

Older Adults: What Every Paediatric Nurse Should Know

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Abstract:

Older adults have always been important parts of children's lives, playing a variety of roles including grandparent, caregiver, friend, and neighbour. Grandparents also play a variety of roles in families. Often a child's first encounter with serious illness or death involves a grandparent or other older adult. Grandparents are also increasingly serving as primary caregivers for children. Paediatric nurses have long recognised their role in helping children cope with grief and loss associated with illness or death of a grandparent. Paediatric nurses need to be able to provide appropriate interventions and teaching when older adults are primary caregivers or assisting parents in the day-to-day care of the child. They also need to have sufficient knowledge about older adults to help parents and children understand the normal changes they will see in their aging loved ones, and to help parents effectively incorporate grandparents and older adults into children's lives.

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Article:

The Practice of Paediatric Nursing

In the USA, the paediatric nurse is a care provider, an educator, an advocate, and a comforter. The role of the paediatric nurse requires current knowledge of the biological and psychosocial development of children in order to ensure the provision of nursing care that is within best-practice standards. The paediatric nurse must also have excellent communication skills in order to act as an educator to the child and the child's family members. Paediatric nurses are aware that the caregivers of a child may include not only the child's parents, but also any other individual identified by the child or the child's family as having a responsibility for the health and well being of the child. The paediatric nurse may be required to adapt teaching methods to

accommodate needs of the different individuals who are responsible for the child's care (Brady, 2009; Young et al., 2006).

Family-centred care is the model of nursing care utilised by individuals who practice in the role of a paediatric nurse. The paediatric specialty of nursing in the United States encompasses the care of children who range in age from newborns to 18 years, and their families. Nurses who provide care to children work collaboratively with the family members of the child and recognise that the collaborative relationship between the nurse, the child, and the child's family is a crucial part of the caregiving process that is required to promote the optimal health of the child and the child's family. When working with children and their families, paediatric nurses are required to be flexible, empathetic, and to adapt to the frequent challenges that occur during the provision of nursing care (Brady, 2009; Kitchen, 2005).

Why Should I be Interested in Older Adults?

Older adults have always been important parts of children's lives, playing a variety of roles including grandparent, caregiver, friend and neighbour. Grandparents also play a variety of roles in families. Often a child's first encounter with serious illness or death involves a grandparent or other older adult. Grandparents are also increasingly serving as primary caregivers for children (US Census Bureau, 2003, 2007). Paediatric nurses have long recognised their role in helping children cope with grief and loss associated with illness or death of a grandparent. This article provides the information that paediatric nurses need to be able to provide appropriate interventions and teaching when older adults are primary caregivers, or are assisting parents in the day-to-day care of the child. It also includes information to help parents and children understand the normal changes they will see in their aging loved ones, to help parents effectively incorporate grandparents into a child's life, and to balance the potential conflict that may arise when a child becomes a helper to the caregiver of the older adult.

Just Who are these Older Adults, Anyway?

Some services and opportunities targeted at the "old" are available to people as young as 50 years (Ebersole, Hess, & Luggen, 2004). However, in the United States anyone 65 years of age or older is considered an "older adult". This is an arbitrary distinction based on the Social Security Act of 1965. Unlike, for instance, adolescence or middle adulthood, 65 years does not represent the age at which any particular physical or developmental changes typically occur. In fact, older adults are by far the most heterogeneous of all age groups, and chronological age is a poor predictor of ability, health, or interests. As an example, consider the fact that children typically learn to crawl and to walk within defined periods of a few months. In contrast, there are 75-year-olds who run marathons and who run businesses and 60-year-olds who need help with activities of daily living. Older adults today have lived through a wide variety of dramatic shifts in culture, socio-political climate, technology, and economics, which contributes to their diversity (Ebersole et al., 2004; Miller, 2008). Nonetheless, there are common changes associated with normal aging

that have important implications for both nurses caring for older adults, and for paediatric nurses whose patients have older adults as important parts of their lives.

