Explain to children what a hospital is—a place where people go to get well. Then, if the child must go to the hospital in an emergency, the surroundings won’t be entirely unfamiliar.

Keep accurate, current records of the child’s growth, past illnesses or injuries, allergies, and immunizations.

Talk with the child about the reason for going to the hospital, how long the stay will be, and what will happen. “Make sure your child understands that there may be lots of different people coming into the room to take care of him,” says Dr. Zipes. “Explain what a nurse does and that the nurse may come in during the middle of the night and wake him up to give him a pill. Otherwise, the experience of being awakened by a stranger in the middle of the night can be traumatic.”

Be honest about tests and injections and whether and how much they will hurt. If someone says a procedure won’t hurt at all and then it does, the child will fear every procedure. Parents should, if possible, be in the room during medical procedures. Avoid telling the child to be brave or not to cry, and don’t help restrain the child if that is necessary. “Parents should be there for comfort,” Dr. Zipes says.

If your child won’t be admitted for a few days, call the hospital and ask if it has a “tour” or if you can bring the child for a visit. Walk around with the child, visit an empty patient room, explain the nurse’s role, and if possible, show the child the places where he or she will be treated.

While your child is in the hospital, stay with him or her as much as possible, especially during the first 24 hours. Bring your child’s favorite toy, stuffed animal, blanket, or book to the hospital. Ask your hospital if it has child life specialists, who are trained to minimize the discomfort of a child’s hospital stay.

Try to control your emotions. Your child can sense whether you are afraid or distressed, and may become afraid or distressed as a result.

Reassure your child that he or she is in the hospital to get well. Some children think they’re in the hospital because they’ve done something bad; they need to know that isn’t true.

Include siblings in these discussions and take them to visit the hospitalized child, if possible—it can be frightening to see a brother or sister in the hospital, so siblings should be prepared, too.

After the child comes home, allow him or her to talk about feelings and experiences at the hospital. Some children temporarily take backward steps in development—sucking a thumb when the habit was conquered earlier, or having accidents again even though the child was toilet trained not long before the hospitalization.

Be loving, sensitive, and caring. “This may be one of the most important times for a parent to express love and admiration for a child,” Dr. Zipes says.

The National Association of Inpatient Physicians represents physicians whose primary focus is the care of hospitalized patients.