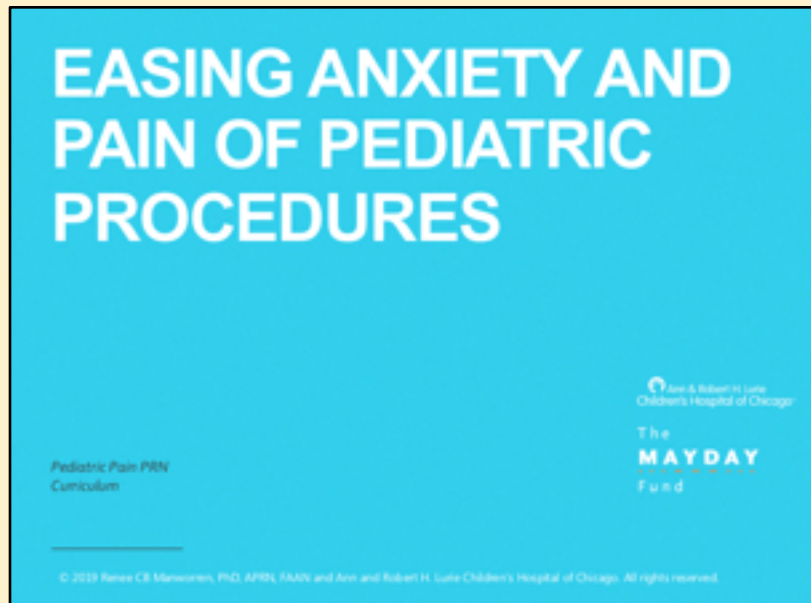


PRN Program: Procedural Pain



Materials: Flip chart or whiteboard and Markers

Provide participant guide at least one week in advance

Room Setup: In tables of 4 or 6-8 depending on number of participants

- Display slide as participants walk in
- This session is **45 minutes**

Welcome and Introductions: *Introduce facilitator if necessary*

READ: The learning objectives for this content are to:

- Compare your organization's approach to painful medical procedures performed on pediatric patients to the guidelines established by national professional societies, such as the American Academy of Pediatrics, American Society for Pain Management Nursing, and others.
- Formulate processes and policies to ensure the organization's approach to painful medical procedures acknowledges the need to be sensitive to children's pain and optimize pain and anxiety treatment with the first and every procedure
- Engage in developmentally-appropriate evidence-based strategies to ease anxiety and pain of common medical procedurals performed on pediatric patients

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READ: Pair up for this “Pair and share activity.”

You have 2 minutes to list common sources of pain that are unique to neonates.

[Limit discussion to 2 minutes]

Select participants from each group willing to share their answers

Write on flipchart or whiteboard

[Limit discussion to 2 minutes]

Place a ✓ by those items that are repeated by the groups.

[5 MINUTES of 45 minute session is complete]

PRN Program: Procedural Pain



READ: TJC standards and guidelines established by national professional societies, such as the American Academy of Pediatrics, American Society for Pain Management Nursing, and others, inform the scope of pediatric procedural pain.

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Pediatric procedural pain prevalence



Painful procedures are plentiful in all healthcare settings

- 20:** Number of immunizations before 2nd birthday
- 7.5 to 17.3:** Mean number of painful procedures/day in NICU.
- 9-7:** Mean number of painful procedures/day in PICU
- 0 to 71:** number of painful procedures/day in PICU
- 1 to 50:** number of painful procedures/day/hospitalized child

READ: Children receive up to 20 immunizations by their 2nd birthday

- In NICU, babies experience an average of 7.5-17.3 painful procedures per day. Common procedures include heel lance, suctioning, and venipuncture.
- In the PICU, children experience about 6 times more painful procedures per day than children in general medical-surgical units (Stevens, et al, 2011); a mean of 9.7, and a range of 0 to 71 (LaFond, Hanrahan, Peirce, Perkounkova, Weinberg & McCarthy, under review, 2018).
- Pediatric patients experience 1 to 50 procedures per day (Stevens, et al., 2011); and a median of 2 procedures per day on general medical-surgical units (Cruz, Fernandes & Oliveira, 2016)

PRN Program: Procedural Pain

Scope of pediatric procedural pain

Pain events can also lead to a more intense pain response to future procedures and an increased need for analgesics for future surgeries.

