

FROM ASSESSMENT TO COMFORT:

Tools and Techniques for
Pediatric Pain Care

Krista Naugler CCLS PPL
Patti Douglas BScN RN



Maritime
Child Health



solutions for kids in pain
pour la douleur chez les enfants

LAND ACKNOWLEDGEMENT



ABOUT US

SOLUTIONS FOR KIDS IN PAIN



IWK CHILD LIFE



MARITIME CHILD HEALTH



WHY PAIN MATTERS



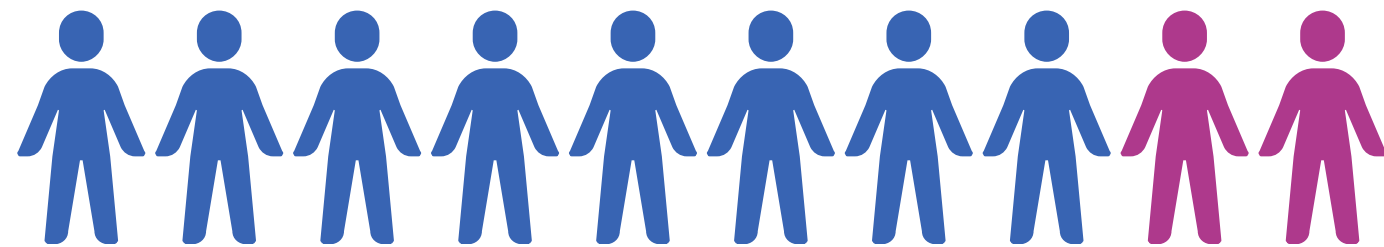
2/3 children in hospitals
experience painful
procedures **without any pain
management**



Veterinarians get **5x more
training in pain** than people
doctors do



75% of parents say that they
**don't know how to manage
their children's pain**



8 OUT OF 10

Children will experience pain

2 in 3 children in hospital experience painful procedures without any pain management, even though many simple, cost-effective, evidence-based solutions for procedure pain exist.

1 in 5 children has chronic pain and one in three will carry their burden of pain into adulthood.

1 in 10 adults delays or avoids medical care due to fear associated with needle pain.

1 in 5 youth first prescribed opioids after surgery continue to use them months later

75% of parents say they don't know how to manage children's pain.