What Kids Should Know About Age-related Changes

Throughout most of history children grew up in extended families that included multiple generations. Since most illnesses were treated in the home, children were exposed to childbirth, aging, illness, disability, and death. In our current society, large extended families living together are less common, and since the ill and disabled are often cared for in institutions, many children have limited exposure to the full spectrum of life. They may be frightened, confused, or frustrated by the normal age-related changes manifested by their grandparents, friends or neighbours. This may be compounded by our youth-oriented culture, which does not hold elders in reverence as many traditional cultures do (Miller, 2008). Paediatric nurses can help children understand that older adults have unique strengths and gifts, but also some limitations that result from normal changes of aging. Some of the normal age-related changes that are likely to have impact on interactions with children are presented in Table 1. Probably the most important implications for children derive from sensory changes, changes in strength, and slowing of reflexes.

Table 1. Normal Changes of Aging and Implications for Interactions with Children

Sensory changes	Reduce communication ability. May dominate conversation or withdraw from interaction.
Decreased auditory acuity	Older adult may not respond to questions or may misinterpret what is said. May miss environmental noise. Difficulty using telephone.
Decreased visual acuity	May make it difficult for older adult to play games, read, or do fine motor tasks (i.e. sewing). Movement through the environment is slower. May miss visual cues in environment. May miss non-verbal communications.
Decreased smell and taste	May miss olfactory cues in the environment. May oversalt food or not identify spoiled food.
Slowed reflexes and response time	Increased safety concerns, especially near hazards like fire, water, and traffic. Needs more time to respond to questions, cues, and stimuli.
Decreased tactility	Fear. Decreased opportunity to communicate emotions or receive comfort.

The acuity of all the senses decreases with age: one does not hear, see, or smell as well. Taste and touch also decline. This can impact interactions with children in a variety of ways. For example, older adults may not hear questions that children ask them, they may ask “What?” frequently, or they may misunderstand what is said and make a seemingly inappropriate response. Since hearing loss occurs in the high ranges first, older adults may have more difficulty hearing children's high-pitched voices than they do hearing the voices of other adults. It is important that children understand the older adult is not ignoring them and is not confused. Children need to know that they can improve communication with older adults by standing in front of them when speaking, speaking directly to them using short sentences, and speaking slowly, but *not* shouting. Decreased visual acuity may cause older adults to miss information conveyed through facial expression or body language. For example, an older adult might ask about a child's day at school, but miss the downcast eyes, drooping shoulders, and sad face that accompanied the child's reply of “OK”. The child may feel that his or her feelings are not valued if the older adult simply accepts the verbal answer. Misunderstandings stemming from changes in vision can be minimised if children are reminded to say how they feel rather than convey it non-verbally, get the older person's attention first, and make sure there is enough light in the room. Older adults also should learn to routinely ask children about their feelings.

Sensory decline also often causes older adults to interact with the environment more slowly and cautiously. Understanding that this is an adaptive response that older adults develop will help children avoid frustration or attempts to hurry the older person. Sensory changes may sometimes cause older adults to miss environmental cues that are obvious to children. For example, an older adult may not hear a telephone ringing in a distant room or may not smell that milk is starting to sour.

Because the senses of taste and smell decline, older adults may oversalt or over-season food; they may also find it difficult to detect food that has expired or spoiled. Older children can be enlisted to help with monitoring food. The older adult can rely on the child's acute sense of smell to help detect if food is starting to sour. Older adults can label foods with large-print notes of the date purchased or opened, and discard on a regular schedule, to avoid food poisoning. Older children can assume responsibility for monitoring expiration dates on food, thus giving them valued roles in the family. Understanding that these oversights result from changes in the senses will help children learn to bring environmental cues to the older adults' attention politely, without embarrassment on either side. The older adult can then learn to rely on the young eyes, ears, and nose.

