PEDIATRIC PROCEDURAL PAIN MANAGEMENT

Painful procedures such as venipunctures, a variety of medication administration techniques, and laceration repair are a significant portion of a child’s experience with painful events in the emergency department. Management of procedural pain in childhood is important because children’s perception of pain is influenced by their early pain experiences and can impact their future response to painful events or procedures (Blount, Piira, & Cohen, 2003; Taddio, Katz, Ilersich, & Koren, 1995). Despite considerable research in recent years, pediatric pain is often underestimated and undertreated (Craig & Pillai Riddell) and dissemination of interventions to reduce pediatric pain continues to be lacking (Blount et al., 2003).

Pain is defined by the International Association for the Study of Pain as an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. The inability to communicate verbally does not negate the possibility that an infant, child or adolescent is experiencing pain and is in need of appropriate pain-relieving treatment. There is evidence that even very young children feel pain and can communicate that response in a number of ways. Understanding developmental factors, as well as the interventions that assist children undergoing painful procedures is essential to safe pediatric practice and care.

Barriers to pain relief in pediatric patients include nursing anxiety about drug dosing and adverse effects, a lack of familiarity with pediatric pain relief strategies, lack of consensus on emergency department pain rating scales, and a misconception that pediatric pain treatment is overly time consuming.

A systematic approach to pain management should include education and the development of protocols that will have a positive effect on the pediatric patient, caregivers and the bedside nurse. Reduction in pain, fear and anxiety of the pediatric patient will enhance family-centered care in the Emergency Department.

It is the position of the Emergency Nurses Association that:

1. Emergency nurses promote family centered care and advocate for the effective use of pain medication for children to ensure compassionate and competent management of their pain.

2. Emergency nurses anticipate predictable painful experiences, intervene, and monitor accordingly.

3. Emergency nurses are knowledgeable about pediatric pain and pediatric pain management principles and techniques.

4. Emergency nurses advocate for pediatric procedures to be performed by healthcare providers with sufficient technical expertise, or who are directly supervised by individuals with technical expertise, so that pain is minimized to the greatest extent possible.
5. Emergency nurses should be involved in research projects that examine issues related to improving pediatric procedural pain management.

6. Pediatric pain levels can be assessed using self-report, behavioral observation, or physiologic measures, depending on the age of the child and his or her communication capabilities.

Resources


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