



MeritCare
Children's Hospital

Pain and Comfort Measures

Our commitment to pain management:

We believe that children have a right to the best level of pain relief that we can safely provide for them. We will take a team approach to pain and anxiety management through the use of drug and non-drug therapies. Our goal is that our staff will work together with patients and/or families to evaluate pain promptly and to treat it effectively and safely.

What are some causes of pain?

Many things, including the following can cause pain:

- Surgery – the incision or opening made during the surgery and or the stretching or swelling of the tissue or organs involved in the surgery.
- Procedures like starting an IV (inserting a small tube into a vein) or drawing bloodwork
- Orthopedic or urology procedures can cause muscle spasms or cramping.
- A tube left in the body after surgery can cause pain.
- A NG (nasogastric) tube can irritate the throat.
- Air or blood in the abdomen or chest is painful. Sometimes this is felt in places that are not near the surgical site, such as the shoulders or back (this may be called referred pain).
- Sore muscles from positioning during surgery, stretching, overuse or being in bed for a long period of time can cause pain.
- Nerves that sense tissue damage or swelling can cause pain.
- An achy feeling that could be the result of a virus or bacterial infection can cause pain.
- The combination of physical and emotional discomfort can show as pain.
- If your child has abdominal surgery, the bowels may stop working for a couple of days as the result of the surgery. The gas pains that can occur can be severe.

Pain can be treated and we want to do all we can to increase your child's comfort.

How do we know a child is in pain?

Your child may be able to tell us where they hurt and how it feels. If they are unable or reluctant to talk with us, we can look for clues by certain behaviors that the child is expressing.

We also have special tools that we can use to measure pain. Some of these tools have the caregiver look at behaviors to recognize pain and others have the child (based on their developmental level and also their sedation level) rate their pain using a number scale or an expressive face scale to give a number to where they feel their pain level is.

What are some sign or clues that a child is having pain?

Signs or clues may be different for different age groups. Some of the signs or clues are listed below.

Babies use a combination of behaviors to let us know they are having pain. These signs may occur when the baby is not having pain, but combinations are usually present in a baby that is having pain.

- Irritable, restless
- Whimpering, crying continuously or intensely
- Facial grimacing

- Clenched fists
- Body is held rigidly
- Refusal to eat
- Unable to sleep
- Drawing legs up to chest

Toddlers may:

- Describe the pain
- Cry
- Be restless or irritable
- Facial grimacing
- Keep their body rigid, refuse to crawl or walk
- Become frustrated more easily than usual
- Be more aggressive than usual
- Be unable to sleep

Preschool children may:

- Describe the pain
- Facial grimacing
- Keep their body rigid or refuse to move
- Not want the area touched
- Cry
- Be restless or irritable
- Have nightmares
- Hesitate to admit pain if they view punishment or fear what you will do for the pain

School-age children can talk more openly about the cause, type and amount of pain they are having. Common behaviors may include:

- Holding still in guarding the area that hurts
- Have a flat affect
- Facial grimacing
- Withdrawal emotionally
- Restless, thrashing
- Irritability
- Normal sleep pattern is disrupted
- Nightmares

Teens may show a combination of adult and child like behaviors. Look for:

- Change in activity level
- Decrease in level of cooperation they give
- Change in eating or sleeping pattern
- Irritability or restlessness
- Anger or withdrawal

What can I expect while my child is in the hospital?

You can expect that we will try to make your child as comfortable as possible. We will try to keep the side effects from the pain medicine to a minimum. Unfortunately, there are times that the pain and discomfort may not go away completely. We will do our best to make your child's experience the best it can be.

How is pain treated with medicine?

There are many kinds of pain medicines that can be used. Which medicine is best will depend on many things including the cause and type of pain and how long it will last. Some medicines that may be used are described below.

