



by Karen Stephens

# Hospital and Emergency Room Visits: Tips for Preparing Children

One day a curious six-year-old boy asked famous pediatrician T. Berry Brazelton a revealing question, “What are you looking for when you check children? Are you looking for their badness?” Wow! What a thought. In his children’s book, *Going to the Doctor*, Dr. Brazelton admits he’ll never forget that question. Who could? Imagine devoting your life to children’s health, then finding they think your job is to root out evil!

But such misconceptions aren’t unusual among kids. When they hurt, they often assume they’re being punished for doing something wrong, especially a secret misdeed or bad thought that has gone unpunished. Children’s misconceptions about the cause of illness or injury result from a characteristic referred to as “magical thinking.” If a child breaks a rule and then comes down with the flu, they assume there’s a relationship between the two.

Luckily, with experience and maturation, kids’ reasoning gradually becomes more logical. Before that time arrives, parents should take into account children’s tendency to make inaccurate assumptions. Reassure children that their illness, injury, or disease is not a punishment, even though the pain and discomfort may feel like it is.

Some day your child’s illness or injury will take you to the doctor’s office. In fact, you’ll be lucky (and unusual!) if you make it through childrearing without making a trip or two to the emergency room and hospital. When that happens, you’ll be bombarded with new and overwhelming information. It will likely be chaotic. You’ll have plenty of stress to manage. And in the midst of it all, you’ll have to help your child cope with their stress, too. Scary, unpredictable situations cause kids lots of anxiety. It’s a time when they need your calm support most.

One way to reduce the stress is to prepare kids (and yourself!) for the possibility of receiving hospital medical treatment. Research even shows that children heal and recuperate from illness or injury more quickly when they’ve been adequately prepared. Children feel more secure and “in control” when told of the steps of treatment and the types of sounds and sensations to expect. When they can predict what will happen in treatment, their sense of trust is built, and their stress level is calmed.

To be sure, it’s easier to prepare children for planned surgery, such as a tonsillectomy. Emergencies and accidents are almost impossible to anticipate. However, treatment for such events can be made less stressful for kids. It requires that, prior to any emergency, parents acquaint children with typical medical equipment and procedures.

Always remember you’re an important member of your child’s health care team. Partnership between parent and health care staff helps search out the extent of a child’s injury or illness. Remain calm and project a positive attitude to comfort your child. Unless life hangs in the balance, gather information by asking health care staff to explain what your child will go through and why. Then honestly and sensitively, explain the situation to your child. Use simple words as much as possible. Explain what equipment might look and sound like. Warn them if something will feel hot or cold, soft or hard. Point out body parts the equipment will touch, and what the equipment is meant to do. For example, before a brain scan, explain that “Small tabs

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called electrodes, about the size of dimes, will be placed on your forehead. They will collect information, and then send it through wires to a machine. Later, the doctors will use the information to decide how to help you get well.”

Patiently and respectfully listen to your child’s questions. Tune in to their feelings when responding to fears. Don’t mislead a child, or you’ll lose trust. If something will hurt, say so. And remember to ask staff about ways to reduce pain. For instance, a dab of anesthetic skin cream reduces the discomfort of injections.

When explaining medical procedures to your child, avoid using emotion-packed terms. It can scare kids if you say a special cream can “deadened” the pain of a shot. Just say it will numb the skin. “A bed on wheels” sounds less threatening than a “stretcher.” An IV needle “sliding under skin” rings less violent than being stuck, stabbed, or pricked with a needle. A surgeon “making an opening in your tummy” paints a less frightening picture than a surgeon cutting an incision into the abdomen with a scalpel.

Give your child a role in the treatment process. Let them ask the staff questions. Suggest they hold your hand, or squeeze your finger when they hurt. To promote relaxation, encourage them to focus on breathing. Together, rhythmically pretend to blow bubbles or pretend to blow out candles on a cake. Another breathing trick involves pursing lips to breathe out “phfing” sounds in unison. Remember to keep it slow and easy, you don’t want either of you to hyperventilate!

Help your child cope with anxiety by taking imaginary trips together. (Technically referred to as visualization exercises.) In storytelling fashion, describe pleasant experiences, such as favorite vacation memories. Your child will concentrate on the visualization better if you focus on sensory details as much as possible. For instance, evoke thoughts of the sun’s warmth, the scent of flowers, birdsongs, or the texture of sand when building a castle.

Maintaining physical contact with mom or dad always helps kids feel more safe and secure. During treatment, a parent holding a hand, rubbing a foot, or stroking hair from a forehead are caresses that promote healing and a positive attitude. If overnight stays are required, ask staff if there’s any way a loved one can stay over, too.

Good children’s books, pre-admission hospital visits, play with doctor and hospital toys, and preschool field trips all acquaint children, in a non-threatening way, to hospital services. In child care, we refer to hospital folks as “community helpers.” Introducing them to children before injury or illness helps kids feel more at ease during medical treatment. Here are some books that can help you and your child prepare for situations that require medical treatment.

#### Parent Resource Books

- *Your Child in the Hospital: A practical guide for parents* by Nancy Keene (Cambridge, MA: O’Reilly & Associates, 1999).

#### Children’s Books About the Hospital

- *Going to the Hospital* by Fred Rogers (New York: Putnam Publishing, 1997).
- *Going to the Hospital* by Anne Civardi (Tulsa, OK: Usborne Books, 2002).
- *A Hospital Story* by Sara Bonnett Stein (New York: Walker & Co. 1983).
- *Good-bye, Tonsils!* by Juliana and Craig Hatkoff (New York: Viking Children’s Press, 2001).
- *Let’s Talk About When You Have to Have Your Tonsils Out* by Melanie Apel Gordon (New York: PowerKids Press, 2000).
- *Koko Bear’s Big Earache: Preparing Your Child for Ear Tube Surgery* by Vicki Lansky (Minnetonka, MN: Book Peddlers, 1990).
- *Chris Gets Ear Tubes* by Betty Pace (Washington, DC: Gallaudet University Press, 1987).
- *Tubes in My Ears: My Trip to the Hospital* by Virginia Dooley (New York: Mondo Publishing, 1996).
- *The Emergency Room* by Anne and Harlow Rockwell (New York: Simon & Schuster, 1985).
- *Eric Needs Stitches* by Barbara Paivs Marino (New York: HarperCollins, 1989).
- *Franklin Goes To The Hospital* by Paulette Bourgeois (New York: Scholastic, 2000).
- *When Molly Was In The Hospital, A Book for Brothers and Sisters of Hospitalized Children* by Debbie Duncan (Windsor, CA: Rayve Productions 1994).
- *Curious George Goes to the Hospital* by Margaret Rey (New York: Houghton Mifflin 1966).

#### For More Information...

about creative parenting ideas, check out the Parenting Exchange Library at [www.ChildCareExchange.com](http://www.ChildCareExchange.com).

- Doctor Visits related articles #1, #3

**About the Author** — Karen Stephens is director of Illinois State University Child Care Center and instructor in child development for the ISU Family and Consumer Sciences Department. She writes a weekly column for parents in her local newspaper. Karen is author of two books and frequent contributor to *Child Care Information Exchange*.

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