



PAIN, ANXIETY, AND SEDATION IN THE ED

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We do a lot of painful things in the ED!

- Effectively treating pain in a child involves more than just medications
- Pain is a complex experience that can affect the physical, mental, and emotional well being of a patient and family
- We must give appropriate consideration to a child's age and developmental stage
- In order to help a child in pain, it is essential that both parents and the medical team encourage and promote *communication* about pain so that proper pain *management* tools can be provided

How do we assess pain

- FLACC
- FACES
- Numeric scale

For infants

- Kangaroo care
- 5 S's
- Utilizing sucrose solutions such as SweetEase during procedures
- Preventing overstimulation by reducing noise and lighting

For toddlers

- Distraction: Blowing bubbles; watching cartoons; listening to music or singing songs
- Engaging in play with colorful and interactive toys
- Comforting with familiar items such as toys or stuffed animals from home

For preschoolers

- Distraction: blowing bubbles; playing with interactive toys; listening to or playing music; creating art
- Slow, rhythmic breathing –Bubbles, toy whistles, party blowers, pinwheels, & harmonicas can assist children in taking deep breaths to facilitate relaxation

For school-age children

- Distraction: music, video games, movies, television, stories, puzzles, & art activities
- 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
- Guided Imagery: Promotes use of imagination and focused concentration on a story or script

For adolescents

- Distraction: music, video games, movies, television, stories, puzzles, & art activities
- Encourage appropriate verbalization of pain: Adolescents are able to describe pain, intensity, and location but often avoid disclosing pain in order to maintain control.
- Progressive Muscle Relaxation: Tightening and relaxing muscles to relieve tension
- Guided Imagery: Promotes use of imagination and focused concentration on a story or script

“Since it has been proven that **anxiety** and **pain** are increased when the patient feels a **lack of control**, encouraging children to participate in non-pharmacologic therapies can help them regain some measure of control and shift their focus away from their pain, thus inducing a more relaxed state.”

(Pederson, 1994)

What can you do?

- **Talk to kids at eye level**

- *Getting to a child's eye level whenever appropriate can help significantly reduce their feelings of vulnerability and stress*
- *It also helps older children feel respected and included in their medical care.*

- **Don't say "don't cry"**

- *Replace phrases like, "Don't cry!" with, "It is okay to feel scared, but we're here to help you feel better!"*
- *This helps acknowledge appropriate coping reactions without negating their feelings.*

- **One Voice**

- *Allow one person to be the voice for the room.*
- *When there are several staff members attempting to support a patient, the chorus of voices can be overwhelming and actually increase a child's anxiety.*

Language tips

- You DON'T have to say it hurts. Hurt is a relative word. It's better to say or use descriptive words.
 - *“Some patients say it feels like...and others say it feels like...” (this helps YOU the caregiver to be seen as truthful).*
- Be careful of medical terms we take for granted (MRI, CT, IV).
- Don't use phrases “Be a big girl/boy” or “Big girls/boys don't cry”
- Give kids an achievable goal: “Your job is to hold still. It's okay to say ‘ouch’ or even cry, but your job is to hold still.
- DON'T LIE TO PATIENTS, i.e, “this won't hurt.”

Coping vs Distress

- Coping can look different for everyone
- Coping may include crying, yelling, or screaming, but still complying with instructions
- Distress may also include crying, yelling, and screaming, but may include avoiding, bartering, or prolonging procedures

What about pharmacologic intervention?

- Acetaminophen
- Ibuprofen
- What other medications do you use and when?

What about anxiety?

Who are your resources?

Some information on specific procedures you may encounter

- Lacerations
- LPs
- Fracture reductions

Laceration preparation

- Staff to have on hand
- Papoose or no?

LP preparation

- Staff to have on hand
- Positioning

Fracture reduction preparation

- Pain control
- Staff
- Preparation on your part

One more thing...

- <https://implicit.harvard.edu/implicit/takeatest.html>