\$40B in annual health system costs for chronic pain in Canada

TYPES OF PAIN



ACUTE

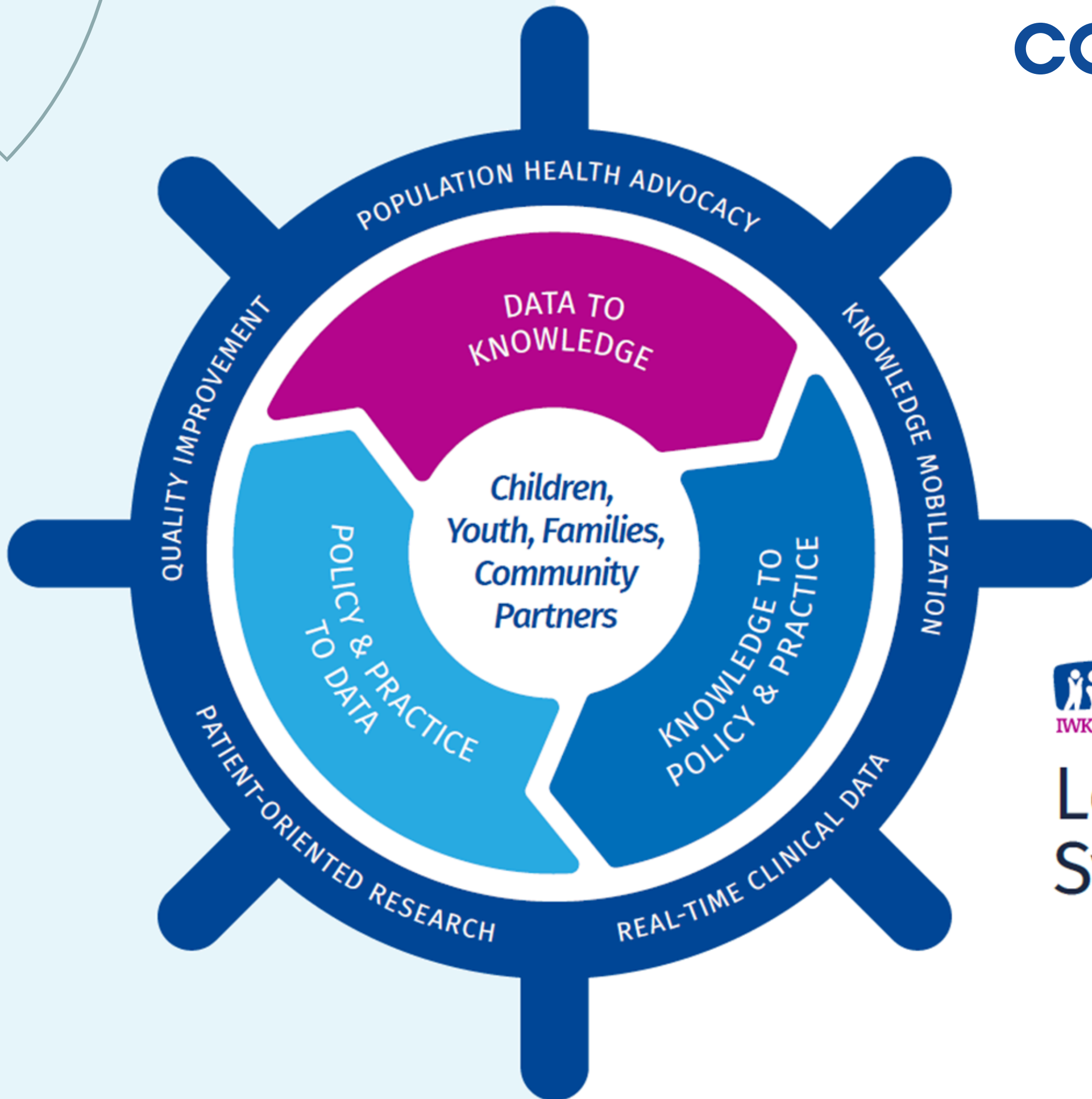


CHRONIC



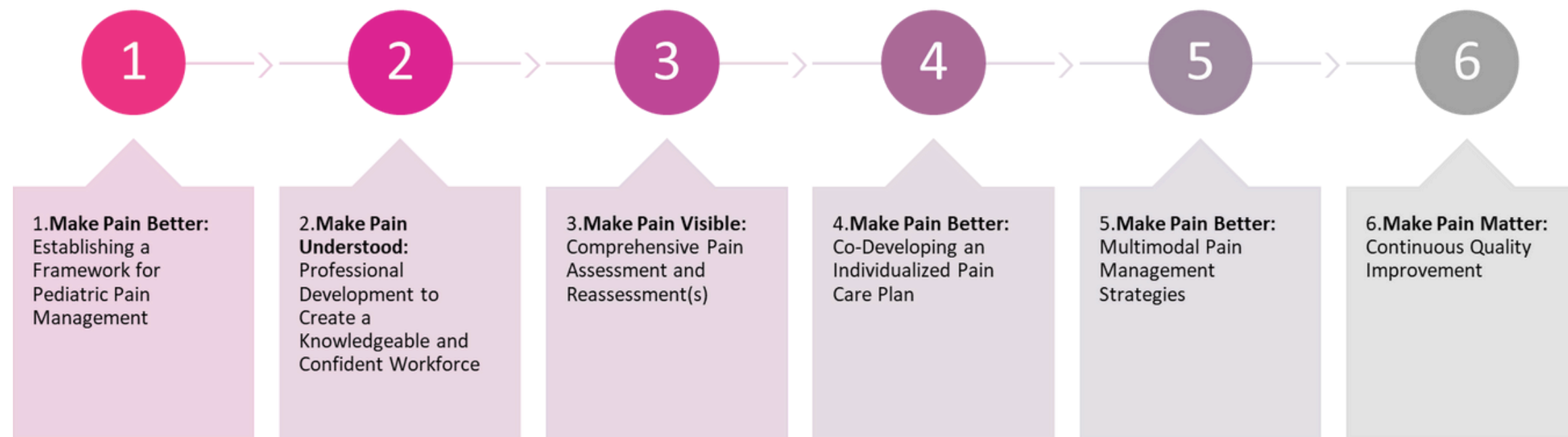
PROCEDURAL

CONNECTING RESEARCH INTO PRACTICE

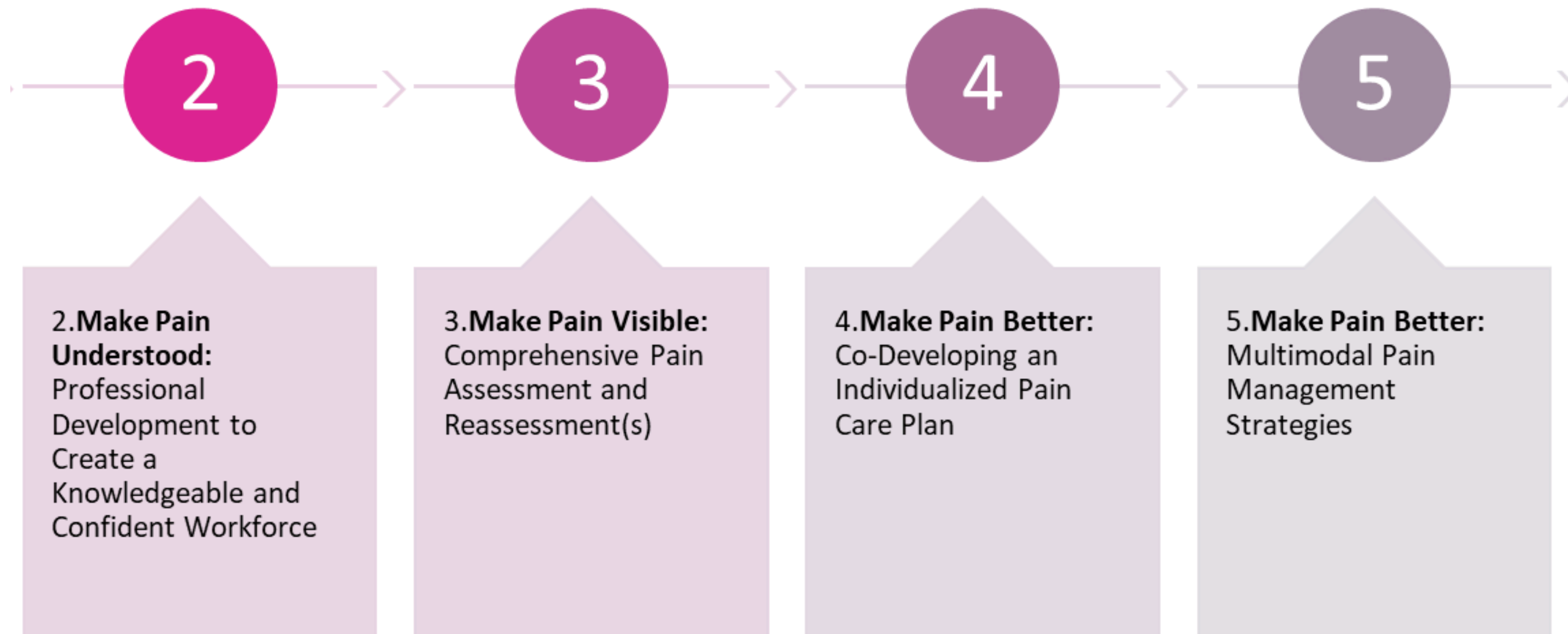


Learning Health System Model

HSO PEDIATRIC PAIN STANDARD



FOCUS IN PRIMARY CARE



ASSESSMENT- L-OPQRST

Onset

When did the pain start? Was it sudden or gradual?

