



Helping Adolescents Cope with Pain

In addition to medications, adolescents may benefit from using these strategies to manage pain that is unique to their developmental needs, medical status, and caregiver availability.

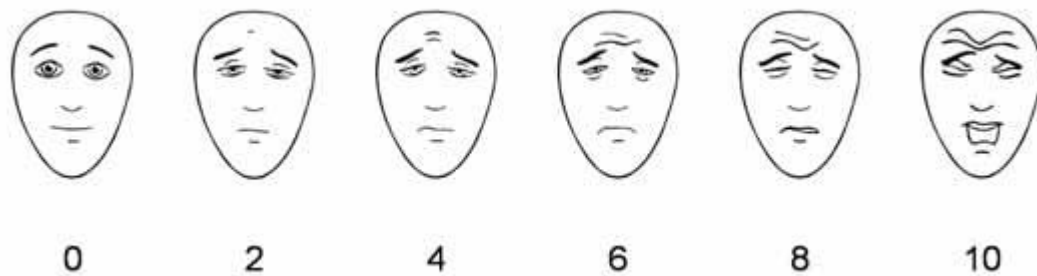
How Adolescents *Develop*: 12-18 Years Old

- Adolescents are capable of abstract thought. They learn about their world by brainstorming different solutions and outcomes.
- Adolescents seek to be responsible and independent to develop their own personal identity.
- Adolescents are more self-aware of physical appearances and changes. They require privacy to promote self-confidence.

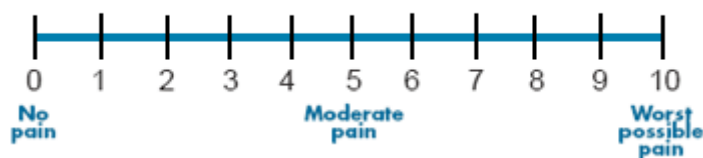
How Adolescents *Perceive* Pain

Adolescents describe the intensity and location of pain, but often avoid voicing their pain to try to maintain control.

- Adolescents who have had multiple procedures often have increased fear and anxiety.
- Past experiences of loss of control, like being held down, may make adolescents apprehensive of future procedures.
- Adolescents rate pain with special tools, like facial expressions or giving a number on a scale to 10.



0-10 Numeric Pain Rating Scale



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

Helping Adolescents *Cope*

Allow adolescents to speak directly with their medical team to understand the reasons behind a procedure or treatment, and be involved in the decision-making.

- **Respect privacy and vulnerability before, during, and after**
 - Knock before entering a room
 - Minimal number of staff present
- **Preparation**
 - Allow an opportunity for questions
 - Explain the procedure in age-appropriate terms
- **Encourage the verbalization of pain**
- **One voice**
 - Allow for only one voice during the procedure to limit excessive noise
- **Positive Reinforcement**
 - Offer encouragement and praise

Distraction During a Painful Procedure

Encourage adolescents to select individual preferences for their procedure.

- **Distraction**
 - **tablet, music, video games, movies, stories, and art activities**
- **Stress ball**
- **Deep breathing**
- **Progressive Muscle Relaxation**
 - **Tightening and relaxing muscles to relieve tension**
- **Guided Imagery**
 - **Promotes use of imagination and focused concentration on a story or script**

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

Adapted from Jacox, A., Carr, D.B., Payne, R., et al. Clinical Practice Guideline Number 9. Rockville, MD: US department of Health and Human Services, Agency for Health Care Policy and Research; 1994. AHCPR publication 94-0592

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