

Child and Family Friendly Healthcare Practices to Improve Outcomes

Tools and Strategies for Healthcare Providers to Foster Cooperation and Comfort and Reduce a Child's Pain and Suffering

The topics will be discussed in general terms and then how they are applied when a child is getting an IV Cannula.

Topics of Discussion

My Little Clock DVD

Psychosocial and Educational Pre-procedure Preparation

Utilizing Comfort Positions to Help Ease the Child's Anxiety

Providing Emotional Support During Medical and Dental Procedures

Pain Management Strategies

Psychosocial and Educational Pre-procedure Preparation

Elements of Pre-procedure Preparation

Description of the procedure

Sensory information

Explanation of sequence of events

Duration of procedure

Ongoing accuracy check

Ongoing feedback from patient and caregiver

Offer suggestions and if possible rehearsal for coping

Discuss roles of child and parent for the procedure

Successful Pre-procedure Preparation

Accurate and honest

Age appropriate

Developmentally appropriate

Culturally appropriate

Non threatening

Should involve family/caregivers

Reaches family/caregivers of all levels of education

Suggestions for Parents and Healthcare Providers

Tell the child why he or she is here.

Tell younger children that the treatment is not punishment.

“This must be done to help us learn what is happening inside your body. Once we know that, we can help you.”

“You are here to get some medicine to help you stay healthy.”

“It may be uncomfortable for a few seconds as you get the medicine.”

“It will be done very quickly.”

“The staff and I will be here to help you.”

Preparation Tools

Preparation kits

Preparation books

Actual /toy medical equipment

Photographs

A medical teaching doll, baby dolls, bears, etc.

Drawings

Books, pamphlets

DVDs or web sites

Games

Benefits and Functions of Pre-procedure Preparation

Provides a learning experience to enhance coping ability before, during and after procedure.

Provides introduction to become familiar with the healthcare environment.

Provides psychological preparation.

Assists in coping with stress of healthcare experience.

Allows exchange of information.

Can provide preparation and practice for roles.

Helps establish trust and confidence.

Recognition and expression of feelings, thoughts and questions.

Fosters successful parental involvement in care.

Empowers patient to cooperate with healthcare team.

Increase a child's sense of mastery and control.

Helps reduce trauma.

Utilizing Comfort Positions to Help Ease the Child's Anxiety(7 minutes)

“Invasive procedures in pediatrics are events healthcare givers, parents and children usually face with anxiety and dread. Aggressive techniques, staff who are shouting, children who scream and flail to escape, are seen during many procedures. These events may persist in memory for many years after the procedure has been completed.” (Barkey and Stephens, 2000)

Model

A family centered approach with the goal of increasing the comfort level for the child and parent and the staff as well.

Inviting the parent to be part of the team and supporting them in their role.

Using the treatment room except in unusual circumstances.

Positioning the child in a comfortable manner.

Keeping the atmosphere calm, positive and supportive.

Rationale

Sitting up in infancy brings a sense of control

Simply making a child lie down usually results in a struggle

As more force is used, the child is often more resistant

Therefore, lying down contributes to a child's increased stress

Primary Goals

A secure, comforting, hugging hold.

Close physical contact with the parent or caregiver.

Define role of caregiver as one of positive assistance versus negative restraining.

Promote a sense of control by using the sitting position

Successfully immobilize the extremity

Reduce number of staff to complete the procedure

Mary Barkey, MA, CCLS . “Applying a Philosophy: “Can’t You Make That Child Stop Screaming”

Techniques That Comfort During Stressful Procedures.

Providing Emotional Support during Medical and Dental Procedures (4)

Procedure Support Rationale

Facilitates effective coping

Enhances pain management

Reduces trauma

Decreases anxiety and promotes calm

Fosters a sense of mastery

Strengthens parental support role

Studies show decreased need for pain medications

Procedure Support – Simple and Effective

Distraction - most frequently used form of support

Deep breathing, guided imagery and storytelling

Reading, singing or counting

Distraction Kit Items

Bubbles, books, toys, hand held games, party horns, crayons, stickers, puppets, musical toys, helping hands, etc.

Reward the child's behavior, consider a modest reward.

Choose something the child did well and praise the child for this.

Examples include: "I liked how you squeezed my hand to help yourself feel better."; "You did a great job counting to 10 as you got the medicine."

Procedure Support Considerations

A tool not a trick

One voice

Talk in a calm voice

Give everyone a job: patient and parent

The child may want to hold or squeeze your hand or a "helping hand"

Avoider or seeker? It's okay for the child to look away. Some children may want to look - that's okay too

Pain Management Strategies

Pain and Suffering

“There may be pain. There does not have to be suffering.” David Bresler, PhD.

