

Preparing Your Child



Hospitalization can be a confusing and stressful experience for children, adolescents, and their families. It is very common for young people and their families to have many questions when they are scheduled for surgery or hospitalization. As a parent, you play an important role in helping your child or teenager cope with hospitalization. We have found that when children are given opportunities to cope successfully with healthcare experiences, they may see themselves as more capable, more in control, and more reassured. This success often leads to a more positive sense of self, as well as a healthier regard for medical procedures in general.

The following sections were designed to help prepare you and your child for a hospital stay.

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Talking With Your Child

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Before talking with your child about an upcoming hospital stay, familiarize yourself with his or her condition or illness by discussing it with your physician and browsing through our [Health Library](#). The more you understand about the tests and treatments associated with your child's condition and the hospital's programs and procedures, the more you can focus on supporting your child during his or her hospital stay.

Although it is important to let your child know what to expect from an upcoming hospital stay, it is just as important to assure your child that he or she will not be alone. Your child should know that you and other family members will be at the hospital as much as possible and that the nurses and doctors will be available at all times.

Encourage your child to ask questions or write them down. It can also be helpful for your child to start a journal about his or her hospital experience. If your child is too young to write, have him or her draw, paint, or color instead. If you don't know the answers to some questions, be direct and tell your child you do not know; however, tell him or her that you will try to get answers as quickly as possible. To help prepare your child, you may want to read books and view videotapes, and look at web sites that address a hospital stay.

Remember that each child responds to new experiences in a unique way depending on his or her personality, language development, and ability to understand information. However, there are some universal issues that arise for children at different ages when faced with the prospect of surgery or hospitalization. Here are some

helpful age-related guidelines:

Newborn to Age 2

Infants and toddlers can be the most challenging age group to prepare for surgery because of their limited understanding and use of language. Infants are sensitive to their surroundings such as your tone of voice, touch, and sudden movements. New faces and a new environment can be sensed by your infant very easily. The biggest fear for children this age is being separated from their parents. Bringing a favorite stuffed animal, a pacifier or blanket along to the hospital may be helpful. Your presence and bonding time is the most critical part of hospitalization for your infant.

Ages 2 to 6

Most children in this age group are ready to be independent and want to make choices. This is also the age where imaginations and thinking runs wild which can lead to fears and nightmares.

A hospital can take away freedom, consistency, choices, and have an overwhelming number of new faces. At a pace that is comfortable, your child needs to be prepared for hospitalization. Bring familiar objects from home that your child is comforted with--it may be a blanket or a stuffed animal. Since children this age can be easily affected by tension and anxiousness, stressful medical conversations should take place outside of your child's room.

Three to four days to a week before hospitalization, you can start reading books and start role playing. For example, a young child will benefit from practicing on a doll or stuffed teddy bear with toy doctor kit "instruments." Your child can take the doll or bear's "temperature" and "pulse" and listen to its "heartbeat" and "breathing." Letting your child take the lead during these sessions is important. If you ever need to leave your child during their hospitalization, be sure to tell them how long you will be gone, who will come and stay with them, and how they can talk to you while you are gone.

Ages 6 to 12

School age children want to be very independent from their parents. Social events and peer relationships become more and more important during this age. Children in this age group are very aware of body changes as well as physical image. They are very sensitive to body examinations and may feel embarrassed. Giving children in this age group their privacy during these times will be critical.

Because school age children understand more, it is essential that serious medical conversations not take place in front of your child. It is also important to include your child in all conversations when the medical team enters the room. When your child feels that they are included, they sense they have more control over the situation. School age children will also miss peer interactions and privacy. Some children may regress to behaviors that they had previously grown out of. Help your child express his or her emotions through drawing, reading books, and play.

Try to get schoolwork for your child so he or she does not get behind. If your child is hospitalized for more than a week, a tutor may be available depending on what county and school district you belong to. Please review the section on Duke Children's [Hospital School Program](#) for specifics about this service.

Teenagers

Children in this age group are very sensitive about their body image, and privacy is important to them. When hospitalized, adolescents will feel as if they have lost complete control and that their life has been put on hold. They will feel like they have been cut off from their normal routine and from all of their friends and family. It will be important for your teenager to have siblings and visitors when appropriate. Wireless internet is available for your child to use so he or she can stay connected with the outside world if you have a laptop to bring to the hospital.

Encourage your teen to make decisions and ask questions about their condition or procedure. Include your child in all conversations made with the medical team when appropriate. Also give them frequent opportunities to discuss what is happening and to express any concerns they may have.

