

‘ Being Kind to Kids ’

A guide for supporting children through painful or distressing medical procedures

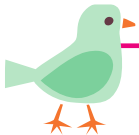
A photograph showing a hand in a white lab coat sleeve holding another hand. The background is a blue fabric, likely a hospital gown or bedsheet. The image is centered within a white circle that has a dark blue, textured border.

CURE SOMETIMES,
TREAT OFTEN,
COMFORT
ALWAYS.

- HIPPOCRATES

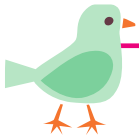
Aims

- To help **prevent childhood medical trauma** and alleviate ongoing fear / apprehension / anxiety related to medical procedures
- To encourage health professionals to utilise evidence- based techniques to support children physically and psychologically through painful or distressing procedures
- To provide training and references to enhance and support practice



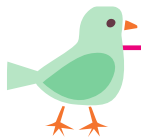
Learning Objectives

1. To be aware of the ongoing anxiety and upset that can be caused by experiencing painful or distressing procedures as a child
i.e. *Medical Trauma*
2. To understand the importance of planning for painful or distressing procedures when working with children
3. To be aware of supportive positioning techniques that can be used in paediatric practice
4. To consider the developmental stages of children so that age related play / distraction can be provided



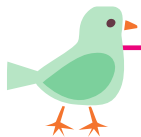
Medical Trauma definition

“Exposure to a **single or series** of medical event/s related to injury/ illness, painful or invasive medical intervention and/ or other hospital experiences that may be perceived by the child and/ or caregiver as **threatening, overwhelming or frightening**” (De Young et al, 2021).



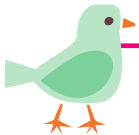
Paediatric medical traumatic stress

- Psychological and physiological responses to pain, injury, medical procedures and invasive or frightening treatment experience (Health care toolbox, 2022)
- More a subjective experience rather than objective severity
- Prevalence **22% children** and **33% parents** (The National Child Traumatic Stress Network, 2022)



'Being Kind to Kids'- what we'll cover

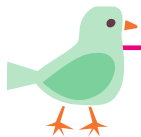
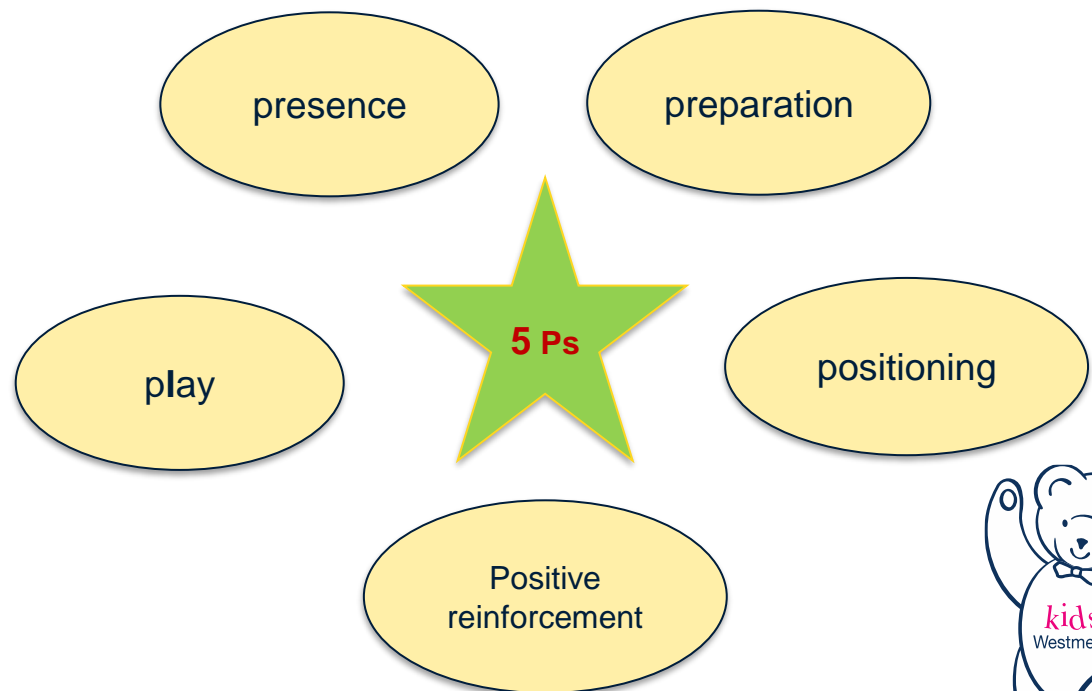
- Practical preparation/ tips
- Encouraging the use of the 'One Voice' approach
- Medications to consider for procedures
- Positioning for comfort



The **5 Ps** of procedural pain management

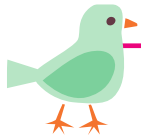
Take some time to think about the procedure and plan the best approach to be successful **first time...**

The **P's** of paediatric procedural pain management



1st 'P' : Prepare and plan... think about ...