Example: "When did you first notice this pain?"

Quality

Ask the patient to describe the pain: sharp, dull, stabbing, burning, throbbing, etc.

Example: "Can you describe the type of pain you feel?"

Severity

Use a scale (0–10) or descriptive terms (mild, moderate, severe).

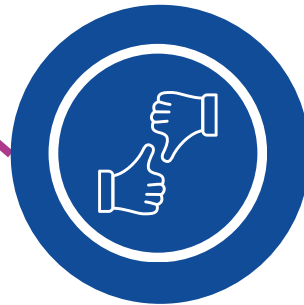
Example: "On a scale of 0 to 10, how bad is the pain?"



Location

Ask the patient to point to or describe exactly where the pain is.

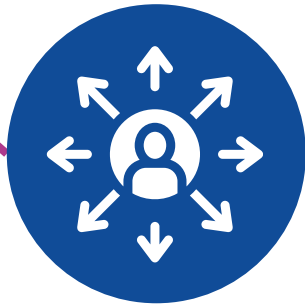
Example: "Can you show me where it hurts?"



Provoke/Palliate

What makes it better or worse?

Example: "Does anything make it hurt more or less?"



Radiation

Does the pain spread anywhere else?

Example: "Does the pain move to other areas, like your arm, back, or leg



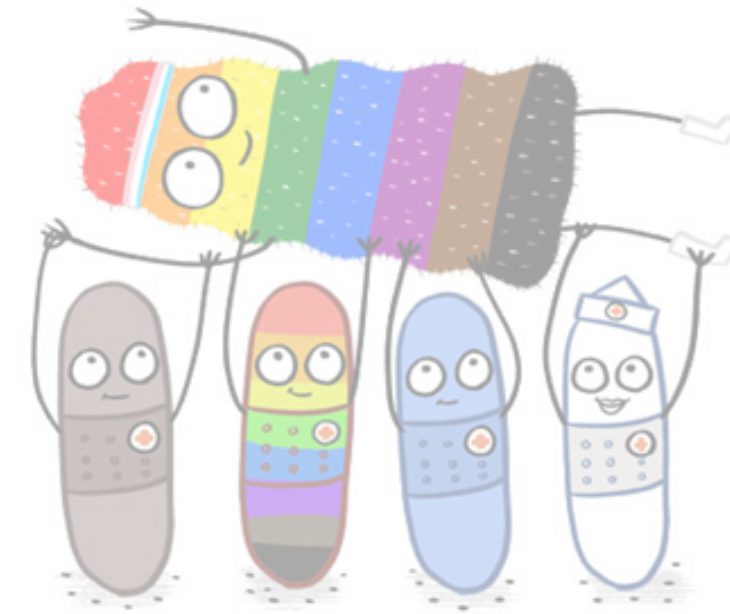
Timing

When does the pain occur? Is it constant, intermittent, or only at certain times?

Example: "Is the pain constant or does it come and go?"

SPECIAL CONSIDERATIONS

Inclusive Care makes a real difference in pain management for all patients



LIVED EXPERIENCE

PREFERENCES

LANGUAGE

GENDER-AFFIRMATION

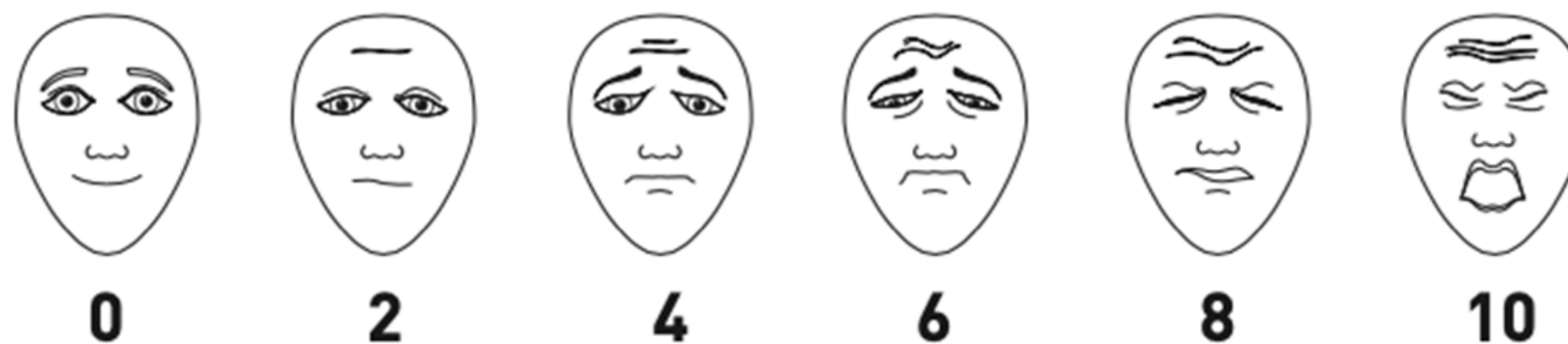
CULTURE

PERSONAL BIAS

The slide features decorative geometric patterns in the corners. The top-left corner has a series of parallel blue lines and a light blue arc. The top-right corner has a pattern of overlapping blue and magenta semi-circles. The bottom-left corner has a pattern of overlapping magenta and blue semi-circles. The bottom-right corner has a light blue arc and a series of parallel blue lines.

PAIN SCALES & TOOLS

FACES -R



Faces Pain Scale-Revised

"These faces show how much something can hurt. This face [point to left-most face] shows no pain. The faces show more and more pain [point to each from left to right] up to this one. [point to right-most face] It shows very much pain. Point to the face that shows how much you hurt [right now]."

For ages 4 and up.

