

Pediatric Pain Sourcebook Submission and Review Form

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Parents are important because they are experts on their child's pain. Children are sometimes too young, too sick or too afraid to say how much pain they have. At these times, parents are the best judges. Parents know more about comforting their own children than anyone else. Parents can teach their child to relax or to distract themselves. Parents' advocacy has resulted in major improvements in pain management.

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PAIN, PAIN, GO AWAY: HELPING CHILDREN WITH PAIN



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Introduction

This booklet was written to teach parents about pain in children and to help them to ask for better care. Parents are important because they are experts on their child's pain. Children are sometimes too young, too sick or too afraid to say how much pain they have. At these times, parents are the best judges. Parents know more about comforting their own children than anyone else. Parents can teach their child to relax or to distract themselves. Parents' advocacy has resulted in major improvements in pain management.

Pain is a part of life. Sometimes it is useful and can be a warning of danger, injury or illness. Children learn to avoid danger because of pain. A baby's crying warns parents to find out what is wrong. The very rare children who cannot feel pain often cause themselves serious harm. Some pain, such as pain from surgery or from needle, is not a warning. It serves no useful purpose.

Pain should be treated. Untreated pain causes anxiety, depression, irritability and exhaustion. Pain can also cause problems with eating and sleeping. Pain may cause children to act in "babyish" ways.

Pain causes changes in the brain that make future pain worse. Pain can slow healing, disrupt treatment and may cause medical problems. Pain that is not controlled makes children afraid.

Until recently, very few health professionals were well educated about pain in children. Because of this, professionals may be unaware of the latest research on pain.





What is pain?

Physical pain is an unpleasant feeling that comes with physical injury, damage or disease. For example, pain often happens with a cut or a needle. Some pain, such as pain from a migraine headache, may happen without any obvious damage to the body.

Emotional or psychological pain is important, but this booklet deals only with physical pain.

Some doctors used to think that infants and very young children did not feel pain. Even very premature babies feel pain. Young babies may be more sensitive to pain because the nerves that control pain are not fully developed.

Sources of pain

Injuries are the most common cause of pain in children. Ordinary bumps and scrapes cause minor pain. Some injuries cause serious pain.

Stress can trigger headaches and tummyaches. Not all headaches and tummyaches are from stress, however. Pain that comes from stress is real and hurts just as much as other pain.

Children may have pain from medical tests and treatments. Needles used to take blood or other body fluids for tests are common. Medicine given by needle can burn. Surgery causes pain.

Arthritis, cancer, sickle cell disease and other diseases cause pain. Children often have headaches, abdominal pain or leg pains that come and go. These pains may be a sign of serious disease or they may be painful but harmless. If you don't know what is causing these pains, it is best to see a doctor.





Measuring pain in children

There are three ways to find out how much pain a child has. These are: what a child says, what a child is doing and how the child's body is reacting.

What a child says

The best way to measure pain is to ask the child how much he or she hurts. Only the child with pain knows how bad the pain is. Children should be asked about pain in ways they understand and encouraged to tell how much pain they have. Children under 4 years of age can often tell us that they are hurting. However, they usually cannot say how much pain they feel. Over 4 years of age, children can often say how they feel by using the Poker Chip method. Children are asked to say how many "pieces of hurt" they feel. One chip is "just a little hurt." The second chip is "a little more hurt." The third chip is "more hurt." The fourth chip is "the most hurt you could have." The child is asked how many pieces of hurt he or she has. What the child says is checked by saying, for example, "Oh, that means you have a little hurt."



For children over 5 years of age, drawings of pain faces are often best. Children point to a face on the scale that matches how they feel. The child should be trained by asking how he or she would feel following some minor pain. The child is asked about how much a more serious pain would hurt.

Children who are 6 or 7 years old can use words such as "no pain", "a little pain", "a medium pain", "more pain" and "the most pain possible". Children of this age can also say how much they are hurting by rating their pain on a 0-10 (or 0-100) scale. Zero is no pain and 10 (or 100) is the worst possible pain.

What a child is doing

Often children show their pain by crying, making a "pain" face, or by

holding or rubbing where it hurts. Children may also be less active and sleep or eat less than usual. A child can have pain and not show it. Some pains that are short and sharp, like needle pain, cause more change in behavior. Pain that lasts longer than a few hours may cause few changes in behavior.

A child's behavior can change for reasons other than pain. Sometimes, children cannot talk about their pain. Parents are likely to be the best judge of what changes in behavior suggest pain.

How the child's body is reacting

Heart rate, blood pressure, skin sweating and the amount of oxygen or carbon dioxide in the blood change in response to short sharp pain. However, these changes usually don't last long. These biological measures can also change because of anxiety, hunger or because of some medical condition.

