

## **National Association of Hospital Play Staff Guidelines for Professional Practice**

### **Number 5 Play Preparation**

#### **The Aims of Play Preparation**

The main aims of play preparation are:-

- to help the child understand his/her illness and treatment.
- to correct any misconceptions or fantasies the child may have.
- to give the child an opportunity to express feelings (i.e. anxiety or fear)
- to increase the child's ability to cope with treatment.
- to encourage the child to trust hospital staff.
- to reduce the short/long term psychological effects of a hospital admission.
- to speed recovery.
- to enable informed consent.

#### **The role of the Hospital Play Specialist within the Multi-Disciplinary Team (M.D.T.)**

The Play Specialist should:-

- be familiar with ward routine and policies relating to all medical procedures, prior to embarking on any form of play preparation.
- where possible, work alongside play specialist colleagues, observing and discussing preparation methods. When first undertaking preparation, obtain the support and supervision of a qualified H.P.S.
- discuss each individual procedure with the staff who will be involved. Preparation involves close co-operation between all members of the ward team and any other departments that may be involved. Good communication is essential to ensure the child and parents receive the correct information.
- observe and assess each individual child.
- document the play preparation in the child's notes to ensure that all the members of the M.D.T. are aware of what information has been given and the outcome of the preparation.
- discuss any problems or concerns regarding preparation at Clinical Supervision sessions.
- Attend any relevant training, and read relevant articles in professional journals to keep up-to-date.

#### **The Stages of Preparation**

##### **Stage 1**

##### **Pre-admission**

Preparation for a hospital admission should begin at home. A pre- admission information booklet should be sent out prior to a booked admission.

This booklet should include:-

- general information about the ward
- advice on preparation activities which parents can carry out at home
- a list of children's books about hospital, and other sources of guidance (i.e. Action for Sick Children)
- a ward contact name and telephone number
- an invitation to an informal visit to the ward. This visit should enable the child and family to look around the ward, and ask any questions they may have. Where possible, an optional visit to the anaesthetic and recovery rooms should be included.

## **Stage 2**

### **Admission**

On admission, preparation involves the following key factors:

#### **1. The Relationship**

The Play Specialist must form a trusting relationship with the child. Establish what toys, games or hobbies the child likes. Allow time for non-directive play before introducing any hospital play.

#### **2. Assessment**

When preparing a child for any procedure, the Play Specialist should take the following into account :-

- age of child/teenager
- cognitive development
- emotional maturity
- individual vulnerability
- previous hospital/medical experiences
- cultural background and language
- coping strategies
- parental anxiety

## **Stage 3**

### **Preparation**

Having assessed all of the above, the Play Specialist should select an appropriate method to impart the information the child needs in order to be able to cope with the procedure.

- Discuss the preparation with the parents, ensuring that they understand the philosophy behind play preparation and establishing their role within it. If siblings are present, establish, with the parents, their understanding of the procedure. Siblings should have access to appropriate preparation.
- The timing of the preparation is important. This will depend on all of the above factors. In general, young children, who have a limited or no understanding of time, cannot manage their anxiety about a forthcoming event if told about it too far in advance. Where possible, the timing of the preparation session should be dictated by the child and parent.
- The majority of children will benefit most from individual preparation.

- Where possible conduct the preparation session in a quiet room. If this is impossible, limit the number of distractions for the child (i.e. turn off televisions).
- The explanation of the procedure should be truthful and, where possible, real hospital equipment should be used.
- Give information from the child's point of view, using the words and phraseology that the child/family use and understand.
- Where the child has no known vocabulary for equipment or events, use the correct names to avoid confusion. Clear, consistent and concise explanations should be used.
- Feelings should be acknowledged and reassurance given that fears and anxieties are normal reactions.
- Be aware of the implications of the procedure for the child. A child who is to have a procedure performed on vulnerable body parts, i.e. the eyes, genital or anal area, can have anxieties about this.
- Preparation can increase anxiety. Stay with the child and parent offering reassurance and further explanation, where needed.
- Encourage the child and parents to ask questions. Refer these to the nursing or medical staff if you do not have the answers.
- The anxious child (and parent) may not be able to absorb all the information being imparted and may need several preparation sessions. Our ability to absorb information is limited by stress. Be aware of non-verbal indications that the child is no longer concentrating.
- Coping strategies should be discussed. Past strategies should be reviewed. Where the child and parents have no known coping strategies, these must be introduced. As with preparation, the information gained at the assessment stage will influence this.
- Offer distraction therapy. See **Guidelines for Professional Practice- Number 7- Distraction Therapy.**

## Stage 4

### Following the Procedure

Post procedural play should be offered.

This should include:-

- praise. Certificates and/or stickers will reinforce this.
- an evaluation of the coping strategies used.
- an opportunity to express feelings following the procedure.
- planning- if future admissions are necessary.

Reference: Journal of the National Association of Hospital Play Staff, Spring/Summer 1994

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