- The environment – where and when will the procedure take place?
 - Child and family friendly environment
 - Medications +/- fasting times
 - Staff required
- Medical equipment needed:
'Buzzy' / local anaesthetic cream, trolley, IDC / IV /LP equipment,
nitrous oxide set up

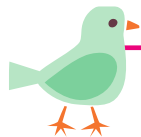


What is 'One Voice' ?

The philosophy of One Voice is to remind health care professionals to be cognisant of the clinical environment children are exposed to during hospital admission/s and medical procedures...



The screenshot shows the ONE VOICE website. At the top, it says "ONE VOICE" and "Creating a Less Threatening Environment for Children Undergoing Medical Procedures...". Below this is a navigation bar with links: Home, Implement It, Research, Products, Contact Me, and Links. The main content area is titled "The Wrong Way...." and "The Right Way...". A video player is embedded in the "The Wrong Way...." section, showing a paused video with the text "...and we've ALL seen it happen....". A green arrow points from the text on the left to the video player. The "The Right Way..." section includes the text "Join the 60+ hospitals that have implemented ONE VOICE!!" and "What Professionals Are Saying...".

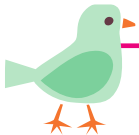


(One Voice 4 Kids, 1996)



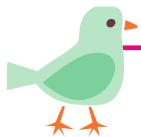
Medications to consider

- 'Emla' / topical anaesthetic agent
- Sucrose for babies
- Oral premedication;
 - analgesia, midazolam, ketamine
- Nitrous oxide (fasting required)






★ Apply local anaesthetic cream in time to have an effect before LP or IV cannulation



Sucrose for procedural pain management in infants

- 28 days- 3 months of age
- Pharmacy in 25% multi-use bottles [at CHW only] or 24% single use vials
- Dose per procedure = 0.05 – 0.5mL (Max 5mL)
- Refer to the Sucrose Policy for more information

Update No: 2012-00214
Update: Clinical Management of Pain (Pain relief in infants)



SUCROSE: MANAGEMENT OF SHORT DURATION PROCEDURAL PAIN IN INFANTS

PRACTICE GUIDELINE*

DOCUMENT SUMMARY/KEY POINTS

- Evidence supports the use of simple interventions such as breastfeeding, suckling and sucrose during short duration painful procedures.
- Newborn infants admitted to hospital are subjected to numerous painful procedures that can be alleviated with the use of sucrose often in combination with other supportive interventions. **Note:** The use of these interventions to not to be seen as substitutes for analgesics for control of ongoing pain and post procedural procedures.
- If the mother is present, breastfeeding should be encouraged. The oral line of care for short duration procedures such as mucosae swabs, the WHO – Baby Friendly Hospital Initiative.

Management of Short Duration Procedural Pain by using Sucrose

- The use of sucrose is not a substitute for analgesics.
- Sucrose is available from the Pharmacy in 25% multi-use bottles (at CHW only) or 24% single use vials (at CHW and SCP).
- There is little evidence for the use of sucrose beyond the maximal guideline.
- Sucrose is a Non-Fluorinated Medication (NFM) and Department where used have an education and training policy.
- Sucrose should not be used if there is sucrose intolerance.

Key Performance Indicators

- Sucrose is administered prior to a painful procedure.
- Sucrose is documented on the medication chart.

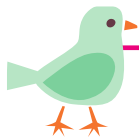
This document is a policy which is not intended to be used as a substitute for clinical judgement. It is not intended to be used as a substitute for clinical judgement. It is not intended to be used as a substitute for clinical judgement. It is not intended to be used as a substitute for clinical judgement.

Approved by:	Medical Staff, Pharmacy and Clinical Governance	Approved/Revised/Withdrawn:	None
Date of Review:	12/2012	Approved/Revised/Withdrawn:	None
Form Number:	Medical Staff Clinical Governance	Approved/Revised/Withdrawn:	None

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A Children's Hospital at Westmead document. Document ID: 2012-00214-001

This Guideline may be used, wherever it is relevant to the site.

