TECHNOLOGIST APPROACH TO THE PEDIATRIC PATIENT IN NM: PERHAPS, NOT EVERYONE KNOWS THAT

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BACKGROUND-AIM

The approach with a pediatric patient that needs any kind of health care is one of the most important challenges of the health worker’s role. Making a difference, or be able to distinguish how to approach a child than an adult, may be of crucial importance in order to make a correct diagnostic examination on a young patient: the child is not a miniature adult and you can not, obviously, think of address him as an adult and in any case the strategy of the approach must be different depending on his age. The purpose of this work is to provide to the nuclear medicine technician who is intermittently operating with a pediatric patient in an operating unit of nuclear medicine (not operating in a dedicated pediatric patient unit) the basic tools to approach him in more correctly, fast and targeted as possible way, with particular attention to the approach based on the patient’s age and to the use of the immobilization devices most suitable to use.

METHODS

The method of approach is:

• to obtain the patient confidence to increase his trust and collaboration, and then to help him to act on reducing anxiety and fear (for example for the sedative action), pain control (injection) and relaxation;
• to know him calling the child by his name (strong empathic power),
• to bend down, for some time, at his visually level;
• observe his body language (opening closing, signs of discomfort, signs of sympathy and interest), to build trust so that he says “yes, that’s it”,
• to use always positive suggestions to describe him the situation in which he will be.

What will happen during the execution of nuclear medicine diagnostic should be well illustrated, explained and taught “how to do things.”, even those who accompany the young patient. The nuclear medicine technician assesses whether to let enter or not the parent-carer, because often a parent transmits his anxiety to the young patient: a quiet, well-educated parent is an ideal ally to perform a good procedure.

RESULTS

To take into account the association between anxiety and fear for the diagnostic examination both in patients and family members, if they have a high level of knowledge of the procedure so has the child.

CONCLUSION

A process of humanization of care changes the practice of reception’s children and their families, exploiting the interactions among operators for the patients and the organization’s well-being. Reception and communication between operators and users are basic to the first management of the emotional aspect both the child and his parents; in a second time is necessary to plan the best time when the child, adequately prepared, can be introduced to the diagnostic examination.

It is a technician and nurses responsibility to establish a two-way relationship, rather than a passive education, among the operator, the patient and his parents.