Try to get schoolwork for your teen so he or she does not get behind. If your teenager is hospitalized for more than a week, a tutor may be available depending on what county and school district you belong to. Please review the section on Duke Children's [Hospital School Program](#) for specifics about this service.

Tips for Talking About the Hospital

Remember, as you discuss the hospital and surgery, that not only your words, but nonverbal signals communicate your assurance: your tone of voice, facial expressions, gestures, and body language convey powerful messages. If you appear fearful, your child is likely to feel fearful, regardless of the words you use to explain things.

- **Tell your child that he or she will be going to the hospital** for an operation, test, or procedure.
- **Let your child know that you feel the hospitalization, procedure, or test is the right thing to do.** Children can usually sense how a parent feels about a hospitalization or procedure.
- **Choose a quiet time** to talk.
- **Ask what your child knows** or thinks about the hospital. Start with topics that seem the most important in your child's mind.
- **Use honest and simple explanations** that fit your child's age and level of understanding.
- **Use words and pictures that your child is familiar with** whenever possible.
- **Let your child know in advance** if you know a test or procedure is about to happen, even if it is something uncomfortable, like a needle. This will give your child a feeling of trust.
- **Be honest about what will happen.** For example, do not tell your child that nothing will hurt or that there won't be any blood tests.
- **Tell your child how he or she may feel, before, during, and after the operation, procedure or test.** For example, you may want to explain to your child that he or she will receive anesthesia and will not hear, see, or feel anything during the operation.
- **Tell your child about any plans for an overnight stay** at the hospital. Let your child know that you will be able to sleep at the hospital, too. Encourage your child to bring his or her favorite toys to the hospital, such as a stuffed animal, pillow, and videos.
- **Build your child's confidence by involving them** in organizing and packing a few things to help them during their visit.
- **Tell your child that friends and family will be able to visit.** (If your child is in an intensive care unit or under special precautions, you will need to talk with your nurse about visitors.)
- **Encourage your child to ask you and the doctors and nurses questions.** If your child is uneasy or embarrassed about asking questions, you can ask for him or her.
- **Let your child know that it is okay to feel many different emotions** about going to the hospital, for example, curious, worried, angry, or frustrated.
- **Listen to your child's feelings, and help him or her talk about them.** You can help your child express feelings through words, play, drawing, or painting. Medical play kits can be used with dolls, puppets, or stuffed animals to help your child become more comfortable with health care procedures. Your child may also enjoy "playing doctor" or "hospital" with you, friends, or family members.

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Getting Yourself Ready

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Preparing for your child's hospital stay or medical procedure can affect many areas of daily life. In addition to rearranging regular activities, such as work and school, you may experience many emotions such as worry, guilt, sadness, and relief. As you prepare your child for his or her hospital experience, it is just as important to prepare yourself.

Ask Questions

It is helpful to learn as much as possible about the hospital, your child's medical condition, and the associated treatment by discussing it with your physician and browsing through our [Health Library](#). To organize your thoughts, you may want to write down your questions:

- What should I tell my child about the procedure or operation?
- What is involved in being admitted to the hospital?
- What will happen immediately before the operation or procedure?
- How long will the procedure or operation take? What are the risks?
- May I stay with my child during the procedure?
- Where will I wait during the procedure or operation?
- Will I be told how my child is doing during the procedure or operation?
- When will I be able to see my child after the procedure or operation?
- Will my child be in pain? How can I help?
- How long will my child stay in the hospital?

- May I stay overnight in my child's room?
- Is there a telephone, TV, and VCR in the room?
- Is there a refrigerator to store food/formula/breast milk?
- Is there a room designated for breastfeeding and pumping?
- Are there hospital school services available?
- Is there a [Child Life Specialist](#) that can help me and my child cope with the experience?
- What are the [visitation policies](#) for siblings and family?
- Is there a [playroom](#) in the hospital for my child to use?
- How long will it be before my child can go back to school and play?
- Where can I find more information about my child's condition, operation, or procedure?