Older adults may suffer from changes in ability to move about because of chronic illnesses, such as osteoporosis and arthritis. Children can be taught to consider that an older person may have some pain or discomfort with movement and a limited range of motion. Children should also be taught not to jump or tug on, push, or startle the older adult, since the changes in movement often affect balance and increase the likelihood of fractures. Additionally, children should be taught to alert a responsible adult if they witness an older adult having a fall. Children are often unaware

of the seriousness of a fall in an older adult and may assume the older adult will stand up and recover as easily as them.

When Older Adults are Caregivers

An ever-increasing number of older adults are assuming primary parenting roles and responsibilities (US Census Bureau, 2003, 2007). Most often this occurs when an older adult becomes the caregiver for a grandchild, great-grandchild, or other relative. While parenting can be a source of great joy for older adults, it can also be a financial challenge, derail plans for retirement, and disrupt life plans. It can be physically and emotionally exhausting and a source of great anxiety, particularly for those who are ill (Ebersole et al., 2004). However, proper planning can help ensure that the relationship is rewarding for both the older adult and the child.

Grandparents raising grandchildren need to take steps to protect their retirement savings. They can check to see whether the grandchild is eligible for Social Security and government food programmes, or whether earned income tax credit from Internal Revenue Service is applicable (American Association of Retired Persons [AARP], 2004d). The grandchild's healthcare may be subsidised by programmes such as Medicaid or the Children's Health Insurance Program (AARP, 2004a). Grandparents raising grandchildren should be referred to local grandparent support groups. Local support groups for grandparents can be located through the AARP website (www.aarp.org).

Assuring Guardianship

Grandparents and other relatives often assume care of a child in strained circumstances such as when parents are ill, in financial or legal trouble, or for some other reason are unable to fulfil their parental responsibilities (New York–Presbyterian Hospital, 2006; US Census Bureau, 2003). This often happens informally, as when a parent simply leaves the child with a grandparent for an unspecified period of time. It is estimated that 20% of children in the United States are now being raised by someone other than a parent—often a grandparent (Cyberstation, 2004). Numerous problems can arise if the older adult does not have legal guardianship of the child. The child may need healthcare or services that the older adult cannot authorise. Without legal guardianship, the caregiver will be unable to obtain financial assistance for the child, enrol the child in school, or obtain other benefits for the child. Laws regarding child custody vary from state to state (AARP, 2004b). However, legal guardianship always involves more than just having notarised permission from the parents. If the older adult intervenes to take a child because the child is neglected, abused, or in danger, protective custody should be sought through Social Services. When a child is abandoned into the care of a relative, it is imperative that the older adult contact Social Services to obtain guardianship and temporary custody, and possibly permanent custody, of the child. The Social Services network is dedicated to ensuring the child's best interests, and this includes helping the person responsible for the child to obtain appropriate

legal authority. Paediatric nurses may sometimes need to collaborate with older adult caregivers and Social Services to ensure appropriate legal protections for the child and caregiver.

Temporary custody is frequently granted to a grandparent in a child-abuse situation. This can create tension between the parents and the grandparents, especially in a situation where only one parent is suspected of abusing the child and the other parent is allowed at the bedside in the hospital. The paediatric nurse in the hospital setting must be sensitive to the needs and emotions of both the parent and the grandparent. It is essential, however, for the nurse to focus on the needs of the child. Although both the parent and the grandparent may be involved in care in the hospital, the grandparent is the one who has to be comfortable with the care and needs of the child prior to discharge, and so must be the target of discharge teaching.

Caregiving

Older adults also often serve as babysitters and temporary caregivers when custodial parents work, go to school, or are otherwise unavailable. In such circumstances it is essential that older adults assuming temporary responsibility for children have a properly documented, notarised authorisation from the parents to make emergency medical decisions for the child. Like any other temporary caregiver, an older adult needs a list of the child's allergies, immunisations, medications, insurance, and pertinent medical history. Older adults also must provide safe environments for the children for whom they care; this includes consideration of the developmental stage of the children.