Anesthetic cream, EMLA can be put on the skin to numb it. We may do this before a needle is inserted into the skin, such as for a shot, for bloodwork or when an IV is being placed. It has to be in place for about 60 minutes in order for it to work best. It doesn't prevent all discomfort, but does help to reduce it.

Nitrous Oxide – is a gas that may be used for minimal sedation when doing some painful procedures like an IV start, catheter placement, etc. It is used in conjunction with diversion, distraction and/or guided imagery. It doesn't prevent the discomfort of the procedure but may change the child's perception of the experience.

Non steroidal anti-inflammatory drugs (NSAIDS) reduce pain and inflammation. They can be bought over the counter and help manage mild to moderate pain. They should be taken with food whenever possible to reduce the side effect of stomach discomfort. Ibuprofen (Motrin® and Advil® are a couple of brands) is an example of an NSAID.

Acetaminophen (Tylenol® or another brand) is another over the counter medicine that can be used to manage mild to moderate pain. It has fewer side effects than NSAID's but doesn't reduce inflammation.

Opioids are strong medicines that are used to treat moderate to severe pain. They may be given IV or taken by mouth. Some of the side effects of opioids include itching, nausea and constipation. They can cause sleepiness and slower breathing. Sometimes NSAIDs or acetaminophen and opioids are used together. When opioids are taken by mouth they should be taken with some food to try to prevent or decrease nausea.

In the hospital there are some options for receiving pain medicines. A patient- controlled analgesia (PCA) pump may be used; the child pushes a button to deliver a controlled amount of pain medicine. Some patients that have had surgery may have a small tube placed in the epidural space next to the spinal cord and have medicine sent directly to the nerve endings.

Staying on a regular pain medicine schedule may be very helpful to control pain. For the first day or so a regular schedule should be followed when giving your child pain medicine. This will help to keep the pain from getting out of control. It is easier to stay ahead of the pain than to catch up; and it takes less medicine to stay comfortable.

You should not worry about your child becoming addicted to pain medicine. This is very rare, unless the child already had a problem with drugs or alcohol. Once the child's pain gets better, most children use less pain medicine. They usually don't like the way the medicine makes them feel when they no longer need it for pain.

What are some things that parents can do?

Parents play a very important role in pain management. You know your child better than anyone; you can help us to make decisions about how to best manage your child's pain.

To help your child to cope with pain you can:

- Be there or ask others who know your child to visit.

- Tell the staff if you feel your child's pain is not being controlled, or if they are ready to have their medicine decreased because they are too sleepy.
- Acknowledge your child's pain. Use words that convey support, love, encouragement and understanding. Remind them that their pain is being treated.
- Give your child as much control as possible; offer choices that are realistic.
- Praise them even for small successes.
- Use routine calming activities before and after a stressful event.
- Encourage them to move. Moving about even in bed will help to prevent the back and muscle aches from lying around. Having your child move around is also the best way to help relief gas pains after abdominal surgery.
- Holding, patting, rubbing and stroking are examples of touch that can communicate support and comfort without words. Patting works well with infants and younger children and may remind them of comforting routines at home. Rubbing and stroking backs, arms, legs or feet helps the child to focus on something that may be pleasant.

What do we as parents do when we go home?

Follow your doctor's instructions about giving pain medicines. Give the medicine as soon as the pain starts, remember that severe pain is harder to take away. Be sure to give medicine at bedtime to promote comfortable sleep. Some medicines may need to be given round the clock – this schedule will be explained to you if it is needed.

Be sure to call the doctor if the medicine doesn't seem to help the pain or if the pain becomes worse, if your child is too sleepy, if your child is not making sense when they talk, if your child is having a lot of nausea or itching, if your child is having trouble going to the bathroom. If you call your doctor about pain you might be asked about fever, how severe the pain is based on your scale, and what the wound or surgical site looks like (if there is one).

Questions?

This sheet is not specific to your child. If you have any questions or concerns, please talk with the doctor or staff that are working with you and your child.