...children perceived the pain as a relatively permanent state of existence...(Miller et al., 1992)

Pain is subjective, private and a highly personal experience. The child does not need to convince us through certain behaviors of the existence of pain; the child is the authority on whether or not he or she is in pain. Our job is to help. (Kuttner, 2004)

Evidence demonstrates that pain is a physical, physiological and emotional experience.

The hospital Experience as a Possible Source of Trauma

Without appropriate support, children do not have the inner resources to comprehend the blinding lights, physical restraints, surgical instruments, masked monsters speaking in garbled language and drug-induced altered states of consciousness.

For infants and young children, events such as these can be as terrifying and traumatizing as being abducted and tortured by revolting alien giants.

The hospital Experience as a Possible Source of Trauma

Trauma symptoms develop when the child or adult did not get to accomplish the full cycle of: 1) utilizing the chemical and hormonal program, 2) energizing the sensory-motor activities of protection, orientation and defense, then 3) discharging the excess activation and finally, 4) returning to a relaxed alertness or physiological homeostasis.

By understanding and working with the aspects of trauma, harmful events can be transformed into experiences that expand their ability to obtain a sense of mastery, resilience, power and possibility.

Levine, P., Kline, M. (2007) “Trauma through A Child’s Eyes.” North Atlantic Books. Berkeley, California.

Measuring Pain

Patient report

Observer report

Body Functions

Measurements are imperfect as they do not tell in a consistent and dependable way about the presence, absence or intensity of pain.

Why bother?

Bridges communication; conveying useful information

Can determine the success of pain management interventions

Consistent use of measures allows children to use tools to quickly and effectively communicate with staff

Kuttner, L. (2004). *A Child in Pain: How to Help, What to Do*. Williston, Vermont. Crown House Publishing. This book is only available from: www.childlife.org.

CRIES Scale - - Pain Assessment Tool

The CRIES Pain Scale is an observer-rated pain assessment for five physiological and behavioral variables in **neonates** from 32 to 60 weeks gestational age.

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DATE/TIME						
Crying - Characteristic cry of pain is high pitched. 0 - No cry or cry that is not high-pitched 1 - Cry high pitched but baby is easily consolable 2 - Cry high pitched but baby is inconsolable						
Requires O₂ for SaO₂ < 95% - Babies experiencing pain manifest decreased oxygenation. Consider other causes of hypoxemia, e.g., oversedation, atelectasis, pneumothorax) 0 - No oxygen required 1 - < 30% oxygen required 2 - > 30% oxygen required						
Increased vital signs (BP* and HR*) - Take BP last as this may awaken child making other assessments difficult 0 - Both HR and BP unchanged or less than baseline 1 - HR or BP increased but increase in < 20% of baseline 2 - HR or BP is increased > 20% over baseline.						
Expression - The facial expression most often associated with pain is a grimace. A grimace may be characterized by brow lowering, eyes squeezed shut, deepening naso-labial furrow, or open lips and mouth. 0 - No grimace present 1 - Grimace alone is present 2 - Grimace and non-cry vocalization grunt is present						
Sleepless - Scored based upon the infant's state during the hour preceding this recorded score. 0 - Child has been continuously asleep 1 - Child has awakened at frequent intervals 2 - Child has been awake constantly						
TOTAL SCORE						

FLACC Scale - - Pain Assessment Tool

FLACC is an observer rated pain scale designed for **children between the ages of 2 and 7**. FLACC provides a pain assessment scale between 0 and 10.

From *The FLACC: A behavioral scale for scoring postoperative pain in young children*, by S Merkel and others, 1997, *Pediatr Nurse* 23(3), p. 293-297. Copyright 1997 by Jannetti Co. University of Michigan Medical Center.

	DATE/TIME					
Face 0 - No particular expression or smile 1 - Occasional grimace or frown, withdrawn, disinterested 2 - Frequent to constant quivering chin, clenched jaw						
Legs 0 - Normal position or relaxed 1 - Uneasy, restless, tense 2 - Kicking, or legs drawn up						
Activity 0 - Lying quietly, normal position, moves easily 1 - Squirming, shifting back and forth, tense 2 - Arched, rigid or jerking						
Cry 0 - No cry (awake or asleep) 1 - Moans or whimpers; occasional complaint 2 - Crying steadily, screams or sobs, frequent complaints						
Consolability 0 - Content, relaxed 1 - Reassured by occasional touching, hugging or being talked to, distractible 2 - Difficult to console or comfort						
	TOTAL SCORE					

Wong Baker Faces Pain Scale

The Wong Baker Faces Pain Scale combines pictures and numbers to allow pain to be rated by the user. It can be used with **children from 3 to 8**. A numerical rating is assigned to each face, of which there are 6 total.