Teaching the Older Adult Caregiver

Intelligence does not decline as a normal part of aging (Ebersole et al., 2004; Miller, 2008). However, reaction time does increase, and acuity of all senses does decrease. Older adults can learn new things, but learning may require more time and practice than with younger people. When teaching an older adult caregiver to care for a child, the nurse should allow extra time for the caregiver to assimilate the information. Printed information must be in large type. When giving verbal instructions, the nurse should stand or sit in front of the older adult, speak and look directly to the person, and use short sentences. Assess comprehension frequently, and allow the older adult plenty of time to respond. Both cognitive and psychomotor competence should be assessed, even if the motor tasks are simple ones such as pouring a dose of a liquid medication. Give plenty of opportunities to practice and assess retention of knowledge over time before concluding that your job is done. It is very beneficial for older adult caregivers to complete courses in first aid and cardiopulmonary resuscitation for children. Nurses teaching such classes should welcome older adults. For the courses to be successful, they must allow adequate time for practice and mastery, and provide educational materials in an accessible format.

If a child in the care of an older adult with visual loss requires medication, in some cases a friend or neighbour may need to come in and prepare medication doses in “pill minders” or other pre-measured formats. This may initially seem like a novel idea to paediatric nurses, but many older

adults rely on this sort of help to manage their own medications. In such cases, competence of the person preparing the medications must be assured, and changes in the child's weight (and consequently, in the medication dosage) assessed frequently.

The Child as a Helper to the Older Adult

An individual may become a caregiver at any age. A young child may not be able to fulfil the roles required of a primary caregiver to the older adult, but may be able to assist the primary caregiver with many of the tasks that are included in the provision of care. Allowing children to participate in caregiving activities can be rewarding for them. They can help hold a nebuliser for a respiratory treatment or push a wheelchair on a shopping trip. This can prepare a child to be a lifelong advocate for others. The paediatric nurse, child, and caregiver can work together to create a game to make caregiving activities fun for the younger child. Examples of such games may be having the child call out the specific foot a shoe is being placed on while the caregiver assists the older adult to put on his shoes or having the child count out the number of repetitions for the older adult who is exercising.

Dearden and Becker (2004) published findings from their study of 6178 young caregivers, under the age of 18, in the United Kingdom. Their 2004 report is the third in a series of studies of individuals enrolled in projects that offer specialist support services to young caregivers. Specific categories of caring tasks provided by the young caregivers in the studies included domestic tasks, such as household chores or cooking; general care, including medication administration and dressing changes; emotional support; intimate care such as washing and assisting with toileting and dressing activities; and assisting with the care of their other siblings in addition to the previously mentioned tasks. Findings from the 2004 study showed that 197 (3%) of the individuals receiving care from the young caregivers were grandparents. Almost 50% of the young caregivers in the study provided 10 hours or less of care per week, and 33% provided 11–20 hours of care per week.

Young caregivers who are required to provide high levels of caring tasks may be negatively impacted in the following ways: difficulties with friendships, decreased time for social and leisure activities, decreased time to focus on school work and home work, and difficulties in achieving developmental tasks appropriate for their specific age (Dearden & Becker, 2004). The paediatric nurse possesses a unique knowledge of children that can be utilised when collaborating with the child and the primary caregiver to identify developmentally appropriate tasks that will allow the child or adolescent to be included in the older adult's care without negatively impacting the developmental tasks that the child or adolescent has yet to achieve. In addition, the paediatric nurse possesses useful assessment skills that may be helpful in identifying situations in which a referral to social support services may be of benefit to the child, adolescent, or family who requires support in providing care to the older adult.

Planning for the Usual Day

Daily life is full of stresses that constantly demand accommodation by family members. Decreases in strength and slowing of reflexes are inevitable with aging. Older adults need more time to get ready to do a task, more time to do the task, and more time to recover from doing the task. Most learn to correct for their slowed reflexes by being more careful in everything they do. However, this can be frustrating to children who want to run, jump, and play *right now!* Older adults caring for children benefit from guidance in planning the day to include periods of intense interaction with the child spaced with periods of rest and recovery for themselves, during which the child engages in activities that require less interaction and supervision, such as puzzles, colouring, or some crafts. With babies and younger children, daily naptime can provide additional opportunity for the older adult to rest. With older children, a daily “quiet time” can be established, with a set of expected activities during that time. Assisting with chores can also provide children with self-esteem and a sense of worth, while being a real help in the home. Younger children may enjoy chores that are done with the older adult more than chores done alone.

