

WONDERS & WORRIES

How to Prepare A Child/Teen For A Visit to the Hospital



Wonders & Worries

Professional support for children through a parent's illness or injury.

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When a parent is in the hospital, it can be hard to determine if and when a child should visit. This can be especially challenging to navigate if the situation was sudden and/or when the length of hospitalization is unknown. As well, visitation may depend on how well the parent is doing in the hospital, if visitation is allowed, and if visiting should be made a priority. If the hospitalization is expected to be short and/or the child is coping relatively well, a visit may not be necessary. Below are tips for determining if a visit is best for your situation, and if so, how to help prepare a child for the visit.

Hospital Visit: Yes, or no?

Things to consider when determining if a child should visit the hospital are:

- How long is the hospitalization expected to be?
- Does the hospital allow visitation (check age restrictions as well)?
- How is your child/teen coping with separation from their parent?
- What is your child's age, developmental level and temperament?

A hospital visit can be a way of alleviating a child's fears related to separation, giving them much needed contact with their parent, and removing some of the mystery of what going to the hospital is like. Hospital visits can also be hard. Hospitals tend to be sterile and overwhelming, especially for young children. So, when a visit may be beneficial, careful coordination is needed to make it as positive as possible.

If a child is coping well, or if a visit is not possible, consider these ideas to foster continued connection while apart:



COMMUNICATION

- Phone Call/FaceTime at a certain time of day
- Pictures and/or messages sent back and forth
- Regular family meetings about the parent – this may include an illness update or information about how a procedure went, when the parent may be coming home, etc.
- How will they log valuable information while mom or dad was away (ex: create a scrapbook, keep a journal, or another idea)

MAINTAINING ROUTINES | SUPPORTIVE CAREGIVING PLAN:

- Who is taking to school/picking up from school?
- Who is taking care of extracurricular activities?
- Who is taking care of meals?
- And thinking about how any other parts of the routine can be kept as consistent as possible.

If hospital policy allows for children to visit, a child is not coping well, and it is uncertain when a parent will return home, a visit may be helpful. Below are guidelines for helping to make the visit as positive as possible.

Preparation Before the Visit:

Once you receive confirmation that your child is able to visit, coordinate the best day/time with the nurse taking care of the parent. Consider things such as:

- When is the parent typically sleepy/needing to rest?
- When are other members of the healthcare team working with the ill parent (e.g., Physical Therapy, Physician rounds)? Aim to avoid those times to allow for quality time.
- A mealtime may be a suitable time for a visit to avoid other team-members' interruptions and will give a natural way of engagement like at home.

If a parent's appearance has changed dramatically since the child/teen last saw them:

TAKE A PICTURE:

Take a picture to show the child before the visit. First, soften the environment as much as possible by removing or covering up any seemingly threatening medical equipment (etc.). Using blankets to cover what a child/teen does not need to see is helpful. Then, begin by taking pictures from a distance, and gradually take pictures as you get closer to the parent. Include pictures of any medical equipment that needs to remain visible so you can share during preparation for the visit. With pictures, explain how the medical item is helping their parent (e.g., items may include: lines/IV, monitors, foley catheter bag, etc.).

Sample explanations (from the voice of the parent patient – please adjust as needed):

IV:

“I’m not eating or drinking as much as I normally do, so the nurses gave me a little straw in my hand to give my body the water and medicine I need while I am here.”

MONITOR:

“This machine that looks like a tv tells my nurse really valuable information. It tells her how fast my heart is beating, what my blood pressure is and how much oxygen (or what I breathe) is in my body. She can check that quickly throughout the day to make sure my body is healing the way it should.”

FOLEY CATHETER:

“While my body is healing, it is hard for me to get out of bed as much as I do at home. One thing I need to do a lot still is go to the bathroom. While I was asleep with medicine, they gave me a tube that goes in the hole where I pee, and then it collects in this little bag instead of me having to get up every time I need to use the restroom.”

Support During the Visit:

During the visit, it can be helpful for children to know how long they will be there, what activities they have to do throughout, and if they will get to come back. All the while, it will be helpful to validate feelings and questions, normalize and give healthy outlets for emotional expression.

LENGTH OF VISIT:

It is recommended for the visit to be short (30 minutes to 1 hour) – this allows the ill parent time to rest and minimizes the chance of a child getting bored or overwhelmed.

WHAT CAN THEY DO:

Explain that it is okay to touch their parent, hug their parent or sit in bed with their parent. These interactions should not be forced but allowed when feasible as a choice. It may also be helpful to let them know it’s okay to eat, watch a show or play with their fidgets.

RETURNING:

Share with children if an option will remain for another visit – this can help lessen distress when it’s time to leave. Alternatively, if another visit isn’t expected, talking about ideas to continue a sense of connection during an extended hospitalization will be helpful.



ADDRESSING EMOTIONS:

Children may react in several ways at a hospital visit. They may be shy or withdrawn, they may be hyperactive and fidgety, or they may be very inquisitive. All are normal and okay responses to hospitalization.

IF SHY OR WITHDRAWN:

Normalize what may be producing anxiety. Giving choices around ways of interacting and providing a normal activity to do may be helpful.

“I know this room can be overwhelming. I like to pretend the machines are something fun instead of what they are. Like, the monitor I pretend is a TV where I’m watching my favorite movie with you while we eat popcorn. My IV, I pretend is giving me spaghetti (my favorite) ...instead of just salty water!”

IF HYPERACTIVE AND FIDGETY:

Let them know it’s normal to feel anxious and have their body respond with extra energy. Have age-appropriate play items to keep their bodies busy (playdough, fidgets, colors/paper). Also, attempt to set limits to minimize pain for the ill parent (e.g., sitting on the bed with the parent may not be possible if they are feeling too wiggly).

“Your body seems to have a lot of energy today. That sometimes happens when you are nervous or excited. I have some things on hand for you to do, and I’m going to have you hold dad’s hand or give him a fist bump rather than sitting with him like you planned. His tummy is sore, and he needs a little more space. Sound okay?”

IF INQUISITIVE:

Attempt to answer their questions. It may feel a little like a scavenger hunt, and you addressing their specific concerns can alleviate anxiety. If it becomes exhausting, be willing to set limits.

“You have a smart brain with a lot of good questions. I am going to answer 2 more questions, and then we are going to eat lunch with mom! If you have more questions, I am happy to answer them on the drive home.”

After the Visit:

Inevitably, visits don't always go as planned, or kids may have had different expectations for the visit. After a visit, it may be helpful to explore:

- One thing that was a surprise about the visit...
- One thing that was scary about the visit...
- A question they thought of...
- The best part of the visit...

If a child is quiet or upset after the visit, gently offer a few questions or statements and focus on what would help them share or cope.

“You’re pretty quiet—I hope visiting mom was helpful. If you think of anything that was hard, you can share that with me anytime.”

It can also be helpful to follow up with the hospitalized parent and the medical team to see how the visit was from their perspective. This may be an especially helpful step if the hospitalization is extensive, and more visits are expected. Continuing to meet your child where they are at and individualizing your approach will help maximize coping for all.

If you would like to connect with a child life specialist to further talk through preparing your child for a hospital visit, **please contact the Wonders & Worries Helpline at 1-844-WE-WONDER or helpline@wondersandworries.org.**



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