

Tips for Procedures & Distraction in Pediatrics

1. **Prepare yourself:** In the same way you prepare mentally for the steps of the procedure and gather your supplies, think about you're the nature of pediatric procedures. What are you unsure about? What concerns do you have? Make sure your questions are addressed. And even if you feel nervous, be confident and professional.
2. **Prepare the patient:** Planning is essential with pediatric procedures! Ensure you have built rapport with your patient, and if you haven't, take 5 minutes and get to know them. Part of planning is finding out how past procedures have gone, including what works well and or doesn't work well for each unique child, youth, and family. Be sensitive about whether or not to have this conversation in front of the patient.
3. **Prepare the family:** The parents may have different needs compared to the child when it comes to the procedure. They may be too "hands off" and need specific instructions to partner with you in helping the child. They may be more nervous than the child and need specific encouragement from you. Some parents may be so nervous that their presence isn't helpful during the procedure!
4. **Consider the child/youth's developmental level regarding how they are most likely to be comforted and distracted.** Have a variety of distractions ready!
 - **Infants** are most often comforted by being held by a parent or loved one. Swaddling with only the procedure area exposed, offering a soother, having soft music playing, or having a familiar toy or blanket next to them can help add comfort.
 - **Toddlers** are often comforted by being held by a parent or loved one, and by being distracted, such as with toys, books, and videos.
 - **Schoolchildren** might want to use distractions such as videos, video games, books, toys, listening to music, deep breathing, or visualizations. They may or may not feel the need to have their parents close by, so talk to them and their family about this option.
 - **Teenagers** will likely be able to tell you what they want to do during a procedure. They may or may not want their parent present, as their need for privacy may be the most important part.
5. **Explain what you're going to do and what the patient might feel:** With your explanations, use age-appropriate terms and give the explanation before you start. For a dressing change: "I'm going to take off the old bandages, clean your leg, and put on nice, clean bandages. You will feel me pulling off the old bandages, and the cleaning might feel cold." For an IV medication: "I'm going to give you some medicine to help you feel better. It goes in this small tube, which is similar to a straw, in your arm. It might feel cool when it goes in." Very young children such as toddlers may not need any explanation, but just to be distracted before you begin. Older children such as teenagers may not need an explanation if they've had the procedure before; ask if they have questions before you start.

- Some children may also want you to say what you're doing using step-by-step instructions during the procedure, but this is individual. If your explanations are adding to anxiety, then stop explaining and encourage the child to focus on a distraction instead.
6. **Use pain control measures:** If the patient's procedure may be painful, plan with the family to have them give their child acetaminophen or ibuprofen beforehand, if it's safe for them to do so. If the child is having a procedure such as a port-a-cath access or venipuncture, always plan for using topical anesthetic cream. Breastfeeding is also known to reduce pain for infants and young children.
 7. **Give control whenever possible:** Allow the child to choose where to sit, which toy to hold, or which parent to sit with. If it's appropriate for the child to help, they may remove old bandages, or hold supplies, for example. Be careful not to allow too much control, such as allowing the child to choose when to begin the procedure, or to only start when they feel ready – they may never feel ready!
 8. **Allow the child or youth to see the equipment or supplies, as long as it's not something that might scare them or hurt them.** This helps overcome the fear of the unknown. If they have a doll or a teddy bear, it may be helpful to demonstrate what you're doing using the toy. You might also demonstrate on a parent or willing sibling who wishes to help.
 9. **Make a game out of it.** Draw a smiley face on your mask or decorate it with stickers. Make a glove balloon. Let the child play with some gauze and fold it or decorate it in an animal shape. This helps medical supplies seem less foreign.
 10. **Role play if needed.** For particularly nervous patients, they might want to practice the procedure before actually doing it. You could put on your mask and gloves, open a couple supplies, pretend to take off an old dressing, clean the site, and put on a new dressing, while encouraging and coaching the child and family.
 11. **If the procedure is not going well, consider taking a break:** Acknowledge that what you planned together isn't working well. Give the child a break and allow them to play or have quiet time with their parent. Talk about different strategies to use, and try again once everyone is calmed down.
 12. **Always be honest, especially if they ask whether it might hurt:** You could say, "Some parts of what we're doing might feel uncomfortable, but your parents and I are going to help you focus on your toys and videos if that happens."
 13. **Things not to say during a procedure:** Don't apologize for doing a procedure. Instead draw focus to their distractions or what they're doing well. Don't say "Almost done" because it's hard to predict when you will be done, and "almost" may mean something very different to the child than to you. Don't tell the patient not to cry – it's probably very appropriate for them to cry, whether they feel nervous, or whether something feels

uncomfortable. Instead, you could say, “It’s okay to cry. Let’s focus on taking deep breaths with your Dad now.”

14. **Always debrief with the patient and family**, particularly if something didn’t go as smoothly as planned. Talk about what went well and what didn’t go well, and what might work better next time. Add this to the care plan so your colleagues also know what works best.
15. **Praise the child or youth for what they did well.** “You did a wonderful job holding still!” or “I saw you take some deep breaths when you started to get anxious – that was a great idea.”

Procedure Plan

Patient _____

Procedure _____

1. What works well to prepare the patient? _____

2. What works well to prepare the family? _____

3. Best comforts and distractions: _____

4. Is it helpful to explain the procedure? If yes, what explanation is best? _____

5. Pain control measures: _____

6. Helpful things to say or do: _____

7. Things NOT to say or do: _____

8. Other helpful information: _____

References

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