Anxiety

Setting: Inpatient  Population: Pediatric  Keywords: apprehension, dread, anxiety, uncertainty, uneasiness

Clinical Description

Care of the hospitalized child experiencing feelings of apprehension, uneasiness, uncertainty or dread about possible future events and the ability to deal with the events.

Key Information

- Anxiety is a subjective, individual experience ranging from vague discomfort to feelings of panic. It is a normal response to threatening situations.
- Increased parental anxiety and concern has been directly correlated to increased anxiety and concern in children.
- Studies show a decrease in a child’s anxiety when provided with coping strategies prior to a procedure or surgery.
- Anxiety can become excessive and difficult to control; negatively affecting day-to-day living, physical comfort and medical diagnosis symptoms.

Clinical Goals

By transition of care

A. The patient will demonstrate achievement of the following goals:
- Anxiety Reduction or Resolution

B. Patient, family or significant other will teach back or demonstrate education topics and points:
- Education: Overview
- Education: When to Seek Medical Attention
- Education: Self Management

Correlate Health Status
Correlate health status to:

- history, comorbidity, congenital anomaly
- age, developmental level
- sex, gender identity
- baseline assessment data
- physiologic status
- response to medication and interventions
- psychosocial status, social determinants of health
- barriers to accessing care and services
- child and family/caregiver:
  - health literacy
  - cultural and spiritual preferences
- safety risks
- family interaction
- plan for transition of care

### Anxiety

#### Signs/Symptoms/Presentation

- acting out
- agitation
- anger
- apprehension
- crying
- distress
- fear
- helplessness
- hypervigilance
- increased dependence
- irritability
- joking
- nervousness
CARE PLANNING  
CPG IP Anxiety Peds  
Setting: Inpatient  
Population: Pediatric

- panic
- regressive behavior
- restlessness
- sense of impending doom
- social withdrawal
- worry

Physical symptoms

- dry mouth
- muscle tension
- shortness of breath
- skin flushed
- skin rash
- sleep disturbance
- urinary frequency
- urinary urgency

Vital Signs

- heart rate increased

Problem Intervention(s)

Promote Anxiety Reduction

- Maintain a calm and reassuring environment; minimize noise; provide familiar items; offer choices; follow home routine.
- Encourage parent/caregiver presence and participation to enhance ability to support the child.
- Support expression and identification of feelings and worries; compassionately acknowledge and validate concerns.
- Utilize existing coping strategies and assist in developing new strategies (e.g., music, deep breathing, relaxation techniques, massage, diversional activity, play, pet therapy).
- Identify thoughts and feelings that led to current anxiety onset to enhance understanding of triggers.
• Reframe anxiety-provoking situations; provide a new perspective; engage in problem-solving.
• Utilize anticipatory guidance to enhance sense of control.
• Consider referral for a comprehensive assessment if there are concerns about the number, severity and duration of symptoms; degree of distress; functional impairment or excessive substance use.

Associated Documentation

• Complementary Therapy
• Supportive Measures
• Family/Support System Care

General Education

• admission, transition of care
• orientation to care setting, routine
• advance care planning
• diagnostic tests/procedures
• opioid medication management
• oral health
• medication management
• pain assessment process
• safe medication disposal
• tobacco use, smoke exposure
• treatment plan

Safety Education

• call light use
• equipment/home supplies
• fall prevention
• harm prevention
• infection prevention
Education: Overview

- risk factors
- signs/symptoms

Education: Self Management

- coping strategies
- resources for support

Education: When to Seek Medical Attention

- unresolved/worsening symptoms

References


Cincinnati Children's Hospital Medical Center. (2013, Aug 13). Best evidence statement (BEST). Providing most effective child life care for patients having general anesthesia. (pp.5). Cincinnati, OH: Cincinnati Children's Hospital Medical Center. [Review Articles, Expert/Committee Opinion, Core Curriculum, Position Statements, Practice Bulletins]