Take Care of Yourself

It is hard to support your child and family if you do not take care of yourself physically and emotionally. The following are some helpful tips for taking care of yourself:

- If possible, take turns with another caregiver in sleeping at the hospital with your child; make a schedule before your child is admitted.
- Take breaks from your child's room. For example, take a walk or go for a cup of coffee. Check to see if there is a volunteer who could stay with your child while you take a break.
- Talk with family and friends about your worries and concerns.
- Learn how to do deep breathing and relaxation exercises.
- Exercise regularly, if possible.
- Ask about a parent coffee hour or other support groups on your child's unit.
- Keep a journal about your hospital experiences.
- Plan some quality time with your other children.
- If you and your child's other parent are not together but are both part of your child's life, take time to decide who will be with your child at different times during the hospitalization or procedure. Let your child know the plan.

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Helping Siblings Cope

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Children can experience a wide range of emotions when a brother or sister suffers from a serious illness or needs to have a surgical procedure. Although children may understand and express these feelings differently than adults, the emotions are just as real and need to be acknowledged. Some of the feelings frequently experienced by the siblings of ill children are:

- **Anger** at the disruption of the family's routines. They also may be jealous if their brother or sister is no longer required to follow established family rules.
- **Guilt** about feeling angry toward their sick brother or sister. Children oftentimes believe that they somehow caused the illness.
- **Embarrassment** because of changes in the sick child's appearance and behavior. They also may feel uncomfortable with the excessive attention from friends and neighbors in the community.
- **Sad and lonely** because they are spending more time than usual away from their parents or alone.
- **Afraid** because they may believe that everything is changing and will never be the same again. Or they may be afraid that they may get sick, too, or worry that their parents may get sick.
- **Confused** because they are unable to identify their feelings or formulate the questions they need to ask.

Ways Feelings Are Expressed

Although some children are able to talk about their feelings, others may express them through physical and behavioral changes. Some of the behaviors frequently seen in siblings of ill children include:

- Reverting to behaviors more often seen in younger children, such as thumb sucking, bedwetting, and fear of separation.
- A change in eating habits (eating more or less).
- Declining school performance, both academically and behaviorally.

- Acting out by not listening, fighting, or even hitting others.
- Seeking more affection than usual.
- Expressing physical complaints similar to those that lead to the sick child's diagnosis or need for surgery. This may reflect the child's fear that he, too, will become ill or need a surgical procedure.
- Ignoring their brother or sister with the illness. Some children may distance themselves from what is happening as a way of protecting themselves from the stress and fears they sense in other family members.

Ways to Help

There are many ways to support your children. Most important is to provide accurate age-appropriate information and encourage them to ask questions. A lack of knowledge can lead to fantasies that are more frightening than the real circumstances. Although some of the information you need to share with your children can, in fact, be stressing, honest communication helps build trust, which can facilitate more positive coping in the long run. Be sure that your children understand whether or not illnesses are contagious.

It is also important to talk to your children about the broad range of emotions experienced by all family members. It can be easier for them to cope with feelings such as anger, sadness, or fear when they are identified, labeled, and discussed openly. This can be challenging at any time, and particularly when intense emotions are felt. Talking about these feelings can help siblings feel less isolated and less confused.

Identifying your children's feelings and dealing with related behaviors can be emotionally draining and time-consuming at a point when you have little extra time and energy to give. Giving attention to these problems early, however, can keep them from becoming unmanageable later.

It may be overwhelming to tackle all problems at once. You are likely to be more successful if you identify one or two areas that are most concerning and focus your attention on those. If problems arise that are too difficult for you to manage alone, you can ask for help from members of your child's health care team. Professionals at the hospital who have expertise in dealing with siblings include [social workers](#), [child life specialists](#), and psychologists. They can also recommend [books](#) for you to share with your children concerning such topics as hospitalization, children with serious illnesses, sibling issues, and death and dying.

It is challenging to meet the needs of all of your children when one of them has a serious illness or needs surgery. Attempts to help your children understand and cope with their sibling's illness and its impact on you family can help them manage more effectively, now and in the future.

Coping Strategies

Here are some suggestions for helping children understand and cope with a sibling's illness and its impact on the family.

- Whenever possible, try to maintain your family's normal routines. This can help offset some of the disruption experienced due to the illness.
- Reserve some "quality time" for your well children--even if these times are brief.
- Provide additional quality time for your children by enlisting the help of a family member or friend, who can take them to the park, the mall, or a school play.
- Talk with your children about how they can answer questions from others about their sibling's appearance or condition.
- If your children show an interest, allow them to be involved in their sibling's care. This may include handing you supplies for dressing changes or other procedures done at home, giving back rubs, or reading stories.
- Inform your children's teachers when significant events occur, such as a hospitalization or change in your child's condition. This information can help teachers anticipate and understand behavioral changes that may occur.
- Mark the passage of time for your children by using a special calendar using brightly colored markers, crayons, or stickers. Highlight events such as birthdays, holidays, school events, etc., as well as marking upcoming hospitalizations and clinic appointments.
- Help your children design their own books using written or dictated stories, drawings, and photos. This can include information about themselves, their family, and what it's like to have a sibling with a serious illness. Children enjoy reading these books again and again as well as adding to them as time passes.
- Keep a notebook to record your children's schedules, preferences, habits, and any other information that will help others care for your children in your absence.

