



Helping **Children** and **Teens** when a Loved One is in the Hospital

A Guide for Adults Helping Children and Teens Understand Hospitalization

Understanding **Hospitalization** and How to Support Children

When someone in the family is seriously ill, everyone feels it—even young children.

Many adults try to protect children by not telling them much. Sometimes, adults feel unsure how to explain the illness/injury or think children are too young to understand. But when adults feel worried or stressed, children can often feel that too.

One way to help children feel less anxious is to talk with them about what's happening. Let them ask questions and share their feelings. This guide will help with ideas on how to support children and teens during this difficult time.

This guide includes helpful information you can return to as needed. You can also reach out to the hospital care team if you have more questions or need additional support.

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When You're Concerned About How a Child Is Coping

If you notice behaviors that worry you, or if a child shares thoughts or feelings that worry you, there are professionals who can help.

- **Medical Social Workers** are trained mental health professionals who can support your family. They may also connect you with local resources.
- **School Counselors** or trusted school staff can provide support and help children learn ways to cope.
- **Pediatricians** can offer guidance and suggest other support services in your community.



What Children and Teens Need During Stressful Times

Children need love, routine, and support from adults they trust. Here are some ways to help:

- Help them stay in contact with people they trust.
- Make sure they know who will take care of them when you're at the hospital.
- Try to keep their daily routine the same (bedtime, meals, school).
- Keep rules and expectations steady.
- Include them in family time to help them feel connected.
- Give simple, honest updates often.
- Make time—planned or unplanned—to answer questions or talk.
- Use video calls or phone calls to help them stay in touch with their loved one.
- Provide emotional support and physical comfort like hugs.
- Spend time one-on-one with them:
 - Read a book, do a puzzle, or play a game.
 - Go for a walk or eat a meal together.
 - Let them talk or express feelings through play or art.

Common Ways Children Show their Feelings during Stressful Times

Children and teens can feel lots of emotions when someone they love is very sick, like sadness, fear, anger, guilt or confusion. Sometimes, they do not have the words to explain how they feel, so they show it in their behavior.

Here are some common ways children might express their emotions:

- Being more clingy or wanting to be near caregivers all the time
- Having more emotional outbursts of big feelings (like crying or yelling)
- Pulling away from favorite activities, sports or friends
- Having trouble focusing at school
- Going back to younger behaviors like thumb-sucking, bedwetting or using "baby talk"
- Acting out or fighting for attention
- Eating more or less than usual
- Not wanting to talk about the illness at all

When You Do Not Know What Will Happen

If the illness is serious or life-threatening, it can feel especially hard to talk to children. Here are some ways to say the truth in a supportive way:

- *“We are worried. The doctors and nurses are doing everything they can to take care of [the patient]. We hope that...”*
- *Or, “The doctors are very concerned, but they’re doing everything possible to help [the patient]. We are hoping it will help.”*



How to Talk to Children About a Loved One in the Hospital

It is natural to want to protect children from upsetting news, but being honest—at a level they can understand—helps reduce their worry. Children often imagine things that are scarier than the truth if they do not have clear information.

Being honest does not mean telling every detail. It means telling the truth in a simple, age-appropriate way.

Tips for Starting the Conversation

- **Begin by asking what they already know.**
This helps you figure out what to explain or clear up.
- **Use words that match their age and understanding.**
See the next page on how children think and feel at different ages. Separate, age-specific discussions may be needed if there are children in different ages or developmental stages.
- **Tell them the person is hurt or sick and needs to be in the hospital.**
Share which part of the body is affected.
- **Use the actual name of the illness or injury and explain what it means.**
- **Explain what the medical team is doing to help.**
You can also talk about what might happen next if you know.
- **It is okay not to know everything.**
If the situation is confusing or the outcome is unclear, just say so.

Helping Children Ask Questions and Share Feelings

It is important for children to express their feelings in healthy ways with trusted adults. Allowing children to ask questions and share their feelings helps them cope better with stressful situations.