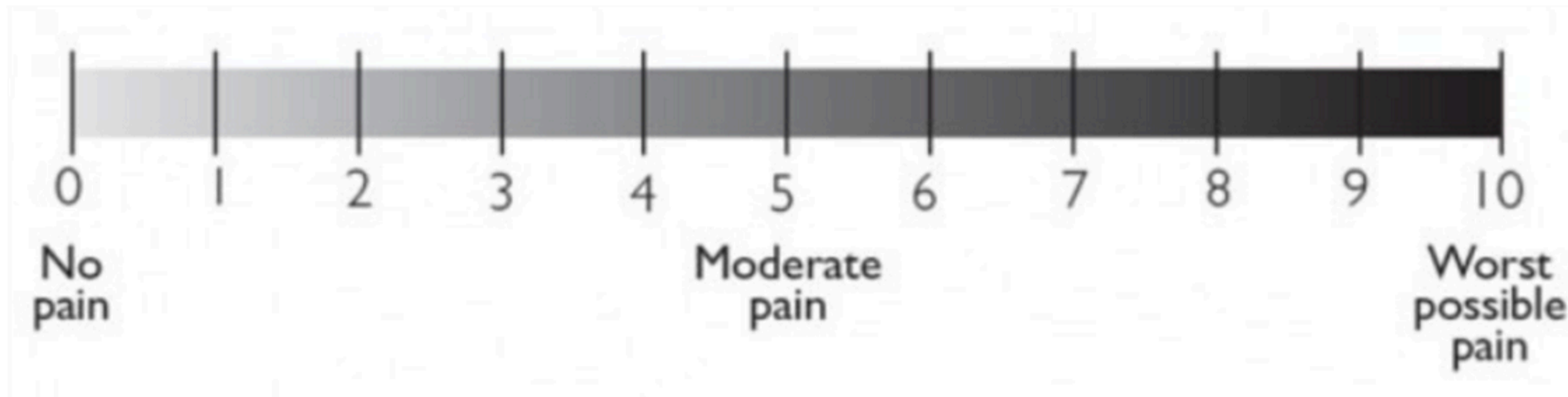
FLACC-R

	0	1	2
Face	No expression or smile	Occasional grimace or frown, withdrawn, disinterested; appears sad or worried	Frequent to constant frown, clenched jaw, quivering chin; <i>distressed looking face; expression of fright or panic</i> <i>Individualised behaviour described by family:</i>
Legs	Normal position or relaxed; usual muscle tone and motion to arms and legs	Uneasy, restless, tense; occasional tremors	Kicking, or legs drawn up; <i>marked increase in spasticity; constant tremors or jerking</i> <i>Individualised behaviour described by family:</i>
Activity	Lying quietly, normal position, moves easily; regular rhythmic breaths (respiration)	Squirming, shifting back and forth, tense or guarded movements; mildly agitated (head back and forth, aggression); shallow, splinting breaths (respirations); occasional sighs	Arches, rigid, or jerking; <i>severe agitation; head banging; shivering (not rigors); breath holding, gasping, or sharp intake of breaths; severe splinting</i> <i>Individualised behaviour described by family:</i>
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint; occasional verbal outburst or grunt	Crying steadily, screams or sobs, frequent complaints; <i>repeated outbursts; constant grunting</i> <i>Individualised behaviour described by family:</i>
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or "talking to"; Can be distracted	Difficult to console or comfort; <i>pushing away caregiver; resisting care or comfort measures</i> <i>Individualised behaviour described by family:</i>

For children 0-3 years of age, or who are non-verbal

Verbal Numerical

For patient's older than 6 years



“On a scale of 0-10, where 0 is no pain and 10 is the worst pain you can imagine, tell me what number your pain is” (TREKK, 2023)



PROCEDURAL PREPARATION

THINGS THAT HAPPEN



- Expecting a child to **lie down** for a procedure
- **Everyone is talking** or trying to soothe the child
- **Hovering** over the top of a child
- **Multiple people are trying to distract** the child
- **Wall décor and notices** that are not applicable or appropriate
- **Assuming** the patient and family know what to expect
- **Limiting access** to service

Rapport Building

Get to the **child's eye level** when speaking to them



Ask them **what they know** about the medical equipment you will be using i.e. "What does this stethoscope do?"



Ask the patient **what is on their mind** about their visit. Take some time to help them with their thoughts or questions



Ask them **about their interests** and other things that will help you get to know more about them (pets, grade, favorite activities).



COMFORT PROMISE & TECHNIQUES

4 STEPS TO MAKE NEEDLES LESS PAINFUL



1

NUMB THE SKIN

- Staff will offer and apply before the procedure to reduce pain
- Please ask if you would like more information



2

SUCROSE OR BREASTFEEDING

- Reduces pain in babies 12 months and younger
- Sucrose (sugar water) needs 2 minutes to work
- You choose the best option for you and your baby



3

COMFORT POSITIONING

- 0-6 months
 - Swaddle and hold
 - Keep them warm
- 6 months and older
 - Upright is best
 - Helpful for parents to be snuggled in or close by

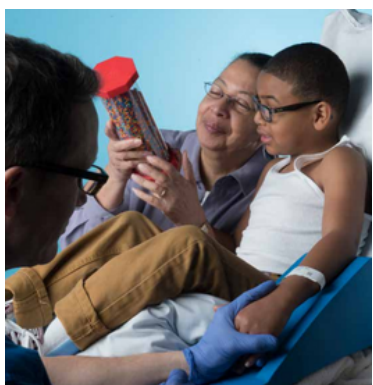
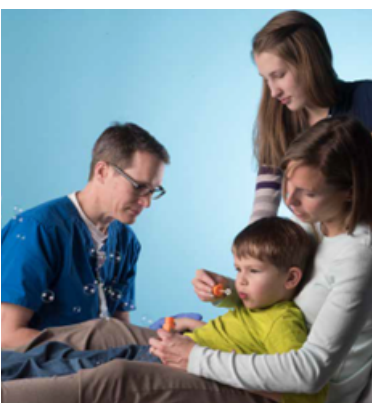


4

DISTRACTION

- You know your child best
 - Bring a favorite toy or comfort object from home
- We have additional distraction items available
- Please ask staff about options

Sample Comfort Positions



**Children's
COMFORT
PROMISE**

We will do everything possible
to prevent and treat pain.

