery. A child life specialist should be consulted for recreational planning.

All efforts should be made to minimize family disruption resulting from the hospitalization. Children should be allowed to wear their own clothes (street clothes, especially for preadolescent and adolescent girls) and resume school and preinjury activities if able. A parent or siblings should be allowed to stay overnight and room in with the hospitalized child to prevent the effects of family disruption. Visits from significant persons, such as family members and friends, offer occasions for emotional support and also provide opportunities for learning how to care for the child. Privacy is necessary, especially for adolescents.

One of the most useful interventions to help children cope with immobility is participation in their own care. Self-care to the maximum extent is usually well received by children. They can help plan their daily routine; select their diet; and choose “street clothes,” including innovative adornment, such as a baseball cap or brightly colored stockings to express their autonomy and individuality. They are encouraged to do as much for themselves as they are able to keep their muscles active and their interest alive.

Although most of the suggestions discussed relate to hospital care, the same consultations (physical therapist, occupational therapist, child life specialist, speech therapist) and environment may be considered in the home as well to help the child and family achieve independence and normalization (see [Chapter 18](#)). For a child with greatly restricted movement (e.g., child with a bilateral hip spica cast or confined to bed rest), care is often a challenge. These situations require long-term management either in the hospital or at home. Wherever the care occurs, consistent planning and coordination of activities with other health care workers and caregivers are vital nursing functions.

Family Support and Home Care