Safety Considerations

When an older adult is caring for a child, all the standard paediatric safety considerations apply. For instance, poisons must be locked up, poisonous plants removed, outlets covered, and appropriate car seats must be used. Some considerations are unique or increased when the caregiver is older. For example, changes in hearing may also prevent older adults from noticing when children get “too quiet”, so particular attention must be paid to childproofing the home of an older adult who is caring for a child. Older adults often take multiple prescription and over-the-counter medications, which should be locked away. Storing materials such as cleaners in sites that are accessible to the older adult but secure from children can be challenging, and may require unique solutions. It may be necessary to move some materials to less convenient but also less accessible sites. For example, cleaners or medications could be locked in a drawer in the bedroom of the older adult, rather than stored in the kitchen, if this site is more secure. Care should also be taken in the disposal of medications. When possible, discarded medications should be flushed down the toilet. No medications should be thrown into an accessible trashcan. In particular, remind older adults that topical medications such as nitroglycerin patches are still active when discarded, and must be disposed of properly. Children have retrieved such patches from the trash and chewed them!

Older adults must take their slowed reflexes into consideration when supervising children around bodies of water, campfires, or other hazards. For example, it would be advisable for a child to wear a lifejacket at a picnic near a lake, even if swimming was not planned, if there was any possibility that the child might run or fall into the water. Older adults may find it necessary to restrict some activities because they cannot safely supervise the child. For example, an older adult may decide that he or she cannot adequately supervise swimming or play near a pool, and that the child can only swim when another caregiver is present. Although children may initially

complain that such restrictions are unfair and unnecessary, they will accept them if they are enforced consistently.

Preparing for Emergencies

No one likes to think about emergencies. Since older adults typically react more slowly than younger people, it is essential that they have plans in place before an emergency arises. If older adults cannot drive, they must plan for obtaining care and transportation in an emergency. A plan for escaping the house in the event of fire must be practised with children. Children also need to know what to do if the older adult becomes ill or injured, particularly if the older adult has severe health problems. Such plans can range from going to a neighbour's house to calling emergency services. Implementing the plans can be rehearsed regularly as a game.

Paediatric nurses may initially be uncomfortable raising concerns about safety and emergencies with older adult caregivers. However, nurses should rest assured that the vast majority of older adults have considerable insights into their own limitations and mortality. Most will appreciate matter-of-fact discussions of realistic ways to fulfil their many roles, including their roles as caregivers. Acceptance of the discussion will be enhanced if nurses make it clear that they are not questioning the older person's ability or desire to care for the child, but that they want to collaborate to determine ways to do this most effectively and safely.

Older Adults in Families with Children

Older relatives often play important roles in children's lives even when older adults are not primary caregivers. Some children live in homes that include parents as well as grandparents or other older relatives. Others encounter older relatives at family functions. Much literature has been devoted to helping children deal with the loss of a grandparent or other older relative, which is often the first death that a child encounters (Hockenberry & Wilson, 2008; Stuber & Mesrkhani, 2001). However, death is not the only challenge older adults may present to children. Some characteristics of older adults themselves can present challenges to children and their families.