指示: 這些面孔代表痛楚的程度。最左面的面孔代表沒有痛楚(指向最左), 最右面的面孔代表極為痛楚 (指向最右)。因此, 越近左面的面孔代表越少痛楚, 越近右面的面孔代表痛楚越大(從左到右, 逐一指著面孔)。

請指出哪個面孔最能代表你的痛楚程度。

Translation credit: Emma Wong, Ide Chan, Mary Lee, Josephine Chu, Tony Wong. Working Group on Pain Services Development, Hospital Authority, Hong Kong

Hockenberry, MJ, Wilson, D: Wong's Nursing Care of Infants and Children, ed. 8, St. Louis, 2007, Mosby. Reprinted with permission. Copyright Mosby.

July 2000

<http://www1.us.elsevierhealth.com/FACES/faces47translations.htm>

Wong-Baker FACES Pain Rating Scale



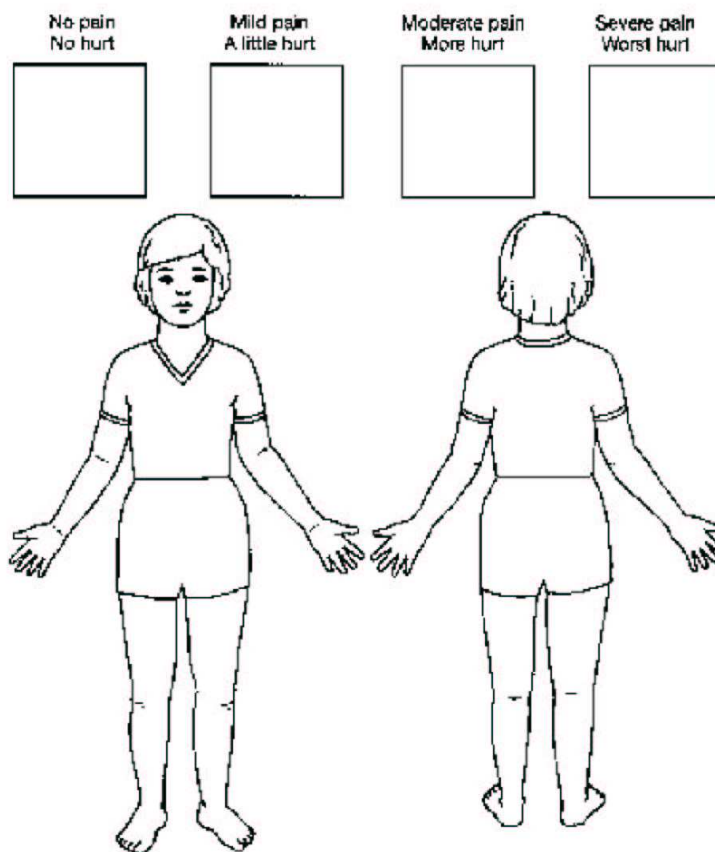
From Wong D.L., Hockenberry-Eaton M., Wilson D., Winkelstein M.L., Schwartz P.: Wong's Essentials of Pediatric Nursing, ed. 6, St. Louis, 2001, p. 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

Body Outline

A Body Outline can assist a child in communicating the location and intensity of their pain. Children over the age of 4 years can use crayons or colored markers to indicate the part of the body which has pain, and how much the pain hurts.

Reprinted with permission of J.M. Eland from McCaffery and Beebe, 1989. May be duplicated.
McCaffery M, Beebe A. Pain: clinical manual for nursing practice. St. Louis: CV Mosby Co.; 1989.

<http://www.arthritis.org/ja-childhood-pain.php>



COMFORT Scale for Pain Assessment

This tool is considered a pain assessment instrument that provides a method of assessing pain using behavioral or physiological parameters often associated with pain.

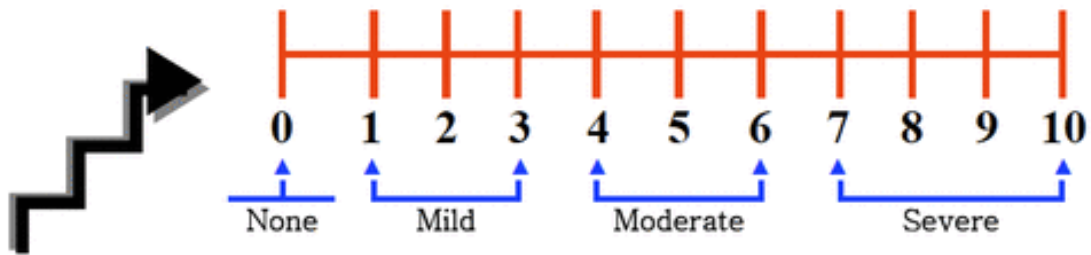
Ambuel and colleagues (1990) developed the COMFORT Scale to assess psychological distress of **critically ill children under the age of 18**.

