

Psychological aspects of emergency activities taken among small children

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Summary:

The course of emergency activities taken in cases of health and life threat of small children will to a large extent depend on, among others, their level of psychomotor development, verbal skills, cognitive functions development, experienced emotions and communication skills. The rescuers experience and their ability to provide medical service to so young patient and the ability to communicate with small children, also have profound influence.

Key words: emergency activities, small children.

Child is a big challenge for a rescuer because he may face some difficulties during examination, taking interview, making diagnosis and in actual treatment. Children can react very emotionally to sudden situations that put them in danger. Not unfrequently we cannot count for their cooperation. Considering strong emotions, difficulties in communication, contact with young patients is limited, which makes hard to collect information about reasons or symptoms of health threat. To establish and maintain contact with such patient isn't only a part of psychological support but also a part of continuous observation. The way of course of emergency activities taken in cases of health and life threat of small children will to a large extent depend on level of psychomotor development, verbal skills, cognitive functions development, experienced emotions and communications skills. A profound influence has rescuers' experience and their ability to provide medical service to

so young patient and the ability to communicate with small children. Lack of this sort of abilities may result in rescuers' fear of wrong life threat's recognition or hurting child, hence the rescue action may run in hasty, chaotic way, then the main goal of rescue team will be the fastest transfer of children wherever instead of proper medical center [1, 2].

The course of emergency activities will differ when child is at the age of infancy and preschool age; it is because of the intellectual level of child, experienced emotions, as well as lexicon and abilities linked with the communication skills.

Verbal contact with child in his babyhood (until 1 year old) is limited. Active vocabulary of children at this age is quite poor, it's limited to a couple of words, passive vocabulary is bit wider. 1 year old infant can understand and do simple commands, especially if they are connected

with a gesture. A mean of communication is a gesticulation and also rich facial expressions. A child can show his needs and make a “dialogue” with parents in order to fulfill his needs.

An infant can experience wide range of emotions such as: love, joy, envy, embarrassment, fear. A smile has a significant value in communication. 1 year old baby can recognize his close relatives, often can react in anxiety or cry when baby see strange people; infant react in that way when is separated from parents [3, 4].

Crisis situations linked with an accident, sudden health and life threat connects with pain and suffering. In order to do painful and hard medical procedure, rescuer often has to control child's and also parent's emotions. Infant may cry because of pain or fear caused by critical situation, also rescuers as perfect strangers can stress him. Child which is crying or is scared will not cooperate with rescuer. The best solution is when parents are holding their baby . Actions which distracts baby's attention can be very helpful to calm him down. We can give him a toy or any safe item in which baby shows interest, rustling paper of syringe packing, we may turn some medical procedure into a fun-play, cannula can imitate a butterfly which pinches in hand etc. We shouldn't do any violent motions to cause additional anxiety. Considering the psychical state and harmful consequences of strong pain and fear in this type of situations, painkillers are given to children more often than to adults [5, 2].

In traumatic situation caused by accident or sudden health threat it is crucial not to separate child from his parents, their presence has soothing effect. Because of baby's psychomotor development, restricted verbal skills, information about the accident and condition of child must result from searching analysis of patient's state, interview with parents or guardians and other witnesses of accident.

Children at after-infancy age (2 – 3 y.o.) have got better communication skills. Their lexicon of active and passive vocabulary is wider; vocabulary of 3 y.o. child. Meaning of words are precisely defined. At the age of 3, child can build sentence of several words, with proper grammar, thus his communication skills are increased.

Speech is strictly linked with action and is understandable in relation to current situation [7]. Emotions of child at after-infancy age are lively, unsteady and quickly changeable.

Understanding of social situations at this age is becoming better and better. Baby's communication skills increase help in wider and growing social contacts, which can broaden social behavior at the level of psychomotor development [6].