The Problems with Untreated Pain

Immediate

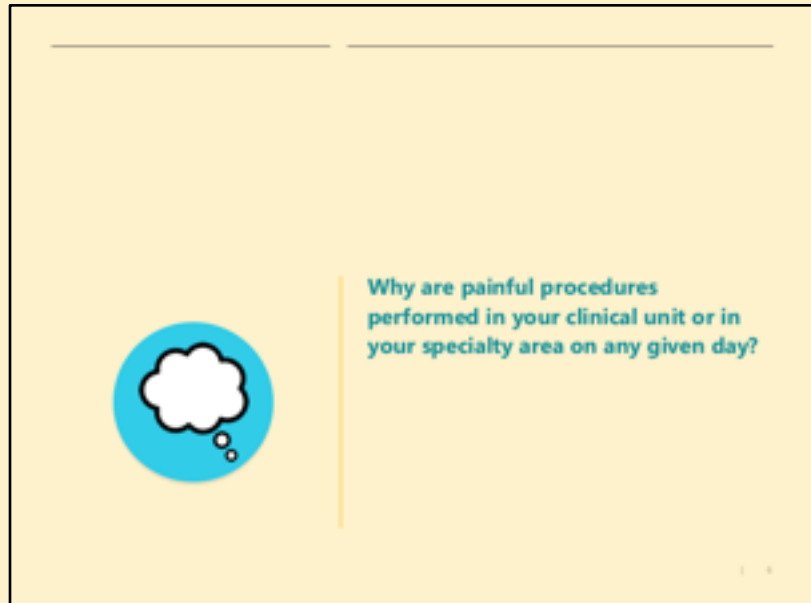
- Physiologic responses
- Behavioral and emotional distress. Behavioral distress can make the procedure more difficult and last longer.

Long-term

- Increased pain sensitivity
- Increased need for analgesics for future surgeries.
- Increased avoidance behavior
- Social hypervigilance
- Higher anxiety with subsequent painful procedures

READ: There are immediate and long-term consequences of untreated pain. Pain events can also lead to a more intense pain response to future procedures and an increased need for analgesics for future surgeries.

PRN Program: Procedural Pain



ASK: Why are we not preventing the pain of procedures?

Select participants willing to share their answers to this question.

Write on flipchart or whiteboard [Limit discussion to 5 minutes]

READ: these Key points (*if not included by participants*):

- Lack of awareness of policies, procedures, guidelines
- Failure to realize there is a “better way”
- Failure to recognize some common procedures as painful (such as removal of adhesive, suctioning, repositioning, and other less invasive procedures)
- Poor team communication
- Lack of input from patients and families
- Inconvenience of topical anesthetics
- Lack of time, bad timing
- Lack of medication orders when needed
- **If healthcare providers fail to acknowledge that pain exists during or after medical procedures, they cannot anticipate, prevent, and manage pain.**

[15 MINUTES of 45 minute session is complete]

PRN Program: Procedural Pain



ASK: Who are key individuals for optimal pediatric procedural pain management?

Select participants willing to share their answers to this question.

*Write on flip-sheets and pass 1 to each table until each table has one (4 tables- 4 individuals) **[Limit discussion to 2 minutes]***

READ: Each table should write roles and responsibilities for their individual on the sheet. **[Limit discussion to 3 minutes]**

Walk and eavesdrop on each table and coach— do not discuss, just post these at the start of the next activity.

Note to facilitators: This content for each role is detailed in the participant guide.

*Role of **Nurse** in procedural comfort management:*

*Role of **Parent** in procedural comfort management:*

*Role of **Prescriber** in procedural comfort management:*

*Role of **Health Care Organization** in procedural comfort management*

*Role of **Others?***

[20 MINUTES of 45 minute session is complete]

PRN Program: Procedural Pain

Every procedure,
every time

Optimal comfort and management of pain and anxiety with the first procedure is critical for positive long-term healthcare utilization

American Society for Pain Management Nursing (ASPMN) Clinical Practice Guideline Recommendations

1. Create an individualized comfort management plan before a procedure begins
2. Promote a family-centered approach

READ: Optimal comfort and management of pain and anxiety with the first procedure is critical for positive long-term healthcare utilization

1. Create an individualized comfort management plan before a procedure begins
2. Promote a family-centered approach

PRN Program: Procedural Pain

One voice	
<i>The ONE VOICE can be a parent or healthcare provider</i>	O One voice or one person coaching and giving the child information during the procedure
<i>ONE VOICE includes a number of strategies</i>	N Need parent involvement
<i>One voice or one person coaching and giving the child information during the procedure</i>	E Educate patient before the procedure about what is going to happen
	V Validate the child with words
	O Offer the most comfortable, non-threatening position
	I Individualize the game plan
	C Choose appropriate distraction to be used
	E Eliminate unnecessary people not actively involved in the procedure

READ: ONE VOICE is an acronym for an approach to provide procedural pain management. The one voice can be a parent or healthcare provider.

