



# Helping School-Age Children Cope with Pain

*Below are some of the non pharmacological pain management strategies that may be helpful for school-age children depending on their individual developmental needs, medical status and caregiver availability.*

## School-age Development

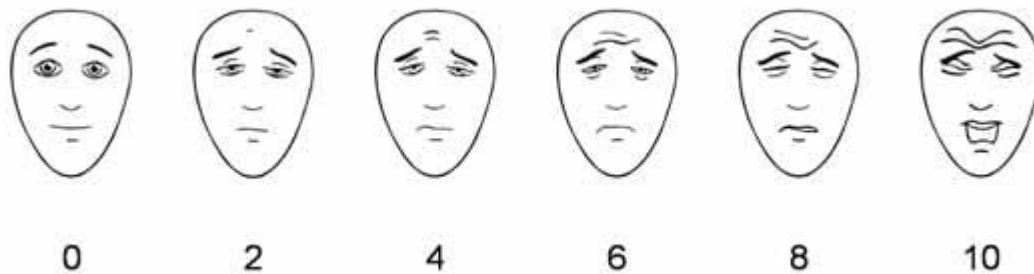
### *6 - 12 Years Old*

- School-age children learn by engaging in social activities and forming relationships with peers.
- School-age children are developing the cognitive ability to understand concrete concepts, in a logical and organized manner.
- School-age children develop a sense of accomplishment by receiving opportunities to achieve and compete.

## How School-age Children Perceive & Express Pain

*School-age children are able to talk more directly about the cause, type, and amount of pain.*

- Past experiences of being held down and loss of control may result in fear of future painful procedures.
- Common behaviors of a school-age child experiencing pain may include: holding still or guarding the area that hurts, flat-faced expression, facial grimacing, emotional withdrawal, irritability, restlessness, disrupted sleep, and nightmares.
- This time in a child's development allows for the ability to rate their pain using a number scale or an expressive face scale, which corresponds to how they feel.
- Provide school-age children with specific pain language descriptors to help the medical team identify and treat the correct sources of pain. Descriptors may include "burning", "cramping", "achy," "sharp," or "dull".



*(Helping school-age children cope continued on other side)*

## **Helping School-age Children Cope**

- ***Familiar Person/Parental Presence***
  - Include parents or familiar person in preparation, comfort holds, and distraction/support as it allows the school-age child to feel safe
- ***Preparation/Medical Play***
  - Encourage open/honest conversation in age-appropriate terms
  - Incorporate play as effective stress reduction and opportunity for education
- ***Offer Appropriate Choices***
  - Allow opportunity for child to participate in the choice/planning of coping strategies
- ***Comfort Positions***
  - **“The Helping Hold”** Older children sometimes need a sense of security and a sense of control. The adult uses the hugging hold by placing a free hand on the child’s shoulder or arm.
- ***One Voice***
  - Allow for one voice to be heard during procedure to limit excessive noise
- ***Positive Reinforcement***
  - Offer encouragement and praise



## **Distraction During A Painful Procedure**

*Active distraction allows the school-age child to be involved in the experience while re-directing their attention towards an item/activity*

- **Facilitate relaxation: deep breathing exercises; dimming the lights and reducing noise in the room; changing your child’s position through use of pillows or sitting up**
- **Stress ball**
- **Tablet**
- **Reading a book**
- **I Spy Book**
- **Humor/jokes**
- **Sing songs, playing music**

*Rollins, J. (2005). Meeting Children's Psychosocial Needs. Texas: Pro-Ed.*

Hicks CL, von Baeyer CL, Spafford P, von Korlaar I, Goodenough B, The Face Pain Scale – Revised: Toward a common metric in pediatric pain measurement. Pain 2001, 93:173-183. From the *Pediatric Pain Sourcebook*. Original copyright ©2001. Used with permission of the International Association for the Study of Pain and the Pain Research Unit, Sydney Children’s Hospital, Randwick NSW 2031 Australia. Version : 24 Sep 2001

***Please call your Child Life Specialist for further non pharmacological pain management strategies and support for medical procedures at 312.227.3270.***