Children's
MINNESOTA

Select an appropriate distraction

Infants

- Breastfeeding or a pacifier
- Sucrose
- Soft music or singing

Toddlers

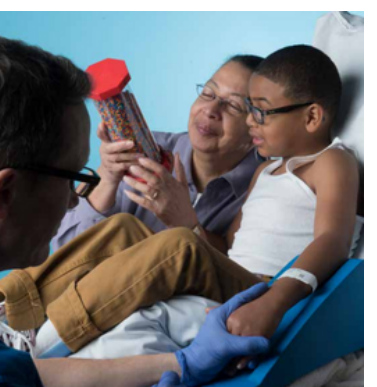
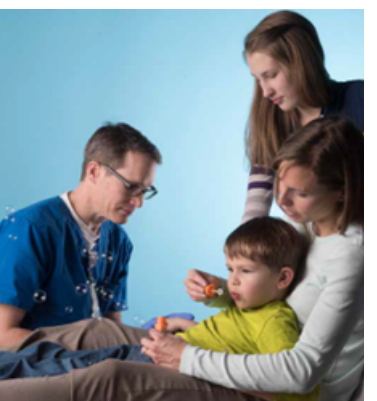
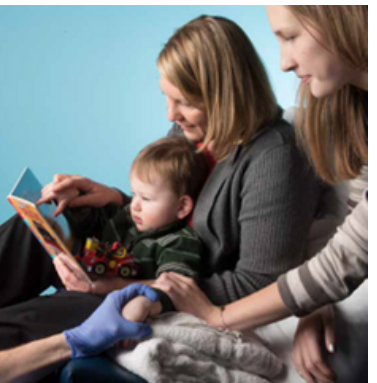
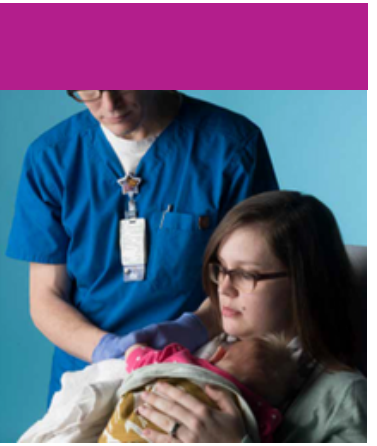
- Board books
- Interactive books (noise buttons, flaps, mirrors)
- Light up toys

School age

- Pinwheel or bubbles
- I Spy or Where's Waldo books
- This or That / Would You Rather questions
- Fidgets or stress balls to manipulate
- Think of a word for each letter of the alphabet

Teens

- Watch a short video or play a game on their device
- This or That / Would You Rather questions
- Discuss a fun activity you're going to do after the procedure
- Use your imagination! Go on a vacation — where would you go and what would you do?
- Watch a short video or play a game on their device



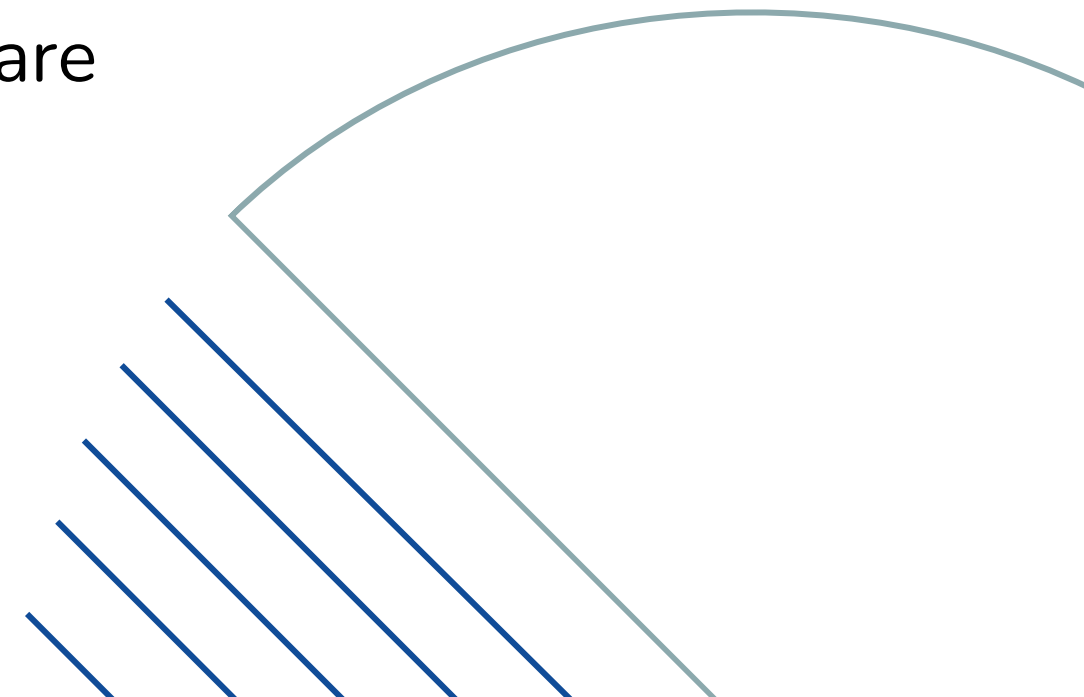
O.N.E V.O.I.C.E



Consider

- **One** person should be heard during the procedure
- **Need** Parental Involvement
- **Educate** the patient before the procedure
- **Validate** the child with your words
- **Offer** Comfort Positions and pain management
- **Individualize** your game plan
- **Choose** an appropriate distraction to be used
- **Eliminate** unnecessary people who are not actively involved

Credit: One Voice 4 Kids
Deborah Wagers, CCLS



Tips for Bloodwork

Have the child identify a coping tool. E.g. blowing bubbles, This or That questions, talking about a specific topic, I Spy



Ask the child if they like to watch the bloodwork being done, or do they prefer to look away.



