

seizure activity. Children in postictal (postseizure) states are lethargic, with sluggish pupils.

Document drainage from any orifice. Bleeding from the ear suggests the possibility of a basal skull fracture. Clear nasal drainage is suggestive of an anterior basal skull fracture. Observe the amount and characteristics of the drainage.

Nursing Alert

Suctioning through the nares is contraindicated because of the risk of the catheter entering the brain parenchyma through a fracture in the skull.

Head trauma is often accompanied by other undetected injuries; therefore, any bruises, lacerations, or evidence of internal injuries or fractures of the extremities are noted and reported. Associated injuries are evaluated and treated appropriately.

The child with normal LOC is usually allowed clear liquids unless fluid is restricted. If the child has an IV infusion, it is maintained as prescribed. The diet is advanced to that appropriate for the child's age as soon as the condition permits. Intake and output are measured and recorded, and any incontinence of bowel or bladder is noted if the child has been toilet trained.

Observe the child for any unusual behavior, but behavior should be interpreted in relation to the child's normal behavior. For example, urinary incontinence during sleep would be of no consequence in a child who routinely wets the bed but would be highly significant for one who is always dry. Parents are valuable resources in evaluating objective behavior of their child. Information obtained from parents at or shortly after admission is essential in evaluating the child's behavior (e.g., the ease with which the child is roused normally, the usual sleeping position and patterns, motor activities [rolling over, sitting up, climbing], hearing and visual acuity, appetite, and manner of eating [spoon, bottle, cup]).

Family Support

The emotional and educational support of the family presents a challenging aspect to nursing care. Witnessing the parents' grief