Books to Help You Prepare

- [Doctor Visits](#)
- [Hospitalization and Surgery](#)
- [Anatomy](#)
- [Siblings](#)
- [Dental Visits](#)
- [Other](#)

Doctor Visits

- Tish Sommers. ***Big Bird Goes to the Doctor***. Western Publishing Company, Inc., 1986. A basic story with familiar characters is the strength of this book. This book can be a good addition to discussing a pediatric exam. (Ages 3-8)
- Harold Roth. ***A Check-Up***. Grosset and Dulap, 1986. This board book uses photographs and a simple text to tell about a routine physical examination for a baby. (Ages 1-2)
- Kenny DeSantis. ***A Doctor's Tools***. Dodd, Mead, and Company, 1985. Included are excellent photographs and explanations of equipment that is used during a "check-up" at the doctor. (Ages 2-10)
- Jane Werner Watson, J. Cotter Hirschberg, and Robert E. Switzer. ***My Friend the Doctor***. Crown Publishers, Inc., 1987. This book not only provides illustrations and a story describing a visit to the doctor but also gives excellent information for parents about the child's feelings and fears during a visit. It offers information about a "well child visit" as well as an "ill child visit." (Ages 3-10)
- Fred Rogers. ***Going to the Doctor***. Family Communications, Inc., 1986. Excellent color photographs and text make this book very helpful in preparing a child for a pediatric check-up. (Ages 2-6)
- Harlow Rockwell. ***My Doctor***. MacMillan Publishing Company, 1973. This book offers some good "basics" about routine medical equipment and procedures. The illustrations are especially useful in their simplicity and detail. (Ages 3-8)
- Neil Shulman and Sibley Fleming. ***What's in a Doctor's Bag***. Rx Humor, 1994. A good book for very young children about basic, routine medical tools in a doctor's office. The animated medical tools are appropriate to help them feel less frightened. (Ages 2-6)

Hospitalization and Surgery

- Julie Steedman. ***Emergency Room***. Windy Hill Press, 1974. Included are a variety of photographs accompanied by a text that highlights a number of situations and procedures in the emergency room setting. (Ages 4-12)
- Barbara Parvis Marina. ***Eric Needs Stitches***. Addison-Wesley, 1979. This is a well-written and photographed book about one of the more common reasons for an emergency room visit. (Ages 3-12)
- Fred Rogers. ***Going to the Hospital***. G.P. Putnam's Sons, Inc., 1988. Many children's familiarity with Mr. Rogers makes this book worthwhile. (Ages 2-12)
- Deborah Hautzig. ***A Visit to the Sesame Street Hospital***. Random House, Inc., 1985. The familiar characters can provide a reassuring way to talk about the hospital. The pictures also offer a good stimulus for discussion. (Ages 2-8)
- James Howe. ***The Hospital Book***. Crown Publishers, 1981. A great book that contains a wide range of photographs from wheelchairs to I.V. sites. (Ages 3 and up)
- Elizabeth Richter. ***The Teenage Hospital Experience: You Can Handle It!*** Coward, McCannm and Geohegan, Inc., 1982. This book includes interviews with a variety of hospitalized teenagers, with emphasis on chronic and/or quite serious medical problems. It also has some encouraging comments from various hospital staff. (Teenagers)
- Sara Bonnett Stein. ***A Hospital Story***. Walker and Company, 1974. This book has parallel texts for the parent and child, which makes it especially helpful for parents. It may be difficult for children preparing for hospitalization to understand the feelings discussed. It can be particularly useful after hospitalization. (Ages 3-12)
- Vickie Lansky. ***Koko Bear's Big Earache***. Book Peddlers, 1990. This simple, easy-to-read book provides excellent information for young children and parents about a trip to the hospital. Though the story focuses on a child receiving "ear tubes," the general information about the emotional needs of children when facing surgery easily applies to any surgery admission to a hospital. Highly recommended. (Ages 2-8)
- Martine Davison. ***Rita Goes to the Hospital***. Random House, Inc., 1992. A story about Rita's tonsillectomy with easy text and pictures. Includes all aspects of a trip to the hospital for this surgery. (Ages 4-10)
- Claire Ciliotta and Carole Livingston. ***Why Am I Going to the Hospital?*** Carol Publishing Group, 1981. A good book that delivers accurate information but tends to be a little wordy. (Ages 8-14)
- Paula Hogan and Kirk Hogan. ***The Hospital Scares Me***. Raintree Steck-Vaughn, 1992. A good book to