Try asking open-ended questions like:

- *“What are you wondering about?”*
- *“What do you think is going to happen?”*
- *“What has this been like for you?”*
- *“I have noticed you have been getting upset more lately. What do you think is making you feel that way?”*

These types of questions invite more honest answers than just asking, *“Do you have any questions?”*

Other helpful ways to help them express themselves:

- **Invite them to draw a picture about what they think is happening in the hospital.**
- **Ask older children and teens if they want to write in a journal, play music, or create art.**
- **Let them share their feelings through play, movement, or storytelling if they are not ready to talk directly.**

How Children and Teens **Understand Illness** Based on Age

Children understand illness in different ways depending on their age and stage of development. When children and teens don't get information that makes sense for their age, they might come up with their own ideas about what is going on — and these ideas can be even scarier than the truth. Here are some common thoughts, feelings and concerns for different age groups and ways you can help.

Preschool-Aged Children (Ages 3–5)

They may make up stories if they do not understand what is going on.

- Use simple and clear words to explain the illness or injury and why the person needs to be in the hospital.
- Give updates often in a way they can understand.

They may think they caused the illness.

- Ask what they think made their loved one sick.
- If they blame themselves, say something like *"Lots of kids think that, but it's not how the illness happened."*

They may be scared it will happen to them too.

- Use simple explanations for why the person is in the hospital to help the child know that this will not happen to them.
- If the loved one was in an accident, talk about ways the child can stay safe and healthy at home.

They may feel sad, angry, or left out.

- Ask, *"How do you feel when we are away?"*
- Let them know it is okay to feel many emotions. Show the child it is safe to talk about all feelings and that bad things won't happen when they share their feelings.

They may worry that doctors or nurses are hurting their loved one.

- Explain that doctors and nurses are there to help and make the patient comfortable.

They may not understand how the body works.

- Use books or drawings to explain things in a simple way.
- Let them draw what they think is happening. Talk about the drawing and help to clear up any confusion.

School-Aged Children (Ages 6–12)

They may think the illness is their fault.

- Ask, “What makes you think that?” and reassure them by saying, “Lots of kids think that, but things don’t happen that way.”
- Give examples to show that thoughts do not cause illness. “If you wished to make a ball bounce, can your mind make it happen?”

They may worry it is contagious “Can I catch it?” and may not want to touch or go near their loved one.

- If it is contagious, explain why people wear masks or gloves to protect them from getting the illness.
- If it is not contagious, explain in simple terms what is happening with the body and that they can’t catch it.

They may wonder if the patient will ever be the same.

- You can say things like:
“We hope so.”
“They need a lot of help to get better.”
“It might take a long time.”
“We are worried and the doctors and nurses are doing all they can to help.”

Teens (Ages 13 and Up)

They might use medical words they do not fully understand.

- Ask what those words mean to them and their loved one.
- Help clear up any confusion or wrong information.
- Let them know it is okay not to understand everything.

They may listen to adult conversations without asking questions.

- Check in to make sure they understand what is going on.
- Clear up any confusion or wrong information.

They may be keeping their questions to themselves.

- Offer time to ask questions or share worries.

They may want privacy and ways to explore their feelings.

- Offer options for writing or journaling, art or music to share feelings. Ask if they want company or alone time for these activities.
- Offer a private time to talk or visit with the patient, with family or staff close by.

Ways to Help Children and Teens **Stay Connected** to Their Loved One in the Hospital

Things Children Can Do to **Stay Involved**:

- Call or video chat with their loved one.
- Make artwork or write letters to send with family to decorate the hospital room.
- Choose a favorite toy, stuffed animal or blanket to send to the hospital.
- Create a music playlist for their loved one to listen to.
- Record a short story or message about their day and have someone play it at the hospital.



Should a Child Visit the Hospital?

Hospitals can be loud and busy, and the machines and smells might feel scary. Not every child or teen is ready to visit the hospital, and that is okay.

Some children want to visit so they can be close to their other loved ones or their family. A visit does not always mean going into the hospital room—it could also mean:

- Eating with a family member in the hospital cafeteria
- Sitting in the hospital waiting room with adult support
- Walking through the hospital's outdoor garden
- Spending a short visit at the bedside with the patient

Before Planning a Bedside Visit

Visiting a hospital room, especially an ICU, can be overwhelming. Think carefully before deciding if it is right for your child or teen.

