Helping your child manage pain during procedures

>>> A guide for parents

This handout suggests things you can do to help your child manage pain and anxiety during procedures.

Your child will have some procedures as part of the management of JIA. The most common procedures are blood tests and joint injections. These procedures can be painful or scary for your child. Your child's treatment team will help your child manage pain with a combination of strategies including medication. They might use medication like local anaesthetic (Magic Cream) or general anaesthetics. The treatment team will also help you and your child use strategies to manage anxiety and pain.

Anxiety and tension can make pain worse. It is more difficult and more painful to put a needle in a tense muscle. When your child is relaxed, veins are easier to find and bruising is reduced. Anxiety also increases pain by focusing attention on pain, which opens the "pain gate" in the brain. Finally, anxiety uses up energy, decreases sleep, and tires your child. All of these make it more difficult to cope with pain.

Preparing your child for a procedure

Give explanations your child can understand

Talk to your child's treatment team so that YOU understand what the procedure involves and why it is being done.

Give your child simple accurate information. Tell your child what will happen where and when. Explain what your child will feel, hear, and smell in a way your child can understand. Younger children are often helped by using a doll to show what is to be done, while adolescents may respond better to diagrams. Explain things slowly, in small bits, and repeat as often as needed.

Your child's treatment team will also explain the procedure to your child.

Help your child ask questions and express feelings. It is okay for your child to show that they are afraid. Dolls, puppets, drawings or play can be used to express how they feel.

You know your child best

Some children like to know exactly what is going to happen during a procedure. Others want only a few details. Some children like to know things long before they happen, while others like to find out closer to the time. You will have a good idea of when to talk to your child and how much to say. Older children and adolescents should be asked directly what they prefer.

Be honest

Don't lie to your child about pain. Children who are told a painful treatment or procedure won't hurt are likely to get a shock when it does. This is likely to increase their anxiety. They may refuse other procedures later on. It is better to prepare your child honestly and to talk about strategies they can use to cope with a procedure.



During a procedure

Use strategies like those below to help your child manage pain and anxiety. They are more effective if you talk about them and practise them before the procedure.

You can help

Having a parent or other loved one at the procedure may be the best psychological treatment for pain. Generally, you should be with your child during procedures. Your child will feel more secure. You can comfort you child and help your child use other strategies to manage the pain. If you can't be there, see if someone else your child trusts can be there.

Show confidence

Children can tell how confident you are about their pain management. In fact, children say parents are their greatest source of strength when dealing with pain. But they can also react to parents' anxiety about pain. Try to appear calm and confident, and be 'matter-of-fact' about the procedure.

If you are worried, ask for help

You might feel overwhelmed by the pain you think your child may have. If this is the case, ask for help. Your own doctor, one of the doctors caring for your child, or the nurse can help you feel less worried, so you can help your child.

Give some control to your child

Giving your child some control over treatment usually helps reduce pain. For example, your child might decide whether to sit in a chair or a lap for an injection and will probably feel less pain than a child who has no choice. Even very young children can be allowed to decide some parts of their treatment, for example, which arm to have blood taken from, or whether to have a band-aid.

Talk your child through the pain

The reality of a painful experience should be acknowledged and accepted, while at the same time talking to your child in a way that helps your child manage this. For example, you could say: "I know this medicine stings when it goes in." Follow this with some help, for example: "...but if you breath deeply and slowly, it will hurt less." Children can often use suggestions for pain relief such as, "Let the pain just drain away down and out of your body into the bed and away... good... that's it, let it go." Use your child's own language and your child's favourite activities or experiences.

Teach self-talk

Some examples of useful self talk include: "This will be over soon", "I can handle this", "It's tough but I am doing well", "This will help me in the long run". Children above about 6 years of age can be coached during a procedure to say calming and relaxing things to themselves. After about age 10 years, children can learn to do this even when a "coach" is not there.

Use relaxation and imagery

Relaxation is a useful way to combat pain. While relaxation techniques can be helpful even the first time they are used, they become more effective for managing pain the more children practice them. Therefore, we suggest that relaxation techniques be learned in the first couple of weeks, or as soon as possible after the initial diagnosis. That way, you and your child will know how to use these techniques when they are really needed. Consider learning these techniques along with your child – the stress of having a child with arthritis is considerable and many parents find relaxation helpful for themselves. Ask your nurse or psychologist for more information about learning relaxation, or see the information sheets on the rheumatology web site for more information (www.rch.org.au/rheumatology).

