
Discharge Instructions for Hydrocephalus Following Shunt Placement (Child)

Your child has been diagnosed with hydrocephalus. This is a condition where extra fluid builds up in the brain. This condition is sometimes referred to as “water on the brain.” The most common treatment for hydrocephalus is to have a shunt put in. This tube drains fluid from the brain to another space in the body, where it can be safely absorbed. Here's what you need to know about home care.

Home care

- Give your child pain medicines as your healthcare provider directs.
- Feed your child their regular diet unless you are told otherwise.
- Wash your child's incision each day with mild soap. Rinse the incision with water and gently pat it dry.
- Don't allow your child to soak in the bathtub or a swimming pool until the incision is fully healed.
- Allow your child to resume normal activities gradually after returning home.
- Be aware that if your child needs an MRI, the newer shunts are MRI compatible. Check with your healthcare provider to be sure. Ask about a card that has important information about your child's device. The card often includes a model and serial number.

Follow-up

Make a follow-up appointment as advised.

When to call your child's healthcare provider

Call your healthcare provider right away if your child has any of the following:

- High-pitched cry or increased irritability
- Trouble with sucking, drinking, or eating
- Fever (see Fever and children, below)
- Stiff neck (refusing to bend or move the neck or head)
- Trouble breathing
- Seizures
- Head injury
- Headache or visual disturbance
- Bleeding, drainage, or pus at the incision site

- Loss of appetite, vomiting, or stomach pain
- Confusion or sleepiness that occurs more than usual

Fever and children

Use a digital thermometer to check your child's temperature. Don't use a mercury thermometer. There are different kinds and uses of digital thermometers. They include:

- **Rectal.** For children younger than 3 years, a rectal temperature is the most accurate.
- **Forehead (temporal).** This works for children age 3 months and older. If a child under 3 months old has signs of illness, this can be used for a first pass. The provider may want to confirm with a rectal temperature.
- **Ear (tympanic).** Ear temperatures are accurate after 6 months of age, but not before.
- **Armpit (axillary).** This is the least reliable but may be used for a first pass to check a child of any age with signs of illness. The provider may want to confirm with a rectal temperature.
- **Mouth (oral).** Don't use a thermometer in your child's mouth until they are at least 4 years old.

Use the rectal thermometer with care. Follow the product maker's directions for correct use. Insert it gently. Label it and make sure it's not used in the mouth. It may pass on germs from the stool. If you don't feel OK using a rectal thermometer, ask the healthcare provider what type to use instead. When you talk with any healthcare provider about your child's fever, tell them which type you used.

Below are guidelines to know if your young child has a fever. Your child's healthcare provider may give you different numbers for your child. Follow your provider's specific instructions.

Fever readings for a baby under 3 months old:

- First, ask your child's healthcare provider how you should take the temperature.
- Rectal or forehead: 100.4°F (38°C) or higher
- Armpit: 99°F (37.2°C) or higher

Fever readings for a child age 3 months to 36 months (3 years):

- Rectal, forehead, or ear: 102°F (38.9°C) or higher
- Armpit: 101°F (38.3°C) or higher

Call the healthcare provider in these cases:

- Repeated temperature of 104°F (40°C) or higher in a child of any age
- Fever of 100.4° (38°C) or higher in baby younger than 3 months
- Fever that lasts more than 24 hours in a child under age 2
- Fever that lasts for 3 days in a child age 2 or older