Interrater reliability of the COMFORT Scale
 Pediatric Nursing, Sept-Oct, 2006 by Lora A. Bear, Peggy Ward-Smith

		DATE/TIME						
ALERTNESS	1 - Deeply asleep 2 - Lightly asleep 3 - Drowsy 4 - Fully awake and alert 5 - Hyper alert							
CALMNESS	1 - Calm 2 - Slightly anxious 3 - Anxious 4 - Very anxious 5 - Panicky							
RESPIRATORY DISTRESS	1 - No coughing and no spontaneous respiration 2 - Spontaneous respiration with little or no response to ventilation 3 - Occasional cough or resistance to ventilation 4 - Actively breathes against ventilator or coughs regularly 5 - Fights ventilator, coughing or choking							
CRYING	1 - Quiet breathing, no crying 2 - Sobbing or gasping 3 - Moaning 4 - Crying 5 - Screaming							
PHYSICAL MOVEMENT	1 - No movement 2 - Occasional, slight movement 3 - Frequent, slight movements 4 - Vigorous movement 5 - Vigorous movements including torso and head							
MUSCLE TONE	1 - Muscles totally relaxed; no muscle tone 2 - Reduced muscle tone 3 - Normal muscle tone 4 - Increased muscle tone and flexion of fingers and toes 5 - Extreme muscle rigidity and flexion of fingers and toes							
FACIAL TENSION	1 - Facial muscles totally relaxed 2 - Facial muscle tone normal, no facial muscle tension evident 3 - Tension evident in some facial muscles 4 - Tension evident throughout facial muscles 5 - Facial muscles contorted and grimacing							
BLOOD PRESSURE (MAP) BASELINE	1 - Blood pressure below baseline 2 - Blood pressure consistently at baseline 3 - Infrequent elevations of 15% or more above baseline (1-3 during 2 minutes observation) 4 - Frequent elevations of 15% or more above baseline (> 3 during 2 minutes observation) 5 - Sustained elevations of 15% or more							
HEART RATE BASELINE	1 - Heart rate below baseline 2 - Heart rate consistently at baseline 3 - Infrequent elevations of 15% or more above baseline (1-3 during 2 minutes observation) 4 - Frequent elevations of 15% or more above baseline (> 3 during 2 minutes observation) 5 - Sustained elevations of 15% or more							
		TOTAL SCORE						

Numerical Rating Pain Scale

A Pain Assessment Tool for the Person in Pain



The numerical rating scale offers the individual in pain to rate their pain score. **It is designed to be used by those over the age of 9.**

<http://pain.about.com/od/testingdiagnosis/ig/pain-scales/McGill-Pain-Scale.htm>

By Erica Jacques, About.com Guide

Updated September 03, 2009

Suggestions for Healthcare Providers

Assist with non-pharmacological and pharmacological pain management techniques.

Use Comfort Positions and Distraction Techniques

Use Child Friendly Communication - Build rapport with the child and family

Consider appropriate ages and developmental levels.

Consider having lollipops or sweetened pacifiers available.

Ask the patient to cough - research shows it reduces reported pain with injections.

Ask patient to pretend to blow out candles on a birthday cake.

Suggest slow, deep breathing and counting to 10.

Avoid counting “1 – 2 – 3” prior to injections, it increases muscle tension and pain.

Fill a glove with ice and give to patient to put on site to help make it numb/tingly.

Do not squeeze muscle when inserting needle.

Encourage the use of these techniques as they have been proven to decrease anxiety, pain and suffering while improving the patient’s ability to cope:

Allow the caregiver to serve as comfort-giver and hold the child’s hand.

Suggest that the caregiver hug, sing, or play with the patient’s favorite toy, etc.

Utilize positions that are comforting rather than restraining.

Try to avoid letting the patient or caregiver see the needle unless they ask to see it.

Fill a glove with water; tie it off and use as a “Helping Hand” for the patient to squeeze.

Consider having bubbles, windmills, party blowers, books, music or DVDs available

我所要強調的事...

從現在開始的數十載...

我銀行裡有多少錢、我住什麼房子、

開什麼車子都不重要....

重要的是，這個世界會因為我在孩子生命中扮演的重
要角色

而更加美好。