Touch

The simplest form of relaxation is physical comfort. Touch is important for all children, particularly young children who understand the world through touching and seeing. Touch must be comfortable. Touching includes stroking, swaddling, holding, rocking, caressing, cuddling and massaging. Cuddling is nature's own pain remedy. Gently rocking a child while singing or talking softly is used all over the world.

Deep Breathing

Another simple form of relaxation that can be used even with pre-school children is deep and steady breathing. It can help reduce pain and gain self control. Teach this by asking your child to breathe out, and let go of the tension or worry with each breath. Then your child is told to breathe in deeply and slowly from their belly. Older children can breathe in and out for the count of three. Younger children can be taught to breathe deeply and blow the pain away by blowing bubbles made from liquid soap. You can help by participating and making it fun.

Formal relaxation techniques

Progressive muscle relaxation, visualisation and meditation are more formal types of relaxation that children can begin to use effectively from the age of about 8 years old. These forms of relaxation involve your child learning to focus attention on pleasant imagery, thoughts or calm sensations, or learning to control the tension of their muscles. These types of relaxation are more difficult to learn, although very effective once learnt, and so regular practice is recommended.

Relaxation ideas for children of different ages

Babies relax with rocking, cuddling, sucking on a sweetened soother, gentle stroking, soothing talk, and lullabies.

Toddlers and **preschoolers** relax with many of the techniques used for babies. They also enjoy stories, and often love hearing the same one over and over. A favourite teddy bear or blanket is often comforting. Listening to or singing a familiar song may also relax them. Children may play with a toy to distract themselves, relax and forget their worries.

School-age children often enjoy cuddles and a gentle massage by parents. Favourite comfort objects may also be used, such as a teddy or favourite jumper. Reading may relax some children, while for others it can be a chore. "Pleasant imagery" (such as recalling a favourite activity), or taking deep slow breaths, may be used. From eight years of age children may be able to learn more formal relaxation techniques.

Teenagers can readily learn formal relaxation techniques such as progressive muscle relaxation, visualisation and deep slow breathing. Many of the techniques used with younger children (cuddles, being read to, massage) will also comfort an older child. Adolescents will also have comfort objects, such as a favourite sweater, a small stuffed toy, or a good luck charm. Listening to music can also be a good relaxing distraction for teenagers.

Use distraction

Distraction is especially helpful for brief pain, like pain from injections. Children of all ages can be distracted with music, games, or TV. For some, music through earphones is particularly useful. Children can also be distracted by engaging them in conversation, reading with them, looking at a puzzle book or breathing and relaxation strategies. Anything that requires concentration or focused attention will distract your child from the procedure and reduce the experience of pain.

Babies can be distracted by animated talking and playful interaction. Showing a baby something interesting, such as a squeaky toy or anything bright and moving, will help take their attention off the painful procedure.

Preschoolers and **early school-aged children** can be distracted with a pop-up or sound book, or a detailed and interesting picture book. Blowing bubbles and party blowers are also great for this age group. A television or hand held video game can be very helpful if it is available and appropriate to use.

Older children and **adolescents** can be distracted by conversation. Talking to them about past, present, or future events will help take their mind off the procedure. Reading or listening to music are also great distractions for teenagers, as are deep breathing and relaxation strategies.

Give positive feedback

Children respond well to praise. Encourage co-operative behaviour with statements like: "You're doing a great job trying to stay still" or "You're doing very well being brave".

Minor misbehaviour should be ignored, although, at times, a no-nonsense approach may help the child co- operate. Even children with serious illness need expectations of "good" behaviour.

Small rewards, such as stickers, food treats, or a special activity, can help a child with painful procedures. Rewards should also be given for effort. Painful procedures are difficult, and the child who is trying to cooperate should have as much recognition as the child who is able to achieve it. Children should be praised for doing their best. Try to avoid bargaining with your child by promising big rewards, such as, "I'll buy you a playstation".

Preparing for subsequent procedures

After a procedure it is useful to discuss your child's experience to help develop coping strategies for the next time.

Teach problem solving

Your child might be old enough to learn what makes the pain worse, and what makes it better. Measuring pain and keeping a record of the ratings is helpful for problem-solving discussions. By comparing previous ratings, your child, you and your treatment team can figure out what helps pain and what makes it worse. Brainstorming can then be used to find new ideas to help reduce the pain.

Talk about feelings

Provide an opportunity to explore your child's feelings more generally about having JIA and treatment. It's important to talk with your child and help your child with any other worries.

If you are concerned about your child's level of distress about procedures, talk to someone on your child's treatment team about a referral to a psychologist for more help.

Acknowledgements:

Pediatric Pain Sourcebook

Association for the Care of Children's Health and Patrick McGrath, 1992

Notes