take away some of the mystery of coming to a hospital. It touched lightly on many different aspects of hospitalization and school re-entry. This book is particularly good for scheduled hospital admissions of school-aged children. (Ages 6-10)

Anatomy

- Clare Smallman. **Outside-In**. Barron's, 1986. This is an excellent lift-the-flap body book that presents diagrams of basic body systems (muscle, bones, arteries, etc.), explanations of how bodies work, and solid, helpful facts about children's common questions concerning body functions. (Ages 6 and up)
- Leslie McGuire. **Human Body Book**. Platt and Munk Publishers, 1977. This book offers basic, brief explanations about the purposes of various body systems. (Ages 2-5)
- Wynn Kapit and Lawrence M. Elson. **The Anatomy Coloring Book**. Harper and Row Publishers, 1977. This is one of the more sophisticated coloring books available. The text and illustrations (even without colored pencils) can be quite useful in medical teaching. (Ages 10 and up)
- Matt and Joe Ziemian. **Human Anatomy Coloring Book**. Dover Publications, 1982. This book contains drawings of the body's organs and major systems. It includes text which outlines the role of the part illustrated. Excellent book for families with 4th-5th graders and up. (Ages 8 and up)
- Ruth Dowling Bruun and Bertel Bruun. **The Human Body**. Random House, 1982. The book starts with an examination of the regions of the body and moves to a discussion of the systems of the body. The illustrations are relatively detailed but easy to follow. The text is clearly written and reflects a delightful admiration for the human body. (Ages 6 and up)
- Mary Elting. **The Human Body**. MacMillan Publishing Company, 1986. Colorful diagrams and simple text describes various body systems. (Ages 6-12)
- Jonathan Miller. **The Human Body**. Viking Press, 1983. This is a sophisticated "pop-up" book with explanations of several body parts and systems. The book is best used with adult supervision. (Ages 10 and up)
- Leslie McGuire. **Human Body Book**. Platt and Munk Publishers, 1977. This book offers basic, brief explanations about the purposes of various body systems. (Ages 2-5)

Siblings

- Donna Baznik. **Becky's Story**. Association for the Care of Children's Health, 1981. The book does an excellent job of identifying the feelings of a child whose sibling is hospitalized. The story line follows a child whose sibling was seriously injured in an accident. (Ages 4-12)

Dental Visits

- Diane Werner Watson, J. Cotter Hirschberg and Robert E. Switzer. **My Friend the Dentist**. J. Crown Publishers, Inc., 1987. This book not only provides illustrations and a story describing a child's first dental visit, but also gives excellent information for parents about the child's feelings and fears during the visit. (Ages 3-10)
- Jill Kremetz. **Taryn Goes to the Dentist**. Crown Publishers, Inc., 1986. This story offers actual photographs of a 3-year-old's dental visit. Most dental offices are not this "fancy," but the pictures are good and routine explanations are helpful. (Ages 3-5)
- Lisa Ann Marsoli. **Things to Know About Going to the Dentist**. Silver Burdett Company, 1984. This general reference guide (with photographs) for parents provides assorted basic information about dental care. The guide is directed toward adults, not children. (Ages 8 and up)

Other

- Fred Rogers and Barry Head. **Mister Rogers Talks to Parents**. Berkley Books, 1983. This book contains sections on many topics, including a chapter on "Hospitalization." It contains excellent information for parents about children's fears and concerns. (Ages 2-12)

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Helping Your Child Cope With Pain

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Physical pain is an unpleasant feeling that comes in varying degrees with physical injury or illness. Children as young as three can identify the intensity of their pain.

Signs of Pain

Typical signs of pain in infants and children include:

- crying
- agitated body movements
- sweating
- rapid heart beat
- irritability

There are various ways to measure pain in children, including what a child says, what a child is doing, and how the child's body is reacting.

