

alterations in body image, which, although not clinically significant, can be extremely distressing to older children. One of these is cushingoid appearance. The child's face becomes rounded and puffy (see [Fig. 28-2](#)). Unlike hair loss, little can be done to camouflage this obvious change, although careful avoidance of salt and salt-containing foods can help reduce fluid accumulation. It is not unusual for other children to tease the child. It is helpful to reassure the child that, after cessation of the drug, the facial contours will return to normal. The use of loose-fitting clothes, such as warm-up outfits, can help camouflage the change in weight.

Children receiving steroid therapy look healthy. The moon face, red cheeks, supraclavicular fat pads, protuberant abdomen, and fluid retention indicate weight gain. However, the actual weight gain resulting from increased muscle mass and subcutaneous tissue may be small. Therefore, the nurse should evaluate weight gain by observing the extremities and measuring skinfold thickness and arm circumference during steroid therapy to determine whether the weight gain is a result of increased dietary intake.

Shortly after beginning steroid therapy, children may experience a number of mood changes, which range from feelings of well-being and euphoria to depression and irritability. If parents are unaware of these drug-induced changes, they may become unduly concerned. Therefore, the nurse should warn them of the reactions and encourage them to discuss the behavioral changes with each other and the child.

Nursing Care during Blood or Marrow Transplantation

Because of the aggressive preconditioning therapy used to remove the marrow and the potential for complications while waiting for engraftment of transplanted stem cells, children undergoing BMT are usually hospitalized for several weeks. BMT patients must have numerous procedures performed, such as the insertion of a venous access device, administration of intensive chemotherapy and irradiation, and strict infectious precautions. During the period after transplantation and before the new marrow begins adequately replacing granulocytes, the child is extremely susceptible to infection, and any infection can be life-threatening. In addition,