Communication with children at this level of psychomotor development will be difficult in case of sudden health threat. Children's traumatic experience can cause strong emotional stress, feeling of anxiety and threat, fear and regressive behaviour. In these situations rescuers need to act calmly and firmly. Presence of parents is important during examination, also physical contact with them is important. But we need to take into consideration their current psychical tension, it's crucial that their emotions wouldn't pass on child. Close presence of parents who act calmly can assure feeling of safety for a child, also they may be involved in the process of rescue, i. e. Oxygen mask can be hold by one of the them. Presence of parents is advantageous for child as well as for rescuers. If little patient feels parent's support, it will be easier to stabilize his state. Moreover, parents know behaviour of their children and may faster notice some alarming reactions, what's more, they better understand their child's pronunciation, especially if there occur a lot of speech impediment or distortions. [8, 9]

Children has lower skill in localizing source of their pain, thus we should give considerable amount of attention to child's facial expression and movements during the entire whole examination. Rescuer's face should be at the height of child's face, it helps to make an easier contact. It's essential to talk with him using simple, undestandable words; tone of voice needs to be gentle and soft, we should use child's name, explain and warn him about current proceedings. If there is such a possibility, child may sit on parent's lap, hold favourite toy or hug cuddly toy.

Children at the preschool age (4 – 6 years old) have wider lexicon, they learn 9-10 words daily.

Because of the wider vocabulary, their communication skills are better, one them is skill of telling stories. They build longer sentences with more correct grammar structure. Skill of conversation improves. At early preschool age there may occur strong emotional lability, it means they often change their emotions. Emotions are strong, intense, although short-lived, children show their emotions very brashly and in impulsive way, they easily get angry, shout, stamp their feet, are in a huff, cry, react anxiously in new situation.

Children at late preschool age gain more skill in expression of their emotions. Child can describe their experience, can predict behaviour of others linked with their expressed emotions. Older preschool children learn remedial abilities, which allow them to manipulate other people's behaviour by expression of their own emotions. It helps them in contact with adults and peers [10, 11, 12].

During rescue activities child in a shock may hamper the actions, he may protest from taking to ambulance, make difficult to take care of wounds or immobilize, especially when he loses physical or eye contact with parent, it causes strong fear of separation with parent. In this sort of situation we should maintain constant verbal contact with the child. Also, it is important not to lose eye contact. A person who examines the patient should talk to him a lot, explain him the need of every taken action, it reduces the fear and creates atmosphere of safe and trust in rescuer. Movements during the medical proceedings have to be calm and cool. We should warn about every action and explain why we do it. When we talk we need to use child's first name, simple and understandable language, tone of voice should be calm, and sympathetic. We need to assure if baby understands what we talk to him. Just the oral contact (beside the will

to cooperate) can help us to assess consciousness of little patient. To keep up the contact we may ask about his interests, favourite soft toy, forms of play he likes. If the rescue service takes longer period of time, we may introduce ourselves, tell who we are, just try not to talk about topics linked with current situation (i. e. ask about favourite cartoon, chant rhyme, ask child to tell us about him, his siblings, friends, we may tell him about other child with the same name as his, tell him some story etc.). Maintaining contact has purpose to gain child's trust, distract him from the negative influence of traumatic situation and medical problem, also it helps to keep child conscious, particularly when we deal with head injuries or severe bleeding, when it's crucial to keep child in the state of awareness. It is worth to maintain physical contact, put your hand on his arm or head, cover him with warm blanket, give him a cuddly toy to hold, it effects reassuringly.

At every age the presence of parents is crucial. Except for special situations, child has the right to constant care of his parents or guardians; it is guaranteed by Convention on the Rights of the Child, which was ratified by the Republic of Poland. In situation of child's sudden health threat, parents are driven by strong emotions, so rescuers are obliged to give them the proper information about the health condition of their child, rescuers should calm them down and act in a way which will not allow parents to disturb medical procedures or influence negatively on psychical state of the child, parents need to be an additional help but not be involved in rescue services [1, 2].

Each rescuer should absorb basic knowledge from the range of developmental psychology and skill of communication with children at every stage of their growth, at that point help in situation of health threat can be delivered faster.

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