Visiting with the “Difficult” Older Adult

Social interaction is important for people of all ages. However, sometimes children (and their parents) find visiting with an older relative difficult because the older adult tends to dominate the conversation and “talk non-stop”. Many children (and their parents) interpret this as a sign of self-centredness or loneliness on the part of the older adult. This can lead to feelings of dislike, guilt, or both. Children may dread visiting the older adult, and feel guilty when they leave. Older adults, of course, display the full range of personalities and emotional states found in younger people, so undoubtedly some are lonely or self-centred. However, the tendency to dominate the conversation may also arise from compensation for sensory decline. If you have trouble seeing and hearing, the best way to ensure you do not miss any of the conversation is to take charge of

it! If the older adult is doing most of the talking, less of the conversation can go over his or her head. Understanding this may help children interpret the visit more positively. Also, using visual cues and focused topics of discussion can help ensure that both the older adult and the child feel securely engaged in the conversation. For instance, instead of just going for a visit, take a family picture album or old tool to discuss, or ask the older adult to describe how something was done in the past. Planning a topic of discussion in advance of the visit will decrease the child's anxiety and make the visit more rewarding for all parties. In general, short, frequent visits to older adults are better than long visits. Both the older adult and the child should know at the onset how long the visit will last. Parents need to be honest with their children about the situation, answer their questions, and take time to listen to their concerns. Ask the children how they would like to spend time with their grandparents. Toddlers can make grandparents feel loved by sharing spontaneous expressions of affection and joy. Teenagers can help their grandparents with important tasks such as driving them to the store or on other errands (AARP, 2004c).

Preparing the Child for Disabilities

If children are going to visit older adults with mental or physical disabilities, they benefit from having brief, factual descriptions of the reason for and manifestations of the disability before the visit. Paediatric nurses can help parents by discussing how to approach these topics with their children in a matter-of-fact manner. Alzheimer's disease and dementia are particularly challenging. The Alzheimer's Association (www.alz.org) has excellent information describing how to discuss dementia with children and teenagers (Alzheimer's Association, 2007) plus a link to a website for children themselves (www.kidshealth.org; Nemours Foundation, 2008). Directing parents to these resources will provide them with invaluable sources of support and information.

Conflict and the Grandparent Role

Grandparents and older relatives are important repositories of knowledge and skills. However, sometimes their values or practices are not consistent with those of parents, leading to conflict. The nurse can play an important role in helping a child's parents anticipate and react appropriately to unwanted advice from older relatives. First, it is helpful for the parents to acknowledge that the advice is well-intentioned, and not intended as an indictment of the parent's competence. Such advice may represent well-accepted ideas and values of a former generation. It may also be an attempt to gain a sense of being included or needed, which may be important to the grandparent's self-esteem. If parents are annoyed by unsolicited advice, they should consider using other ways to include the grandparent and to make the grandparent feel valued. For instance, parents could ask the grandparent to teach the child (or the parents) how to do something, or to explain how things once were done. A grandparent who is not physically able to keep a child in his or her home might be asked to watch a sleeping infant or play a game with an older child while the mother takes a long bath or has other "personal" time, but is still accessible in an emergency. Parents who feel comfortable and competent in their own roles, and who have

strategies for involving grandparents in a positive way, are typically better able to deal with child-rearing advice that is at odds with their own practices. Sometimes conflicts reflect longstanding tensions in the family, and resolution may be facilitated by involvement of interdisciplinary team members such as social work or pastoral care. However, in situations where disagreements persist and tension is high, the nurse must remember who has the legal authority to make decisions about the child's care.

When Should the Paediatric Nurse Use This Advice?

Specific situations in which the paediatric nurse has the opportunity to enact the advice presented in this article include times when an older adult brings a child to a medical clinic for an appointment, when an older adult is visiting a child's bedside as the child's guardian, when a paediatric home health nurse conducts a home visit for a child who lives in an intergenerational household, and any time that a paediatric nurse provides education to an older adult regarding the care of a child.

Children Need Older Adults

Older adults can play rich and vital roles in the lives of children. Their unique contributions, wisdom, and wealth of experience can be of untold benefit to children. Paediatric nurses can help ensure that these benefits are maximised by helping children understand the normal changes of aging, helping children and their parents learn to communicate effectively with older adults, and through teaching and anticipatory guidance of both children and caregivers. Paediatric nurses should teach older adults who are serving as caregivers for children about a variety of special considerations. Nurses must also tailor their own communication and teaching to meet the needs of older adult caregivers. A little knowledge about older adults can go a long way toward helping paediatric nurses better serve their young clients.

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