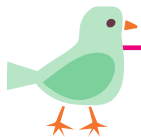
[Download Policy](#)



Nitrous oxide

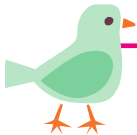


- Will need to be fasted as per local policy



2nd 'P' : presence

- **Staff ;**
 - Medical – who will perform the procedure
 - Nursing – preparation and support throughout
 - Allied staff – OT or physio for casts
 - Child Life Therapist - play/ distraction/ developmentally appropriate support
 - ✦ Check if there is a documented CLT procedure management plan
- **Support person; parent or carer**



3rd 'P' : Play/ distraction

- For distraction techniques consider;

- age / cognition
- Child Life Therapy
- ipad / phone / Virtual Reality
- songs
- bubbles
- stories
- deep breathing / guided imagery



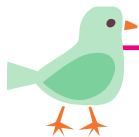
Practical tips;

Create a visual shield between the child and the procedure site with a book, i-pad or pillow



Offering choices can empower a child;

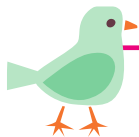
- Watch or not watch the procedure
- Sit on chair or caregiver's lap



Active vs. passive distraction

✦ When using distraction techniques to help facilitate procedures, it has been shown that active or interactive distraction has better outcomes than passive distraction (i.e. watching TV), however both are better than no distraction being offered to a child.

(Wolheiter et al 2013)



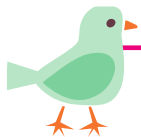
4th 'P' : Correct positioning and promoting comfort

- Positions of comfort can reduce a child's fight or flight response and can be calming and reassuring for the child before and during a planned procedure
- Provides a supportive hold versus restraint
- children can feel more in control and less helpless when in an upright position rather than lying down
- Having physical contact with a parent or carer is reassuring i.e. skin to skin

What position to use?

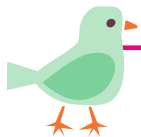
Depends on procedure;

- Sitting upright in various 'hugging hold' positions for IV cannula, bloods, vaccinations
- Lying on side for LP
- Swaddled/ wrapped (0-3 months)



Infant positioning, promoting comfort by wrapping

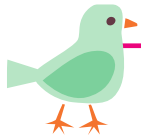
- Cuddling/ wrapping for 0–3-month infants promotes a sense of security, also prevents limbs from moving if distressed
- Offer breast feed / sucrose/ non-nutritive sucking (dummy) to help minimise stress
- Have a familiar toy, blanket or item at hand



Comfort positions for toddlers and children-

Hugging hold

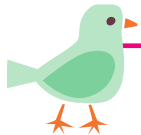
- May like to sit upright on a parent's lap facing the parent or facing away from the procedure whilst being distracted with bubbles, songs, toy or interactive book/ tablet
- Hold in a 'hugging hold' to contain torso and limbs as parent soothes the child
- Parent's free hand stabilises the limb being cannulated



Comfort positions for children

Give choices where possible;

- Sit upright in a 'hugging hold', would you like to watch or look away?
- Which hand/ arm can we take blood from today ?
- Use interactive distraction as much as possible

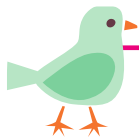


5th 'P' – positive reinforcement

- Positive reinforcement and validation supports developmental needs and can help reduce psychological trauma and promote recovery and resilience
 - One calm voice is heard in the room to coach and support the child
 - Be sensitive to child's cues- refocus as needed
 - Reinforce coping strategies and use positive language
 - Encourage appropriate verbalisation of pain or distress
 - Validate- 'you're doing really well' / 'it's ok to cry'
 - Provide a tangible reward i.e. stickers / stamps / band-aid



Can I help you feel **even more** comfortable ?



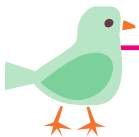
Positive/ soft language

- Avoiding complex medical terminology and focusing on using positive, soft or neutral language when supporting a child is an essential way to gain cooperation and help the child and carer cope with the procedure. The use of positive words can improve pain perception and subjective patient experience.

Examples for an IV ;

‘What is an IV or a cannula?’ A tiny special straw that helps us give you medicine to help you get better as soon as possible.