Make a plan where the child will sit in relation to their caregiver e.g. beside or on their lap



Ask the child if they like to have the 1, 2, 3 count before the poke or not





BUZZY

HOW TO USE

PDF Download

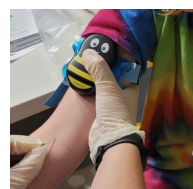


Video



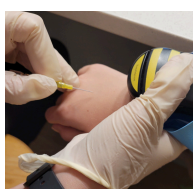
Buzzy needs to go “between the brain and the pain” to be effective. Buzzy should be placed along the path of the nerve to best interrupt the pain signals’ journey from your skin to the brain.

For bloodwork, IV insertion, wound care, splinter removal, etc.



BLOODWORK / IV INSERTION

Hold Buzzy® under the tourniquet 3-5 cm above (proximal to) the access site. Place 30 seconds before and keep in place until access is complete.



IV INSERTION / TOP OF HAND

Place Buzzy® 2-5 cm proximal to site just above the wrist with the bee's head pointing up the child's arm.



FINGER POKE

Press Buzzy® onto the palm with the bottom end toward the finger. Leave in place throughout cleaning and during the procedure.

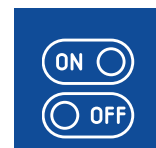
ARM INJECTION / VACCINE

Place Buzzy® directly on the injection site for 30-120 seconds. Move 2-3 cm proximal during injection and press in place.



AGE/ DIAGNOSIS

Buzzy with the icepack can be used on ages 2+.
Buzzy without icepack can be used on ages 6w-2y or children sensitive to cold or patients with sickle cell.



ON/ OFF

Buzzy has an on/off switch located on top of the bee's head. Buzzy will also turn off after two minutes.



CLEANING

Clean with Percept after each use with a patient.
Ensure Buzzy remains wet for 3 mins.



WINGS/ ICE PACK

Wings will stay frozen for 10 minutes at room temperature. Note: If wings thawed they will not absorb the vibration and are not effective.

Positioning: Place on a patient with the power switch or bee's head up/farthest away from the site and hold/secure. Buzzy works best when it's between the pain and the brain.



Once Buzzy is being held in place either by a tourniquet, or by hand, press the button or switch on the top of Buzzy.

CHILD-FRIENDLY LANGUAGE

WATCH YOUR WORDS!



Ambiguous vs Clear

Ambiguous:

Sleeping gas, Put Under
Take you to the floor
Take your blood pressure

Clearer:

Medicine air that you breathe to fall asleep
Hospital bedroom
Check your blood pressure

Hard vs Soft

Harder:

Pain, hurt, sting, owie
Cut, open up, hole
Shot
Bad tasting medicine

Softer:

Sore, pressure, uncomfortable, ache, scratchy
An opening
Poke, medicine through a small needle
Medicine that tastes different

Familiar vs Unfamiliar

Unfamiliar:

Incision
IV
Stretcher

Familiar:

Small opening
Tiny tube that goes into a vein
Bed with wheels and side rails

USE OF LANGUAGE

The simple act of **TALKING**
in a special way to your child **CAN CHANGE**
how they remember **PAIN.**



Pain isn't over when it's over. Our memories of pain stay with us into adulthood. **But there is good news.** Scientific research tells us that we can **shape pain memories to be more positive.**

By choosing to talk about a painful experience in a positive way, you can change your child's memory of it to be more positive too.

How? Use this powerful combination:

USE POSITIVE TALK

Don't talk about pain or scary feelings. Focus on the positive.



"Someone helped you, the nurse was so nice."

"You rolled up your sleeve, turned on your video, and it was over really quickly!"

KEEP IT REAL

Catch exaggerations and remind your child what really happened.



"I cried for so long!"

"Yes, you cried, but only for a few minutes, remember? Because then we got ice cream!"