Measurement of pain in babies, especially sick babies, is perhaps the most difficult of all. Changes in heart rate, changes in the amount of oxygen in the blood and changes in facial expressions are the most widely used.

Although there are problems, pain measurement should be done regularly and recorded in the child's medical chart.



Pain management

In this section we will deal with some general principles. We will discuss treatment of short sharp pain and then treatment of postoperative pain. Psychological, physical and medical treatment of pain will be covered.

When we know ahead of time that something will be painful, we should do everything we can to prevent the pain. For example, needle pain can be prevented with a local anesthetic cream on the skin. Some surgical pain can be avoided by giving an anesthetic block before surgery.

It is usually better to use more than one treatment for serious pain. This might include a combination of different drugs given in different ways as well as psychological methods.

Treatment of short sharp pain

Needles to give medicine, to give intravenous fluids, or to take blood or spinal fluid often cause short, sharp pain. Some children say that finger sticks hurt as much as bigger needles.

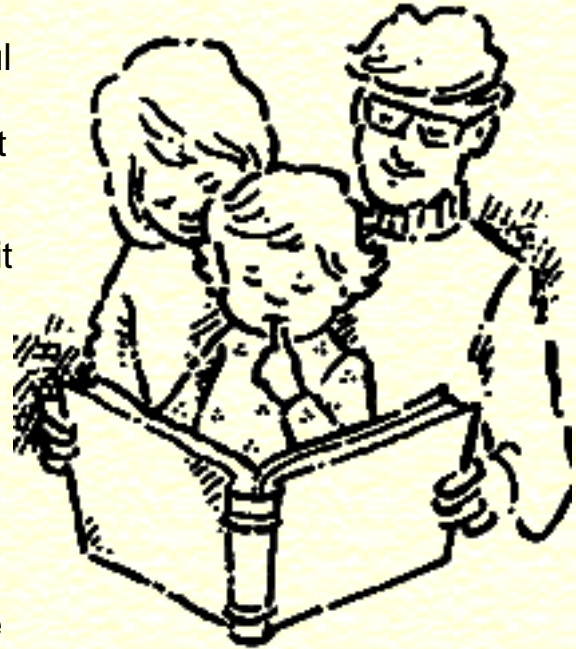
Psychological and physical methods

Having a **parent** or other loved one present may be the best psychological treatment for pain. Children feel more secure with their parents there. Generally, parents should be with their child during procedures. Parents can comfort their child or use other means to help the pain.

Children need simple accurate **information** about what is going to happen. Don't lie to children about painful procedures or use needles as a threat. Lies and threats teach children to distrust and be fearful.

Tell the child what will happen and what it will feel like. Explain things slowly, in small bits, and repeat as often as needed. Let the child know that you understand how he or she feels.

Children should be helped to **ask questions** and **express feelings**. It is okay for children to show that they are afraid. Dolls, puppets or drawings can be used to explain procedures. Children can also express how they feel using these methods. Children should be praised for doing their best. It is okay to give a child a small treat for cooperating with a procedure.



Giving a child some **control** over treatment usually helps reduce pain. For example, a child who decides whether to sit in a chair or a lap for an injection will probably feel less pain than a child who has no choice. Even very young children can decide which finger to have pricked.

Deep and steady breathing can help reduce pain and gain self control. Teach this by asking the child to breathe out, and let go of the tension or scary feelings with each breath. Then the child is told to breathe in deeply and slowly. Older children can breathe in and out for the count of three.

Younger children can be taught to breathe deeply and blow the pain away by blowing bubbles made from liquid soap. Parents can help by participating and making it fun.

Distraction is a good way to keep a child's mind from pain. Talking, video



games, breathing exercises, television, music, pop-up books, reading and being read to are all distractions.

Children can use their **imaginations** to change from being anxious and frightened to being relaxed and calm. Absorbing and focusing the child's attention on a familiar past activity, or telling or reading a favorite story can

help. Storytelling absorbs children's attention.

Children can often use **suggestions** for pain relief such as, "Let the pain just drain away down and out of your body into the bed and away... good... that's it, let it go." Use the child's own language and the child's favorite activities or experiences.

Relaxation is useful for adolescents. Special teaching can be given by a psychologist, nurse or other health professional. Relaxation can reduce anxiety, nausea and vomiting and pain.

All children must **play**. Even the most ill child can play in some way. Playing allows children to understand their world. Play helps us to understand children. Children relax and forget their worries when they play. Remember, a child who is playing may still be in pain.

Touch is important for all children, particularly young children who understand the world through touching and seeing. Touch must be comfortable. Touching includes stroking, swaddling, holding, rocking, caressing, cuddling and massaging. Cuddling is nature's own pain remedy. Gently rocking a child while singing or talking softly is used all over the world.