1. Your special job is to stay as still as a statue – good job
2. You might feel the skin on your hand is cool when we give it a wipe
3. Soon you might feel a quick push on your skin – let me know how that feels for you

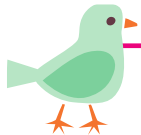


Validation

Validating a person's feelings and emotions does not mean you agree with them, it means they are heard, understood and affirmed.

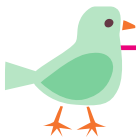
Examples;

- 'I can see that you're doing really well' or 'trying really hard'
- 'Look at how well you're doing your deep breaths'
- 'I can see this is a bit tricky for you'
- 'it's ok to cry when you're upset'
- 'I think you might need a little break – shall we take some deep breaths and count to 10 together?'



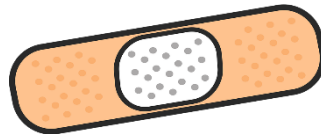
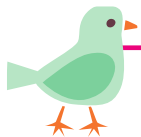
Distraction techniques (use age appropriate)

- **Rapport** – remember a large % of communication is *non-verbal*
- Friendly and calm environment
- Ask about interests and direct conversation there
- Encourage deep breathing or ‘belly breathing’
- Virtual reality headset / I- phone, I- pad games
- Guided imagery
- Stories, favourite songs, music, nursery rhymes
- blowing bubbles
- Child’s interests
- Picture books / ‘find it’ books
- TV/ video
- Toys/ puppets



Managing a procedure in general

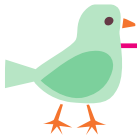
- Gain consent and provide information
- Be sensitive to child's cues- refocus as needed
- Reinforce coping strategies and use *positive, soft language*
- Validate
- To promote recovery and resilience, offer a reward ie stickers, stamps, band-aid , Bravery Award ...



Management of IV cannula insertion and blood collecting / phlebotomy

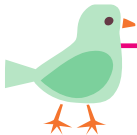
CHW minimum standard ;

- Adequate and appropriate preparation by Medical staff / nursing staff
- Local anaesthetic cream / sucrose for babies
- Age- appropriate distraction
- Position for safety and comfort
- Distraction / play



Tips for ward nurses and phlebotomists...

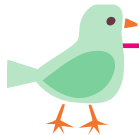
- Check Powerchart orders each morning to see if your patient has been ordered bloods
- Apply local anaesthetic creams before phlebotomists arrive on ward
- Liaise with phlebotomist about preparing child and helping with blood collecting
- Appropriate distraction; wrap babies, sucrose/ feed, involve carer
- Leave child safe and settled after procedure





Resources

- Association of Paediatric Anaesthetists of Great Britain and Ireland. Good Practice in Postoperative and Procedural Pain Management 2nd Edition, 2012. Paediatric Anaesthesia, 22 (Suppl.1),1-79.
- Breiner, Sandra M. Preparation of the Paediatric Patient for Invasive Procedures. *Journal of Infusion Nursing*.2009;32(5): 252-256.
- Crain, William. Theories of Development: Concepts and Applications. Prentice Hall, New Jersey, 2000 (217-294)
- De Yong et al. *Medical trauma during early childhood. J Paediatric Psychology*. 2021;11;46(7):739-746
- Fox, S (2012) *Paediatric Pain and Distress in the ED; New Management Tips*. Paediatrics.130e1391- e1405
- The National Child Traumatic Stress Network, 2022
- RCH Melbourne factsheet; Infant positioning, promoting comfort, 2022
- Wolheiter, Karen A &Dahlquist, Lynnda M. *Interactive versus Passive Distraction for Acute Pain Management in Young Children. J Paediatric Psychology*.2013;38(2): 202-212.
- <https://www.megfoundationforpain.org/2023/03/14/comfort-positions-a-guide-for-parents-and-healthcare-professionals/>



Videos

- [Breathing](#)

<https://www.headachereliefguide.com/relaxation.php>

- [Buzzy Bee;](#)

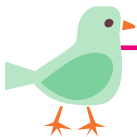
<https://www.megfoundationforpain.org/2022/07/22/using-vibration-to-block-the-pain-signal/>

- <https://youtu.be/UbK9FFoAcvs>

- [Comfort positioning](#)

<https://onevoice4kids.com/research/>

- <https://onevoice4kids.com/>



CHW Guidelines

- [Sucrose - Management of Short Duration Procedural Pain in Infants](#)
- [Procedural Sedation \(Paediatric Ward Clinic & Imaging Areas\)](#)
- [Paediatric sedation in the emergency department- CHW](#)