Since you know your child best, compare what you recognize to be normal behavior with changes in eating, sleeping, moving, and crying. For older children, asking them to point to where it hurts or to describe the pain is often reliable. Always consult with your physician about the normal range of pain related to your child's specific physical injury or illness.

Coping Strategies

There are various ways you can help your child cope with pain. Some strategies you can use are holding, comforting, and distracting your child. Be honest with your child about what will hurt and how long the pain will last. Using honest, yet simple language helps children learn to trust you and their health care team. Also give children choices whenever possible so that they feel a sense of control over their environment.

Encourage your child to ask questions and express their feelings about their pain or illness. Let your child know that it is okay to cry and be upset. Listen to your child's concerns and offer them strategies for coping with pain and stress:

- **Comfort** your child. Hold or rock your child if possible--speaking or singing softly to your child and stroking or holding your child's hand also provides comfort. A favorite toy or blanket from home may help your child feel secure.
- **Deep breathing** can help reduce pain and gain self control. Teach this by asking the child to breathe in a big breath and release slowly. While they are releasing the air, imagine letting go of the tense feelings with each breath. A straw can be used for children who have a difficult time taking a deep breath. Bubbles and pinwheels are other tools that can be used to help children with deep breathing. With older children or teens, you can teach them to imagine breathing in all of their negative emotions and pain, hold for a few seconds and then slowly exhale through their nose. This helps children gain focus and control.
- **Distraction** is a great way to help children of all ages to focus away from their pain. Some useful tools that can be used for distraction are: music, pop-up books, treasure hunt books, magic wands, 3-D books, and movies.
- **Relaxation** is very useful for children of all ages. Music is a very common way to assist children in relaxation. Offering choices of the type of music they enjoy most helps with this technique. Children can also relax their bodies as they are relaxing their minds by gradually tightening and loosening their muscles from head to toe to promote a relaxed state.
- **Guided Imagery** can be used by talking about a favorite show or past event. This can help children relax and focus. Creating or reading a story helps children use their imagination to focus on something besides their pain. Children can also close their eyes and think of a time or place when they were doing something that they enjoyed. Encourage children to think of details surrounding the place or event to foster their imagination.
- **Play** is a vital part of every child's life, even when they are in pain. Play helps children cope and learn from their environment. Giving an opportunity to play after or during a stressful event helps reduce stress and anxiety and also provides a safe outlet for expression of children's emotions. In addition, play can be adapted to fit children with various physical injuries or diseases.

Remember, there are many ways to help your child cope with pain, and any of these strategies can be adapted to better fit your child's needs.

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Going Home

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Going home from the hospital typically brings feelings of relief and a sense of returning to a "normal" routine. However, whether a hospital stay is long or short, most children need some time to adjust to returning home after an illness, procedure, or operation. In addition, your child may need to work through feelings about the hospital experience. This section will give you some ideas and suggestions on how to help your child adjust.

Time to Adjust

It can take a child from about one to two weeks to adjust to returning home after being hospitalized. Children who may take longer than a few days to adjust include those who:

- have frequent tests, procedures, and hospital stays
- have experienced recent changes in family life, such as the birth of a sibling, a move or a divorce before, during or after the hospital stay
- have emotional challenges or are part of a family with social and/or emotional difficulties

Ways Children Express Feelings

Although some children are able to talk about their feelings, others may express them through physical and behavioral changes. Some of the behaviors frequently seen in children who are adjusting to returning home include:

- Reverting to behaviors more often seen in younger children, such as thumb sucking, bedwetting, and fear of separation.
- A change in eating habits (eating more or less).
- Acting out by not listening, whining, fighting or even hitting others.
- Seeking more affection than usual.
- Expressing more fears than usual (nightmares or fear of being left alone by a parent).
- Increased irritability or frustration in completing simple tasks.
- Resisting household rules.

Coping Strategies

There are various ways you can help your child adjust following a hospital visit or medical procedure. Some strategies you can use include:

- Spend additional time with your child and give them extra affection and attention during the first week at home.
- Follow your usual household rules (bedtime, playtime, clean-up and meals).
- Return to your usual family routines as soon as possible.
- Talk in simple language with your child about the hospital stay, procedure or test.
- Play "doctor" or "hospital" with your child. Through play, your child may bring up feelings about his or her hospital experience.
- Invite your child to draw pictures and ask him or her to tell you about them.
- Talk with your child about his or her dreams or nightmares and offer reassurance and positive information about the hospital.
- If you feel that you or your child may benefit from working with a counselor, talk to your pediatrician about a referral.

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