Talk with the care team first:

- Make sure children are allowed to visit that area of the hospital.
- Make sure your child is healthy and feeling well.
- Talk with the medical team about what your child might see and hear.

Also think about your own needs:

- Having your child visit might bring up strong emotions for you. You might want to bring another adult to support both you and the child. It can be hard to focus on both your sick loved one and your child at the same time.

Questions to Ask Yourself Before a Visit:

- What is the goal of this visit?
- How old is the child, and what do they know about the illness?
- How do they usually react to stress?
- Do they want to visit right now—or would they rather wait?
- Could seeing their loved one help lower their stress, or could it make them more scared?
- Were they present when something scary happened (like seeing their loved one get hurt or taken away in an ambulance).

Respect the Child's Wishes

Some children want to visit. Others do not. Some might want to wait a few days. All these reactions are okay. Let your child have a say in what feels right for them.

Getting Children **Ready to Visit** the Hospital Bedside

It's important to prepare children ahead of time so they know what to expect and don't feel overwhelmed. A trusted adult should stay with the child the entire time to offer support.

Help Children **Plan** for Their Visit

Give children a small job or task to help them feel more comfortable and involved:

- Bring a drawing, card or photo to leave at the hospital.
- Pack a small "hospital bag" with quiet toys or activities (like coloring or a book) to keep them busy.



Before the Visit

- **Explain why their loved one is in the hospital.**

Use simple words. Reassure them that doctors and nurses are doing everything they can to help.

- **Tell them what to expect in the room.**

Talk about how their loved one might look different or what machines they may see. Use honest, simple language. For example:

"They can't breathe on their own right now, so there's a tube helping them breathe."

"There's a bag of medicine hanging on a pole, and a small tube goes into their hand to help give their body what it needs."

"There might be a tube in their nose to help give them food."

"You might hear beeping noises, but the nurses and doctors are watching closely to make sure everything is okay."

- **Ask them what questions they have and if this is different than what they thought was happening.**

This gives you a chance to give more information if needed and correct any wrong ideas they might have had.

- **Show pictures if you can.**

If you have photos of the room or equipment, show them to the child ahead of time and explain what each item does.

- **Remind them: it's still the same person on the inside.**

Even if their loved one can't talk or respond, they're still the same person the child loves.

Start with a Short Visit

- **Start with a short bedside visit—about 5-10 minutes—especially in critical care areas. Let the child know ahead of time how long the visit will be and what they will do afterward. You can extend the visit if the child seems comfortable once they are there.**

Remind the Child of the Plan

- Place the drawing or card at the bedside.
- Talk about their day or share a story.
- Do a quiet activity together, like coloring or showing a toy they brought from home.



During the Visit

- **Bring another adult if possible.**
It helps to have an extra adult to focus on the child's needs and can be ready in case the child wants to leave early or needs a break.
- **All visitors will need to check in at the Hospital front desk to get a visitor badge.**
- **Cover up the patient as much as possible with a blanket ahead of the visit.**
This helps keep the focus on comfort rather than medical equipment.
- **Let the child lead the way.**
Some children might walk in slowly or stay back. Let them choose how close they want to get. It is important that the child feels comfortable during the visit. Do not force them to touch or talk.
- **Point out the equipment you talked about earlier.**
If they brought a card or picture, now is a good time to share it.
- **Let them ask questions.**
Children might wonder if their loved one is in pain. Give honest reassurance about their comfort.
- **Watch their body language.**
If they look uncomfortable or anxious, be ready to end the visit early or give them a break.
- **Keep the visit short at first.**
Some children may want to leave after just a few minutes—and that is okay. They may also feel ready to return for a longer visit next time.

Transition Objects (Optional)

You can arrange for a small item, like a teddy bear, to be waiting in the hospital room. The child can take it home, and leave something behind for their loved one, like:

- A letter
- A photo
- A drawing
- A small object from home

These “transition objects” can help the child feel connected, even after the visit. Please talk with the medical social worker to help arrange this item for you.

