## **Nursing Care of the Child Who is Hospitalized**

## **Preparation for Hospitalization**

Children and families require individualized care to minimize the potential negative effects of hospitalization. One method that can decrease negative feelings and fear in children is preparation for hospitalization. The rationale for preparing children for the hospital experience and related procedures is based on the principle that a fear of the unknown (fantasy) exceeds fear of the known. When children do not have paralyzing fear to cope with, they are able to direct their energies toward dealing with the other, unavoidable stresses of hospitalization.

Although preparation for hospitalization is a common practice, there is no universal standard or program for all settings. The preparation process may be elaborate with tours, puppet shows, and playtime with miniature hospital equipment; it may involve the use of books, videos, or films; or it may be limited to a brief description of the major aspects of any hospital stay. No consensus exists on the timing of preparation. Some authorities recommend preparing children 4 to 7 years old about 1 week in advance so that they can assimilate the information and ask questions. For older children, the time may be longer. However, for young children, who may begin to fantasize about what they observed, 1 or 2 days before admission is sufficient time for anticipatory preparation. The length of the session should be tailored to the children's attention span—the younger the child, the shorter the program. The optimal approach is one that is individualized for each child and family.

Regardless of the specific type of program, all children, even those who have been hospitalized before, benefit from an introduction to the environment and routine of the unit. Sometimes it is not possible to prepare children and families for hospitalization, such as in the event of sudden, acute illness. However, care should be taken to orient the child and family to hospital routines, establish expectations, and allow for questions (Abraham and Moretz, 2012).