Paediatric Nursing

Paediatric Surgery—the Nurse's Role

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PAEDIATRIC Surgery is a branch of surgery that has come into its own in the past few decades. Unlike cardiac surgery and other specialities it does not represent the surgery of a system. The separation of Paediatric Surgery was necessitated by the fact that the problems, management, disease pattern in children are entirely different from that of an adult. The realisation of this on the medical side led to separation of Paediatrics at an earlier date but the idea that the same holds true of surgery took some time to take root and hence Paediatric Surgery was a later development.

Let us look at the problems that we face on the paediatric surgical side. We can roughly divide them into problems in neonatal life and problems in older children. The former are more challenging than the latter. We have a great variety of congenital malformations, some of them minor and some serious enough to be fatal unless treated promptly. These usually involve the respirarory, alimentary and urological systems. In the older children also there is a relatively high proportion of congenital malformation besides the intestinal obstruction, tumour and infections. In understanding and coping with these problems we are not dealing only with a surgical lession but in addition one has to be constantly aware of the special factors in childhood namely growth and development, nutrition and such.

Many of these children are too small to complain. One has to infer only from the look of the child that the child is not well. Seriously sick children tend to be apathetic and be dull and one is apt to pass over them, unless one sees children daily and can judge the illness of the child from many other factors. The symptomatology and signs of shock in children for example varies so differently from that of adults. Thus the nurse has to learn what is normal in children and notice the slightest change on her own initiative.

Also in the treatment of these children, one has to be terribly careful. The margin of safety is so narrow. The common causes of sudden death like aspiration etc., must be constantly kept in mind and the nurse must be prepared to deal with them in a matter of seconds as she has not much time to play around. These problems are tremendously increased when one thinks of the new-born children who have undergone surgery. The new born child has to be provided with constant environment—at 80-80°F range of temperature, a high humidity and a rich oxygen atmosphere, feeding can be a special problem and if there are aspirates and excessive discharges these have to be noted and replaced. Thus the duties and responsibilities, of a Paediatric Surgical nurse are very many and she must be equipped mentally to take the initiative and deal with them. Being the person constantly in the ward she is the real barometer of the well-being of children. They must examine the children frequently, put down their observations in the case sheet itself so that the doctor could use them and formulate proper treatment.

As if these are not enough the nurse has to be a mother to the smaller children and a sister to the older ones. She must at all times understand the psychology of the children, be able to provide the type of confidence and comfort that their age demands. The patients tend to rely on a nurse for ventilating their grievances and not on the doctor who seems infrequent and frightening. She may have to interpret the disease, its meaning, the surgery and the likely problems to the parents also and then seek their confidence and co-operation in the surgery and during post-operative and convalescent times.

Therefore the training of this nurse is important. She must have a course a general sick nursing certificate and training in Paediatrics for some time so that she may understand and learn to cope with the general problems in this age. She must then come to the Surgical Nursing and be properly oriented for a period of 8—10 weeks, when she will go round and watch and help others in various techniques especially emergency treatment for respiratory arrest, cardiac arrest etc. Then she will be prepared to face the work with confidence, ability, and efficiency.

Paediatric Surgery, especially the neonatal part, is a very challenging speciality. If results must be good there must be a team spirit in which all feel equal and responsible. No amount of wounderful surgical technique will achieve its success unless it is backed up by absolutely careful and efficient nursing. In fact I would go so far as to say that an efficient nursing takes more than half the credit in any successful paediatric surgical unit. Therefore, a nurse must feel dedicated and have sense of devotion to children and, to her duty, if she is to play her important role in this field.

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children of their own. But it has been my experience that many of them are ill-suited for paediatric nursing. Whether it is due to overwork at home or problems of matrimony or both, it is difficult to explain. A nurse should have genuine human warmth for children, which springs solely from loving hearts. The nurse should be friendly, sincere and willing to look after sick children. Her genuine interest and eagerness to serve children will help provide security and confidence in the patient and thus hasten his recovery.

An ideal nurse is the one who considers her job as one of *service* and not just a profession. This is more true in the case of a paediatric nurse. I hope our country will produce such devoted pediatric nurses in adequate numbers for the care and well-being of our tiny-tots, who are the future citizens of our great country. □