

Quick fact sheet

Current work is focused on simple *needle procedures including;

- lab draws
- PIV starts and PICC placement
- o art lines and art sticks
- o injections(sub Q or IM)

Based on evidence, Children's has adopted the following 4 steps as the standard of care for needle procedures:

1) Numbing the skin (4% Lidocaine cream or J-tips if time critical)

- Apply 30 minutes before needle procedure, warm packs reduce onset to 15-20 minutes
- May stay in place for up to 2 hours, works an additional 60 minutes after removed

Taddio A, Appleton M, Bortolussi R *et al.* Reducing the pain of childhood vaccination: an evidence-based clinical practice guideline. *Can. Med. Assoc. J.* 2010; **182**: E843–55.

Curtis, S., Wingert, A., and Ali, S. The Cochrane Library and procedural pain in children: an overview of reviews. Evid.-Based Child Health 7: 1363–1399 (2012)

2) Sucrose/Breastfeeding (28 Weeks CGA -12 months)

- Sucrose needs to be given 2 minutes before the procedure and then lasts for 4 minutes
- Sucrose requires only a drop or 2 for effect, so it does NOT affect NPO status
- Breast feeding needs to begin 2-5 minutes before the procedure and continue during

Shah PS, Herbozo C, Aliwalas LL, Shah VS. Breastfeeding or breast milk for procedural pain in neonates. *Cochrane Database of Systematic Reviews* 2012, Issue 12.

Stevens B, Yamada J, Lee GY, Ohlsson A. Sucrose for analgesia in newborn infants undergoing painful procedures. *Cochrane Database of Systematic Reviews* 2013, Issue 1.

3) Comfort Positioning

- Infants (0-6 months) swaddling, skin to skin, facilitated tucking and parents holding, while ensuring baby is kept warm all reduce pain in infants
- o Infants and Children (6 months and older) **Upright positions** are preferred, with a parent holding or close by. Avoid laying children flat, as it increases anxiety and pain.

Gray, L, Garza E, Zageris D, Heilman K, and Porges, "Sucrose and Warmth for analgesic in healthy newborns: An RCT." Pediatrics (2015).

Johnston C, Campbell-Yeo M, Fernandes A, Inglis D, Streiner D, Zee R. Skin-to-skin care for procedural pain in neonates. *Cochrane Database of Systematic Reviews* 2014, Issue 1.

4) Distraction

 Distraction items will be available on all units, and staff will encourage use of what patients and families have brought from home (phone, electronics, books, comfort object.)

Lee, G, Yamada, J, Kyololo O, Shorkey A, and Stevens B, Pediatric Clinical Practice Guideleines for Acute Procedural Pain: A Systematic Review, Pediatics, 2014;133;500-515.

For more information, including references and videos go to: www.childrensMN.org/comfortpromise.

PediaLink(LiveWebinar): American Academy of Pediatrics.(44minutes) presentation (Part 1,2 and 3)StefanFriedrichsdorf: Procedural Pain Management in Pediatrics

https://www.youtube.com/watch?v=0k5tne21wmQ&list=PLoE9ettHvT5kxiOiLadzQRUH5cpezgNUI&index=1

^{*}We started with needles because our patients and families identified them as their "worst pain"