

- Incorporate parents in the teaching if they desire, especially if they plan to participate in care.
- Inform parents of their supportive role during procedure, such as standing near child's head or in child's line of vision and talking softly to child, as well as typical responses of children undergoing the procedure.
- Allow for ample discussion to prevent information overload and ensure adequate feedback.
- Use concrete, not abstract, terms and visual aids to describe procedure. For example, use a simple line drawing of a boy or girl and mark the body part that will be involved in the procedure. Use nonthreatening but realistic models.\*
- Emphasize that no other body part will be involved.
- If the body part is associated with a specific function, stress the change or noninvolvement of that ability (e.g., after tonsillectomy, child can still speak).
- Use words and sentence length appropriate to child's level of understanding (a rule of thumb for the number of words in a child's sentence is equal to his or her age in years plus 1).
- Avoid words and phrases with dual meanings (see [Table 20-1](#)) unless child understands such words.

**TABLE 20-1**

**Selecting Nonthreatening Words or Phrases**

Words and Phrases to Avoid	Suggested Substitutions
Shot, bee sting, stick	Medicine under the skin
Organ	Special place in body
Test	To see how (specify body part) is working
Incision, cut	Special opening
Edema	Puffiness
Stretcher, gurney	Rolling bed, bed on wheels
Stool	Child's usual term
Dye	Special medicine
Pain	Hurt, discomfort, "owie," "boo-boo," sore, achy, scratchy