BUILD THEM UP

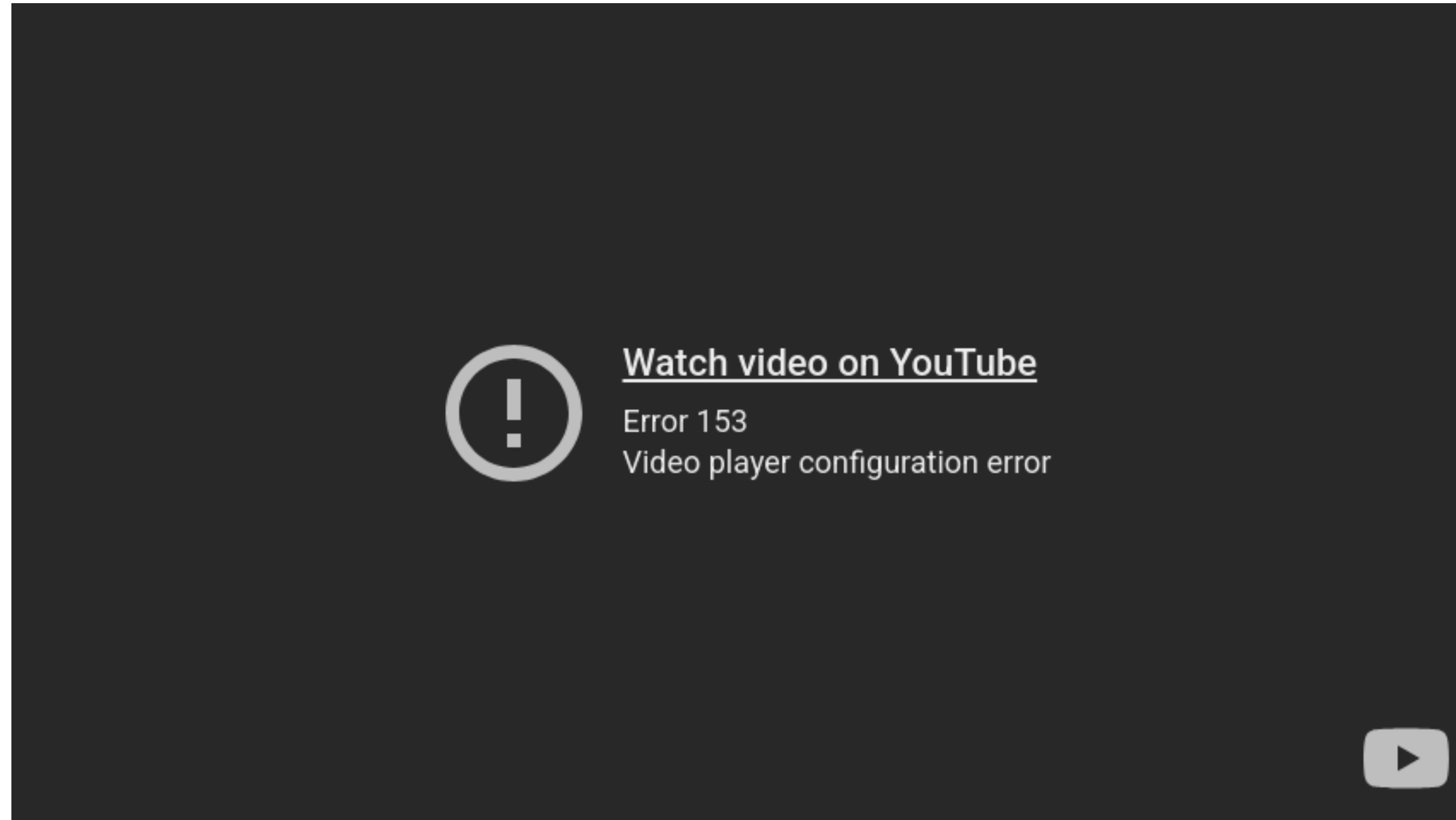
Tell your child that they were brave, and why. Celebrate.



"You were so brave, I'm proud of you!"

"You took deep breaths and distracted yourself with your video. You knew what to do!"

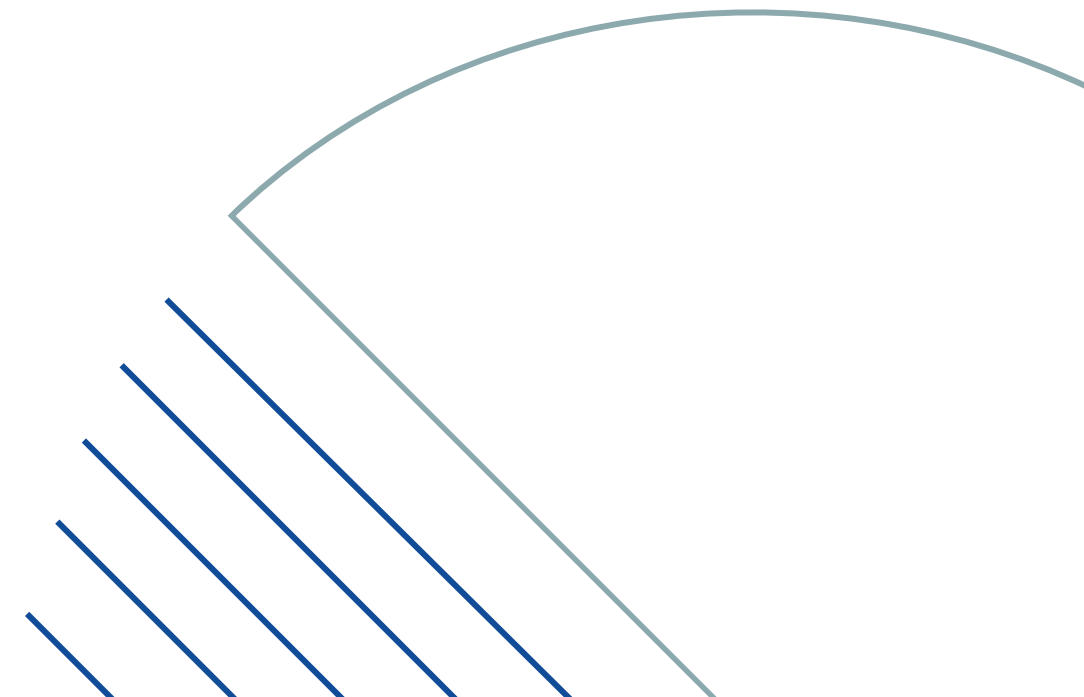
REFRAMING THE PAIN



DEBRIEF AND RETURN TO BASELINE

Consider

- Opportunity to ask **questions** or share **how they are feeling**
- **Giveaways**- coping-based or to encourage processing
- Highlight the part of **their “job” they did well**
- **Recognize** the work they did
- **Transition space**
- Review **next steps**



MEDICINE SUPPORT



6 Steps to Success in Pill Swallowing



- 1
- 2
- 3
- 4
- 5
- 6

Find a comfortable spot and discuss the plan with your child. Explain the reason for needing the medication. Understanding the "Why" will help them in being on board with developing this new skill. Look at this as developing a skill, reflect on another skill they have learned (ex. Riding a bike). Discuss how that skill didn't come right away, it took practice and encouragement which is what you will do here.

With the health care team, determine the goal size for pill swallowing practice . You can use candy to practice swallowing different size pills. There are 7 different sizes of candy, determine which one will be the same size as the medication. If it is only the size of #4, just go that far. Model the process for the child. Sit up, place the "pill" on your tongue, take a sip of water and swallow.