Heat, cold and vibration can relieve pain. Ice wrapped in a cloth eases some disease and procedure pain. Heat is useful for muscle pain. Take care not to injure delicate skin. Vibration, either by gentle tapping or some other mechanical method, can block pain.

There are many simple pain control methods we can teach children. Once they learn the methods, children below about 8 years of age will usually

need a parent or other coach present during painful procedures. Older children often can use these techniques on their own. Psychological and physical methods alone will not usually be enough for strong pain.

Medicines

Any time a needle pierces the skin, such as when placing an intravenous or doing spinal tap, pain results. A cream called EMLA is available in the U.S. for patients over one month old (it is available in Canada for children over 6 months of age, without a prescription). It can be prescribed by your child's doctor and put on the skin one to two hours prior to the procedure at the hospital or at home. The EMLA is then covered with an airtight bandage. This will numb the skin and make the needle painless. If there isn't time for EMLA to be used, a local anesthetic can be injected using a small needle.



Sometimes the procedure is more involved and local anesthetic alone will not give enough pain relief. A bone marrow biopsy for a child with cancer is a good example. In these situations sedation should also be used. A specially trained professional (often an anesthesiologist or a pediatrician) will give carefully adjusted doses of intravenous medicine to make the child very sleepy and pain free. If the child is drowsy but awake, this is called

conscious sedation. Deep sedation is when the child is asleep for a short period.



Treatment of specific types of pain

Postoperative pain

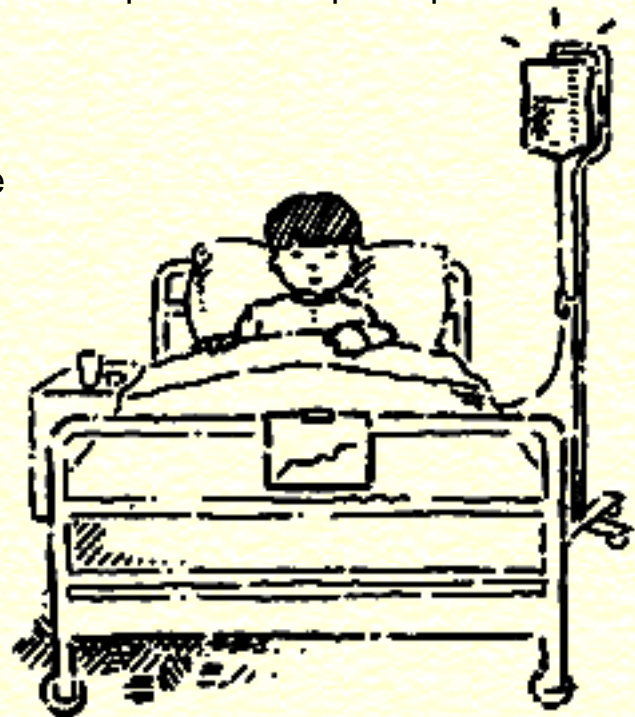
Most surgery causes some pain. Some surgery is very minor and requires less pain medicine. Other surgery needs active care to prevent and to treat pain. No matter what kind of surgery a child has, most postoperative pain can be prevented or, at least, reduced. There are many medicines and methods which can be used to treat pain but there are just a few simple things to remember.

The psychological and physical methods used for short sharp pain are useful for postoperative pain. They can make a child much more comfortable. However, most postoperative pain also requires pain medicines.

Medicine for pain should be given on a schedule such as every 4 hours. Sufficient medicine should be given often enough to control the pain. The amount of pain changes rapidly over the first few days after surgery. Therefore, the amount of pain should be checked often. Otherwise, the child may get too much or too little medicine. Pain medicine should be used to keep pain away, not to "catch up" with pain that is already severe.

Medicine for pain from small operations can usually be given by mouth. Acetaminophen (e.g., Tylenol, Tempera, Panadol) is most commonly used for minor pain and is safe and effective. The dose for average-sized children of different ages is printed on the package. Acetaminophen can also be given by rectal suppository. Once you have given the correct dose of acetaminophen for the size of the child, it does not help to give more. It may be dangerous to do so.

Other anti-inflammatory drugs, such as ibuprofen, are useful after some surgery, and may be suggested instead of acetaminophen. If acetaminophen is not strong enough, the doctor may prescribe an opioid



(also called a "narcotic") like codeine or morphine. This should also be given every four hours. Opioids and acetaminophen work in different ways. Together they are more effective than either one alone.

Many parents fear opioids. Parents worry that a child who takes a "narcotic" will become addicted or learn to rely on drugs. Some parents are afraid that a medicine will not work later if it is given too early. These concerns are not supported by fact and should not interfere with pain management. "Narcotics" or opioids are safe if used under a doctor's direction for pain. Strong pain requires strong medicine.

