

4.5.1 Physical interventions

Physical interventions for procedural pain management are considered a non-pharmacological intervention that promotes comfort.

4.5.1.1 Positioning for comfort

There is strong evidence for positioning children for comfort instead of using forcible restraint [3]. The forcible restraint of children during medical procedures is not recommended at RCH as this impacts on the rights of the child to freedom of movement. The RCH Policy on “Restrictive Interventions - Physical and Mechanical restraint” state that restraining children should only be considered when the child has an impaired mental capacity that could result in a significant risk to themselves and others or when less restrictive methods have been determined to be ineffective.

Link to: Restrictive interventions

http://www.rch.org.au/policy/policies/restrictive_interventions_physical_mechanical_restraint/

Positioning for comfort promotes the use of upright positioning and close contact to the parent/guardian. Positioning for comfort also supports that children receive minimal handling during health care interventions.

Link to: minimal handling

http://www.rch.org.au/clinicalguide/guideline_index/Minimal_Handling/

The benefits of positioning children upright for procedures are:

- Sitting upright during a procedure has been demonstrated to reduce fear and distress during medical procedures.
- The child who is held down is more likely to resist during the procedure.
- The child has the ability to monitor the progress of the procedure or look away, enhancing the sense of control over the medical procedure.
- Facilitates the immobilization of only the part of the body required for the medical procedure.

Examples of how to position children for comfort can be accessed on The Comfort Kids Website:

Link: positioning for comfort

<http://www.rch.org.au/uploadedFiles/Main/Content/comfortkids/PositioningForComfort.pdf>

4.5.1.2 Procedural strategies for intramuscular injections

It is recommended when a medical procedure involves the use of an intramuscular injection that [3]:

1. No aspiration occur during the intramuscular injection as this can increase pain due to longer injection time and wiggling of the needle [33].
2. When multiple injections are required, such as in vaccination, the most painful substance should be injected last.
3. Consider if more than one injection determine if two health professionals are available to conduct the procedure. If so, then two injections may be given simultaneously in alternate limbs.