

Pediatric Nursing

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Although all the authors of this article work in different areas of pediatrics, we all love working with children and their families. When we tell people what we do, they often say: “I couldn’t stand working with a child in pain—it would be so hard to deal with.” But we see the positive side. We know that we have the means to diminish pain and suffering, and to help our patients and their families cope with difficult times. We also know that in many instances, our patients get better and leave the hospital with bright futures ahead of them. We do what we do because we know we can make a difference in the lives of children and their families, and because children are special.

Children have an amazing perspective on life. Every stage of development offers something wonderful and fresh, from infancy to toddler, to adolescent and beyond.

We deal with diagnoses from congenital heart defects to cleft palates, dysplastic hips, and bronchiolitis, requiring a great deal of knowledge on all the physical systems from head to toe. But our professional challenge is knowing how these diagnoses are influenced and how they influence the growth and development of the child and the family. Following are stories that illustrate why we are proud of what we do.

The Emergency Department

One of the required skills that sets us apart is triaging. Patients come in with all types of complaints, and we assess their severity. Sometimes, nursing intuition can make a huge difference. One day when I was the ED triage nurse, a child came in complaining of “allergic reaction.” Her vital signs and overall physical assessment were fine. I noticed, however, that she had prominent veins on her chest, and this worried me. I discussed the situation with the attending physician, and I suggested a chest x-ray. (In the ED, the nurses often decide what types of tests or procedures should be done, depending on how the patient presents.) The doctor agreed and the x-ray revealed a huge chest mass. I was glad my clinical judgment may have saved the child’s life.

Discharge teaching is part of our responsibilities. When children in asthmatic crisis are stabilized and ready to go home, we ensure that the child and family know how to take medication to prevent another emergency and detect the warning signs and symptoms.

We also offer counseling and emotional support, and work with social workers and psychologists to provide care that reflects our concern for the emotional, social, and physical well being of every child. This is not always easy, especially when we are confronted with cases of child alcohol and drug abuse. We deal with societal issues as well homelessness and economic hardship.

When a child suffers a trauma such as a serious car accident, everything happens rapidly—including the crucial head-to-toe assessment. Is there head trauma? Internal bleeding? Are there broken bones? There is no diagnosis yet, and we have to figure it out—fast. IV lines are going in, tests are being ordered, and there is the family standing by who needs reassurance and support. It is an exciting and frightening time, but I love the



autonomy and the challenge of being an ED nurse.

— Amanda Burns, RN, MSN, PNP

The Perioperative Program

The Perioperative Program includes preoperative admissions, the main operating room, and patient recovery. When a child is scheduled for surgery, we start with a preoperative education session and hospital tour. Children get to see the “bracelet” with their name on it, the “pajamas” they’ll get to wear, and the “bed with wheels” they’ll get to ride on. I meet the child first to establish a bond, and then the parents. I review any procedure to be done with the parents.

Before induction with anesthesia, we explain as much as possible to the child and the family—to allay their fears and gain their confidence. After surgery, the children go to a “wake up” room where their parents are waiting. Parents are allowed to be with their child in the OR during the induction process, and we provide them with masks, gowns, and gloves. We prepare them for the various phases of anesthesia and their side effects. Sometimes, the parents may faint or become overly anxious, and we have to prepare for all outcomes.

I enjoy the challenge of creating a trusting rapport with the families

and the children and becoming their friend.

— Michele Serino, RN, BSN

The Neonatal Intensive Care Unit (NICU)

The NICU is a fast-paced, high energy environment where babies are admitted for special surgeries, metabolic and neurologic disorders, and genetic syndromes where multiple organs may be involved. A typical NICU manages premature infants, or those born less than 38 weeks’ gestational age. We care for infants with complicated, prolonged medical and surgical courses, and we have an advanced fetal care center where congenital abnormalities can be diagnosed before birth. We help prepare the family for postdelivery infant care.

Many of our patients stay for months, so we get to know the families and the infants well. One of the things that I love about my work is helping the parents bond with their infant. We help the parents learn how to hold their infant, despite all the tubes, probes, and wires attached to them. Although many of these infants have multiple anomalies and developmental issues, we do everything possible to promote normal growth and development. We try to limit stressful procedures and simulate the womb-like environment.

We are the advocates for the family and the infant, and we face many challenging ethical dilemmas. When do we withdraw life support? When does an infant have little hope of survival? When do painful procedures and surgeries become futile? The nurse is often the one to speak out on the infant and the family's behalf, after consulting with the hospital's ethics team.

The most rewarding aspect of my job is seeing the progress a child has made at home when they return for follow-up visits. Loving families make all the difference in outcomes. We nurture the family so that they can nurture the infant. We are always there for both the parent and the child.

— Betsy Phipps, RN, BSN ©

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