Codeine and morphine doses can be adjusted. Usually, after the first few days, as the body heals, the pain will start to decrease. The amount of codeine or morphine can be less. Usually, the child becomes sleepy and drowsy if more opioid than needed is given. Acetaminophen does not make children sleepy and can be taken as a regular dose as long as there is any pain.

Children must understand that their pain will be taken seriously. They must know that their parents, nurses and doctors will do their best to stop the pain. They must also know that the pain treatment won't be worse than the pain itself. In other words, it is not a good idea to give pain medicine by needle.

Severe pain, such as from major surgery, may need other methods of pain control. An intravenous (IV) is a tube connected directly to the vein. A continuous infusion or flow of morphine through an IV can be used to keep a constant level of the medicine in the child's blood. The flow is adjusted by the nurse as the pain level changes.

Patient controlled analgesia (PCA) uses a computer to deliver medicine through the child's IV. When the child starts to feel pain, he pushes a button and receives a small dose of medicine. Children as young as five years of age can use this method.

A "regional" block with a local anesthetic can be used to control postoperative pain. These are used only for some types of surgery, but can be very helpful. A caudal block numbs the lower half of the body. It is used for hernia repairs, circumcisions and some types of leg or foot surgery. An epidural block is different but can give continuous pain relief for several days in hospital. Various pain medicines can be used in an epidural.

Other nerves can also be blocked or "frozen" at the time of surgery. Local anesthetic injected into the incision will reduce postoperative pain. Even when these techniques are used, regular acetaminophen or acetaminophen and an opioid will often be needed once the block wears off.

Cancer pain

Children with cancer may have pain from the disease, from the cancer treatment and from the many needles that come with treatment. We have already talked about how pain from needles can be prevented.

Disease and treatment pain can last a few days or many months, but they are usually not difficult to treat. The same methods are used as in postoperative pain. Medicine is given regularly, in doses that will keep the pain away. Regular pain checks are very important, so that the doses of pain medicine can be adjusted. Usually this pain doesn't change as quickly as postoperative pain, so it should be even easier to keep it under control.

Burn pain

Burns are often painful, with both long lasting pain and painful dressing changes. Treating long lasting pain is like treating postoperative pain. Treating pain from dressing changes is the same as for short sharp pain.

Other pain

Other chronic or long lasting pains can occur in children. Reflex sympathetic dystrophy, sickle cell disorder, fibromyalgia, recurrent abdominal pain and headache are a few examples. Treatment will depend on the specific condition and the child's needs.



Where to get advice

Advocacy for pain relief in children

Many children have pain and are not adequately treated. Children in hospitals are at particularly high risk for pain. Although not all pain can be eliminated, almost all pain can be reduced. Pain management is the responsibility of all health care professionals. It is an ethical and moral responsibility. Hospital policies should be developed to ensure that pain is routinely evaluated and treated. More research and training on children's pain are also needed.

Often pain is well managed. However, if a child is suffering significant pain, for any reason, more help is needed. In these cases, a pain team may be useful. The team may include pediatricians, anesthesiologists, nurses, psychologists, social workers, child life workers, physical and occupational therapists, clergy and others. The specialists will often suggest a combination of treatments.

What to do if your child is in pain

If your child has a lot of pain, it is likely that more can be done to help. The first step is to tell your child's doctor or nurse what your concerns are. Ask what more can be done for your child to control pain. You may want to ask about some methods discussed in this booklet. If you are still concerned about your child's pain control, ask for a meeting with the doctor. List your concerns as clearly as you can. Be constructive in your approach. Seek to form a partnership with the health care team in managing your child's pain. If you are not satisfied with what is being done, some type of formal complaint may be unavoidable.



A second way is to talk with other parents about how pain is managed in your children. There are education and advocacy groups for children's health. The Association for the Care of Children's Health, which published this booklet, is

one group. Parents can learn from each other how to get better pain management. Experts can be invited by your group to talk about the latest in children's pain control. There are some excellent publications. For example, the U.S. Department of Health and Human Services, Agency for Health Care Policy and Research has developed guidelines for pain management. These guidelines establish a "standard of care" that should be followed. You can get a copy from the hospital library or directly from the government.

A third method is to work with the professionals treating your child to make changes in the way the hospital or agency manages pain. Together, you can decide what needs to be done and draw up a plan of action. This may include talking to hospital administration and insurance companies. Pain management is the right of every child. Parents working with health providers are the best advocates for this right.

Further reading

Acute Pain Management Guideline Panel, (1992) *Acute pain management: Operative or medical procedures and trauma. Clinical practice guideline.*, Rockville, MD, Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services. To obtain a free copy write to AHCPH Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907, USA.