

Royal Children's Hospital Comfort Kids Program

Procedural pain management Workshop 2010

*"Building on and discovering new skills for
managing procedures."*

August 2007

The purpose of this workbook is to provide the workshop participant with an overview of the evidence-based literature and to prepare them for the workshop discussion and activities.

Best procedural pain management practice is foremost developing a plan to minimise the degree of distress, pain and anxiety a child may experience in a procedure. This plan is best implemented through preparation, modelling and advocacy.

The workshop aims to explore the individual clinician's and hospital's values as well as beliefs towards procedural related pain, distress and anxiety.

Introduction

“The challenge is ... about embedding new ways of thinking, and new ways of working in a multidisciplinary team. It is about the use of psychological techniques in parallel with pharmacology as a routine, not as an extra. It is about awareness of the child as an active participant, not a passive recipient. It is about arming key professionals ... with the right techniques so that they can evaluate the children themselves and help them directly.”

Dr Martin Platt

Procedural pain management statement

Effective procedural pain management for all children undergoing procedures will:

- reduce the perception of pain
- reduce distress
- reduce anxiety
- improve long term outcomes

Recent advances in the understanding of procedural pain management indicate that children who are adequately managed during procedures develop adaptive, rather than maladaptive responses.

Workshop aims

- Individual workshop participants articulate their own values and beliefs around procedures, distress, anxiety and discomfort.
- To understand the relationship between pain and anxiety, including the factors that influence pain.
- To learn how to select and implement developmentally appropriate strategies/interventions to assist the child.
- To identify how language and word selection can influence the child's perception of a procedure.
- To understand and learn skills for advocacy and challenging individual practice relating to procedures and distress and anxiety.
- To learn the role of pharmacological agents during procedures.

To gain skills regarding trouble-shooting and responding appropriately to unforeseen situations.

1. Attitudes and beliefs

The way you feel about pain and your own experience with procedures can be reflected in the way you engage and view them in the workplace. As clinicians we need to consider how this impacts on how we work with children and the health care team during procedures.

The following articles selected to broaden and enhance your awareness and identify what the purpose of procedural pain management is, what influences a procedure and the barriers in your environment.

“A conceptual Model of Factors Influencing Children’s Responses to a Procedure When Parents are Distraction Coaches.” Journal of Pediatric Nursing, Vol 21, No 2 April 2006.

After reading this articles please write down your impressions, key points of interest etc.

The article-discussed factors that influence the child’s response to pain and procedures, what additional factors do you feel are important. Why?

2. Anxiety and pain relationship

Pain is not proportionate to the stimulus. Even when the stimulus is the same, the experience the child may have may be different. A child may feel more or less pain one day than another.

Pain and Its Management in Children, Kenneth R. Goldschneider, Thomas J. Mancuso, and Charles B Berde. Chapter 44.

Over the past 20 years, the study of pain in infancy and children, hospitalization, procedures and recently medical related trauma and stress has grown.

Feeling and being aware of pain is important as it alerts us the changes in our bodies, and acts as a defence mechanism to protect us from harm. However, unresolved pain or repetitive painful stimulus can lead to the development of phobias, poor coping responses, anxieties and refusal to engage with health care treatment.

Infants and Pain:

Despite the research, many of our peers believe infants do not feel pain. However, at birth the nociceptive pathways (nerve fibres in body that only send signals to brain when strong stimulus is present) are developed, however the descending control (ability to respond or develop coping strategies) develops at slower rate.

Premature infants, who are sensitised to repeated harmful stimuli, i.e. repeated heel lancets develop hyperalgesia. In the past surgery conducted on infants without pain relief or anesthesia caused dramatic hormonal and metabolic stress responses, leading to unstable cardiovascular stability, excess wasting of fat storage and glucose etc. all of these contributing to poorer outcomes.

Pain in relation to development metal stages:

Children less < 2 are highly reactive to environment and strangers; respond to immediate stressor or stimulus and are unaware of long term or future events. Cuddling, swaddling, voice, and distraction help elevate stressors.

Children > 2 are egocentric and can misinterpret pain as punishment, being naughty and are sensitive to suggestion being "bad" Respond to: play, bubbles, distraction, exploration of environment, family support, kissing a injury and praise. Children with guidance at this age are able to report pain and fear to health care staff. Respond well to procedural preparation and play.

School age children can express pain, fear and anxiety. Able to associate the stimulus or event with pain, and are less focused on pain as punishment. Respond well to procedural preparation, play, questions and being orientated to treatment room and equipment. Peer coaching and children stories about hospitalization, coping strategies and coaching are all effective. Most importantly look for "context" e.g., why this procedure or test is necessary.

Adolescents

Are body conscious, sensitive to praise, criticism and humour in relation to painful stimulus and procedures. The lack of articulation and interest in treatment can be mistaken as a coping response. This requires further exploration by staff as the adolescent may not wish to express fear, pain or stress to staff for fear of being perceived as childlike or babyish. Bravery= cool. They sit between the need to be independent and lacking the tools and skills to approach staff for help.

3. Preparation and Procedures

Impact of an education programme for staff working with children undergoing painful procedure. Chris Lawes; Lucy Sawyer; Sarah Amos; et al Paediatric Nursing; Mar 2008, 2; ProQuest Health and Medical Complete.

After reading this articles please write down your impressions, key points of interest etc.

For all staff assisting with and doing procedures:

1. What are five preparation strategies you will implement into your practice?
2. How important is preparation before a procedure?
3. What are five procedural strategies that you will implement into your practice?

For all staff:

4. Each year the program surveys ambulatory and inpatients families and children about procedures/tests. One outstanding reported findings; **61%** of parents said, no one taught their child or showed them ways to help their child if they were in pain, distress or had anxiety during a procedure.

a) What impact does this have on the family and child?

b) What impact does this have in your department?

c) What impact does this have on your practice?

d) How can this change in the future?

4. Procedural sedation

Article Three

Procedural sedation is one of the component to manage a child's distress, pain and anxiety, we do not believe that specific procedures should always include a sedation agent or pain relief rather the family, child and health care team members should together assess, determine what the risks, benefits, degree of pain and anxiety and what the procedural outcomes are.

The workshop will review the pharmacological agents available at RCH and the procedural sedation program.

Keeping inline with this sedation article what is available at RCH that supports the procedural sedation recommendations.

What are the benefits of having a procedural sedation program?

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