When to Reach Out for Extra Help

If your child's behavior worries you or if they are having a hard time coping, there are trusted adults who can help:

- **Medical Social Workers** are trained mental health professionals. They can offer support and connect you to more resources.
- **School Counselors** and staff can check in with your child at school and offer tools to help them cope.
- **Pediatricians** can talk with you about your child's emotional and physical well-being and refer you to additional services if needed.



After the Bedside Visit

- **Talk about the visit**

After the hospital visit, it is important to check in with the child. They may still be thinking about what they saw and felt. Some children will not say much right away, so offer other chances to talk later, like at bedtime or during quiet moments.

You can ask:

- *"Was visiting easier or harder than you thought it would be?"*
- *"Was the hospital room like you imagined?"*
- *"Was your loved one how you expected them to be?" If not, "what felt different?"*
- *"Do you want to visit again?" If yes, "what would you want to do the same or different next time?"*

Let your child know you are there to talk anytime.

Emotional Support

Seeing someone they love in the hospital can bring up big feelings—like sadness, worry, fear, anger, or even happiness to be reunited. All these feelings are normal.

- **Let your child know it is okay to feel whatever they are feeling.**
- **Try not to say things like "Try to be brave" or "Don't cry."** Crying is a healthy way to express emotions.
- **If your child does not want to talk, offer other ways to share their feelings:** like drawing, doing art, writing in a journal or listening to music.

Some common signs your child may be having a hard time:

- **Wanting to be close to you all the time**
- **Pulling away from favorite activities or friends**
- **Seeming upset or distracted**
- **Acting out more than usual**

Try to keep routines predictable (like mealtimes, school and bedtime) so things feel more stable. Make sure they know who is taking care of them and how to reach you if you're at the hospital.

Simple ways to explain **Medical Equipment**

Medical equipment can look confusing or even scary to kids. Using simple, clear language helps them understand what they're seeing—and helps reduce fear or worry.

Here are some common medical items and how to explain them in a kid-friendly way:

Central Line

A small, soft tube is placed in a big vein—usually in the neck.

"This tube helps give medicine or take blood without needing lots of pokes."

Chest Tube

A tube placed in the chest to remove extra air or fluid from around the lungs.

"This helps the patient breathe better by keeping their lungs from getting squished."

Dialysis Machine

This machine does the job of the kidneys by removing waste from the body.

"It helps clean the blood, kind of like what pee does when your body is working normally."

Electrodes for EKG (Electrocardiogram)

Little stickers with wires that show how the heart is beating.

"These stickers help make a picture of the heart's beat on the screen so doctors can check how it's working."

EEG (Electroencephalogram)

Used to check how the brain is working.

"Stickers are put on the head and connected to wires. These show what the brain is doing—kind of like taking a picture of the brain waves."

ECMO (Extracorporeal Membrane Oxygenation)

A special machine that supports both the heart and lungs.

"This machine helps the heart and lungs rest and heal by doing their job for them."

Foley Bag

A small soft tube that helps collect pee.

"This helps the body go to the bathroom when someone is too sick to get up. The tube connects to a bag that fills with pee."

IV Pumps and Fluids

"IV" means "into the vein." A tiny, straw-like tube that gives medicine or fluids.

"This helps get medicine or water straight into the blood, which helps the body recover faster."

Monitor

A screen that shows numbers, lines, and beeping sounds.

"This machine helps the doctors and nurses see how the body is working, like heartbeats and breathing."

NG Tube (Nasal Gastric Tube)

A soft tube that goes through the nose down to the stomach.

"This helps give the body food or medicine when someone can't eat normally. Sometimes it also helps the stomach rest."

Restraints

Soft bands that go around the wrists.

"These help make sure the patient doesn't pull out important tubes or wires while they're sleepy or confused."

Tracheostomy (Trach)

A tube in the neck that helps someone breathe.

"There's a small opening in the neck where a tube goes to help with breathing."

Ventilator / Respirator / Breathing Tube

A machine that helps with breathing.

"This helps the patient take deep breaths when they're sleeping, sore, or too sick to breathe well on their own."

REFERENCES

Adaptations, with permission, from the Harriet Lane Compassionate Care Program at the Johns Hopkins Children's Center
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Kids Worry Too