Now it's their turn! Start with #1 which is the smallest "pill" once they have successfully swallowed that, do it two more times, and then move on to the next size. Give lots of praise with a success, this will help build confidence.

Ensure that they have successfully swallowed each size three times before moving to the next one. Keep track of the success on the challenge chart (see QR code below) so that you remember how far you have gone. This is a great visual reminder of their success and can help motivate them to keep going.

If things become tricky, and they have trouble with a certain size, Stop. Go back and try the size before and focus on the success. Always end the session on a positive note. You can try again another time and start where you left off the previous time. You don't want them to have a negative association with swallowing pills. Don't forget to tell them you are proud of them for trying.

Try again! Starting with the biggest "pill" from your last session go from there. Don't forget to remain calm and use encouragement. Once you reach the goal give lots of praise! Give a certificate to help them celebrate their newfound skill and achievement!

Be sure to check out the tip sheet



Challenge Chart



Tip Sheet



Certificate



6 Steps to Success in
Pill Swallowing- QR Code
or visit IWK website/ CL page

Tips for Pill Swallowing

Allow your child to help choose between two drinks e.g. water or juice. Giving them some choice will give them a sense of control.



To add some fun, allow your child to choose whether they want to drink from a sport bottle or straw. You could even use a silly straw!



When taking a sip of water after placing the “pill” on the tongue, it might be helpful to take 3 gulps of water to limit holding water in their mouth.



Practice with candy. Find a candy or sprinkle that they are confident swallowing. Once they swallow that, successfully move to a bigger candy until you reach one the same size of the pill.



Tips for Taking Medicine

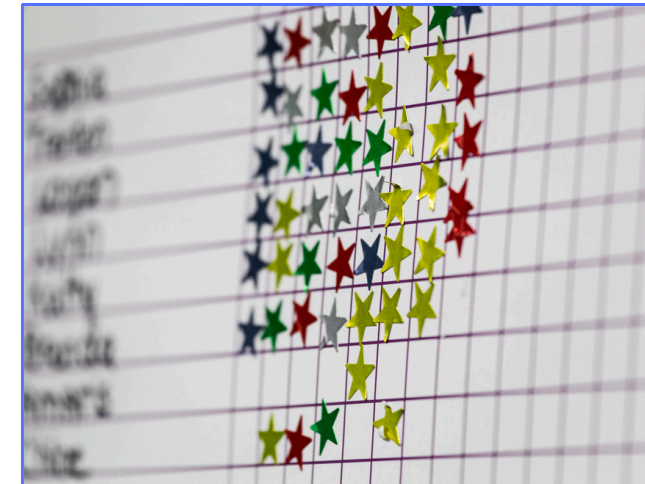
Use a popsicle to numb their taste buds. Have them hold it on their tongue for 10 seconds, then try some medicine to see if they can taste it. Repeat until the medicine is gone.



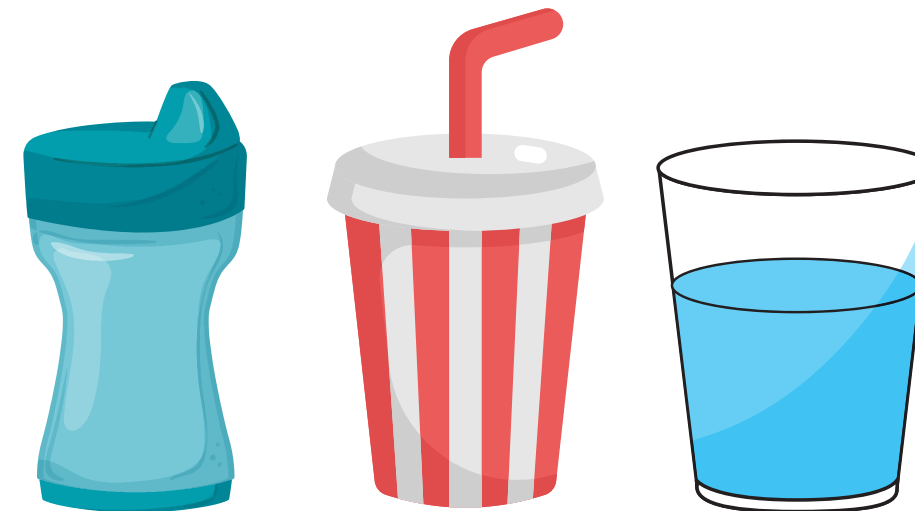
Have your child take a drink of something with a good flavour before and after the medicine



Create a sticker chart to track when medicine needs to be taken and when it is taken



Give lots of **real** choices
ie. where to sit, do they take it themselves, what to drink after...



RESOURCES

TREKK



THE MEG FOUNDATION



Meg Foundation

SickKids®

SICKKIDS OPPC



**Procedural pain management
in children & youth:** A toolkit
for health professionals

Medical procedures are common. They are amongst the most distressful and painful aspects of medical care for children and youth.

This toolkit shares evidence-based solutions so #ItDoesntHaveToHurt.

UPOPOLIS



CHILDKIND
INTERNATIONAL

childkind

THE CARD™ SYSTEM



JOIN US

IWK Health Pain Champions

Official
PAIN
CHAMPIONS

Are you a health care provider, located within the Maritimes, that is passionate about pain care and would like to collaborate with regional staff to:

- ✓ Advance patient comfort
- ✓ Improve outcomes
- ✓ Recieve education
- ✓ Reduce safety events
- ✓ Build awareness

Join our team now

Email us!
painchampions@iwk.nshealth.ca





The background features decorative geometric patterns in the corners. The top-left and bottom-right corners contain a series of parallel diagonal lines in a dark blue color. The top-right and bottom-left corners feature a pattern of overlapping semi-circles in dark blue and magenta. The central text is surrounded by these patterns.

THANK YOU

painchampions@iwk.nshealth.ca