One voice or one person coaching and giving the child information during the procedure

Need parent involvement

Educate patient before the procedure about what is going to happen

Validate the child with words

Offer the most comfortable, non-threatening position

Individualize the game plan

Choose appropriate distraction to be used

Eliminate unnecessary people not actively involved in the procedure

ASK: Have any of you used this approach? [*Raise Hands*]

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READ: The 5P's:

- **Parental Presence**/Familiar Person
 - Provide developmentally appropriate **preparation** before the procedure
 - **Comfort Positions** reduce “fight or flight” stress and promote a developmentally appropriate parent-child interaction
 - **Positive Reinforcement** supports developmental needs using principles of operant conditioning
 - **Play Opportunities** before and after the procedure help children to process information, allow healthcare professionals to clarify misconceptions, and allow children to act out and verbalize their fears and pain.
- The content for each “p” is included in the participant guide.

PRN Program: Procedural Pain

Procedure-specific Recommendations

READ: Take a minute to talk at your table and select a different procedure and a different developmental level.

[Limit discussion to 1 minute]

Possible Procedures:

Heel lance

IV start

Suctioning

Urinary Catheterization

Dressing Change

Fracture Reduction

Laceration Repair

Arterial Stick

NG tube placement

Others?

Developmental Levels:

Pre-mature Infant

Infant

Toddler

Pre-schooler

School Aged

Adolescent

Young Adult

PRN Program: Procedural Pain



Select participants from each group willing to share their answers.

[Make sure each has a different developmental group & procedure]

Write on flipchart or whiteboard:

Table, Procedure & Developmental Level

[Limit reporting of selection to 1 minute]

READ: You have 5 minutes to formulate a procedural pain and anxiety management plan for the developmental group you selected that can be used for the first & every one of the procedures you selected. Choose a table representative willing to share your plan with the other groups

[Limit discussion to 5 minutes]

Walk and eavesdrop on each table and coach

[35 MINUTES of 45 minute session is complete]

PRN Program: Procedural Pain

Before the procedure	<p><i>Huddle: Establish a plan and prepare the team</i></p> <ul style="list-style-type: none"> • Establish a plan • Prepare
During the procedure	<p><i>Indications to stop and re-set</i></p> <ul style="list-style-type: none"> • Raised or strained voices • Confusion, too many people trying to lead • Behavioral distress (screaming, flailing, need for restraint) disrupting procedure • Poor family coping • Urgency to "get it over with" instead of calming performing procedure
After the procedure	<p><i>Reward the child for appropriate behaviors</i></p>

READ: Each table will report in Before, During & After format
 [CLICK TO REVEAL EACH STEP-then go back to before procedure slide for next group].
[Limit discussion to 9 minutes] (Allow others to comment or ask questions).

[44 MINUTES of 45 minute session is complete]

READ: these Key points (if not included by participants):

BEFORE THE PROCEDURE-Establish a plan

- Select multimodal interventions,
- Choose interventions based on individual patient, procedure and situation.
- Engage patients & families in decisions.

PREPARE-

- Patient & family with education and training specific to the procedure, plan, and patient and family needs.
- Patient, family and staff for their roles
- For positioning of patient and family
- Timing and location of procedure to ensure adequate space, privacy, lighting, supplies and access to medications
- Medications and monitoring: analgesics, topical anesthetics, anxiolytics, sedation as needed
- Materials for interventions : music, distraction supports, other comfort items
- Healthcare team: Discuss what will be done, anticipated distress, parent and staff roles, comfort plan and goal.

DURING THE PROCEDURE

- Time out for safety: assure you have the right patient, right procedure, right plan
- Initiate comfort plan interventions before beginning the procedure
- Maintain roles
- Coach as needed:
- Perform procedure competently and efficiently
- Assess pain and anxiety, procedural tolerance
- Maintain calming environment

AFTER THE PROCEDURE


- Discuss and de-brief as needed
- Document the procedure and patient' subjective and objective responses and behaviors
- Continue post-procedural comfort management plan
- Modify procedural plan as needed for future procedures

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PRN Program: Procedural Pain

Key Points

Having a pain treatment plan allows the team to work together better.



- There are short and long-term effects of unmanaged procedural pain in children.
- Managing procedural pain includes treating pain, anxiety (fear) and behavioral distress .
- Parents want to be involved and have a role in procedural pain management.
- Decreasing child distress can increase procedural success (fewer pokes).
- Consider Nitrous oxide or procedural sedation



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ASK: Are there any questions?

[45 MINUTE SESSION COMPLETE]