

Pain in infants

Our commitment to pain management

We believe infants and children have a right to the best level of pain relief that can be safely provided. Therefore, we take a team approach to pain and anxiety management, using drug and non-drug therapies. Our goal is to have staff and families work together to evaluate pain promptly and treat it effectively.

Do infants have pain?

Even though infants are still developing and cannot tell us about their pain, they do feel pain, and their pain can be treated. The health care team wants to do all they can to relieve pain and make your baby comfortable.

Why do infants have pain?

Pain can have many causes, including:

- soreness after surgery caused by:
 - the incision (opening made in surgery)
 - stretching or swelling in tissue or organs
- procedures such as starting an IV or drawing blood for a lab test
- nerves that sense tissue damage or swelling
- an achy feeling that can be caused by an infection
- sore muscles from being in bed for a long time
- discomfort from tubes
- skin abrasions or sores

How do we know an infant is in pain?

Infants cannot tell us about their pain in words, like older children, but they do give us clues by certain behaviors. We can measure pain by observing behaviors or vital signs (heart rate, breathing rate, blood pressure) to help decide if the infant is having pain.

How do infants act when in pain?

Infants will act differently when they are in pain than when they are comfortable. Each infant will respond individually and may be inconsistent in how they react from time to time. Look for clues listed below.

Infants use a combination of **behaviors** to signal pain. These signs may occur when the infant is not in pain, but combinations are **usually** present in an infant with pain.

- **Crying:** The infant may cry robustly. Crying is often increased in pitch and length of time. Babies who are very sick or premature and have no energy may be silent even though they are uncomfortable.
- **Facial expression:** Babies may have a furrowed or deeply wrinkled brow with eyes squeezed shut. Sometimes their chin quivers. Even babies on breathing machines may do this.

- Muscle tension: Infants will tense up their muscles, pulling the arms in and the legs up or sometimes stretching everything out (this is called flailing). They may also clench their fists or keep their body rigid. Infants who are very sick may lose muscle tension and become floppy.
- Infants in pain are also often irritable, restless, may refuse to eat and might be unable to sleep.
- Movement will depend on the infant's health status and energy level. Some infants will squirm and vigorously bend arms and legs. Infants that are frail will be very quiet and not move.
- Sleep/wake patterns: Infants in pain are often fussier and sleep less. Some infants may withdraw and seem to be asleep.

What can parents do?

Parents have a very important role. Because you know your infant best, you can work closely with Children's staff (such as doctors, nurses, or child life specialists) to make decisions about managing pain. You are the best person to help your baby deal with new and difficult situations.

To help your baby cope with pain, you can:

- Be present, or ask others who know your baby to visit.
- Tell the staff if you think the pain is not being controlled, or if your baby is ready to have pain medicine decreased because he or she is too sleepy or more active.
- Use routine calming activities before and after a stressful event: gently patting or massaging your baby, holding, rocking, or talking in a soothing voice. We will help you to decide which methods are the best to help calm your baby.

What can be done to reduce pain?

Non-medicine methods

Pain is both a physical and emotional state. Infants feel pain in their body; they might feel sensations like burning, throbbing, or cramping. They may also have thoughts and memories about pain. Because infants do not yet have language, it is hard for us to know exactly what they think of it. We try to do our best to reduce the feelings and the worry about pain. Some things that can help reduce the feeling of pain are:

- Change the infant's environment. Less noise and activity at the bedside will help calm the baby.
- Sucking on a pacifier can help an infant cope with procedures and other painful events.
- Distractions like using a soothing voice, music, stories, or songs can take an infant's attention away from the pain or the procedure.
- Rhythmic motion – rocking or other slow, steady movement – can help.
- Positioning infants so that they are more contained and move less can be very comforting. Doing Kangaroo Care or skin-to-skin contact can be very soothing.
- Rubbing or gentle massage helps relax the muscles and the nerves that send pain messages to the brain. Then the brain does not sense as much pain.
- Putting something warm or cold, like a warm wrap or an ice pack, on an injured area can reduce pain from inflammation or sore muscles. (This would be done by the nurse.)

We will help you to learn how to use these techniques with your baby.

Medicines

There are many types of pain medicines we can use. Which type is best for your baby will depend on many things, including the type of pain, how long it will last, and the reason your child has pain. Some medicines are described below.

Anesthetic cream, such as EMLA® or ELA-Max®, can be put on the skin to numb it. It is often used before a needle is inserted under the skin, such as an IV. It has to be on for at least 60 minutes in order to work. It does not prevent all discomfort, but helps reduce it. It is not usually used on babies less than 37 weeks of gestation. (See the education sheet, “Anesthetic cream.”)

Treating local pain can be done by injecting lidocaine in a small area before a tube is put in or a procedure is done. This is like using novocaine at the dentist’s office.

Non-steroidal anti-inflammatory drugs (NSAIDs) reduce pain and inflammation. They can be bought over the counter and help manage mild to moderate pain. To reduce stomachache, they should be taken with food or formula when possible. Ibuprofen (Pediaprofen®, Motrin®, Advil®, or another brand) is an example of an NSAID.

Acetaminophen (Tylenol® or another brand) is another over-the-counter medicine that helps treat mild to moderate pain. It has fewer side effects than NSAIDs but does not reduce inflammation.

Opioids are strong medicines used to treat moderate to severe pain, often used after surgery. They may be given by IV or taken by mouth. Opioids can have side effects of itching, nausea, and constipation. Infants will often become sleepy and their breathing can slow down. Sometimes NSAIDs or acetaminophen and opioids are used together. To prevent constipation, your baby should drink more fluids than usual, or may need a stool softener.

After your baby goes home, follow your doctor’s instructions about giving pain medicines. Give the medicine as soon as the pain starts. Severe pain is harder to take away. Be sure to give medicine at bedtime to help your child sleep comfortably. Some medicines need to be given around the clock. Your doctor will tell you the schedule for this if it is needed.

Be sure to call the doctor if the medicine does not seem to help the pain, or if the pain becomes worse. If you call the doctor about pain you might be asked if your child has a fever, how severe the pain is based on how your baby is acting, and what the wound or surgical site looks like (if there is one).

Questions?

This sheet is not specific to your child but provides general information. If you have any questions or concerns, please talk with the doctor or the staff working with your child. Your doctor or nurse can also access other pain experts in the hospital. Good pain management is a team effort.

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