

Quick fact sheet

Sucrose/Breastfeeding

- Research shows using 24% **sucrose or breastfeeding** for needle procedures, acts like a pain medication for babies **12 months and younger**, and should be used.
- **Sucrose** needs to be given **2 minutes before** the procedure and then lasts for 4 minutes, so can be repeated as needed.
- **Sucrose** is not swallowed, and requires only a drop or 2 for effect, so it **does NOT affect NPO status or any lab results.**
- **Breast feeding** needs to begin 2-5 minutes before the procedure and continue during the procedure to be effective

For more information about sucrose administration during needle procedures, please watch this 1 minute video clip: <http://vimeo.com/106287905>

Positioning

- Research has shown that the use of **comfort positioning** during needle procedures helps reduce pain and anxiety in pediatric patients, and can be done safely.
- **Upright positions** are preferred, with a parent holding or close by. Lying a child down increases anxiety and pain and should be avoided, unless the child prefers.
- Infants (0-6 months) **swaddling, holding, and warmth** along with rhythmic sounds and **breastfeeding/sucrose** provide comfort during needle procedures.
- **Involve caregivers** whenever possible by instructing them on how best to position or hold their child. There are quick positioning guides in the bedside carts.

For more information about positioning techniques during needle procedures, please watch this 1 minute video clip: <http://vimeo.com/106286515>

Distraction

- Research supports the use of active distraction for children during needle procedures
- Distraction items will be stored in the bedside carts
- **If using in CHILDREN UNDER THE AGE OF 3, adult supervision is required at they may pose a choking hazard in younger children.**
- If the child requires more active engagement please coordinate with Child Life

Quick fact sheet

Numbing the skin

*We should numb the skin before all needle procedures
4% lidocaine cream is our first choice agent*

What if the patients are triaged red or yellow? We have excluded all reds from this process as the focus there is clearly saving a life. With yellows there may not be time to wait for the cream to work, in that case J- tips are the first choice agent.

We are supposed to start using 4 % lidocaine cream as first choice numbing, but I like J-tips better, why can't we just use J-tips? J- tips are one tool to numb the skin, but there are some issues: Not every patient is a good fit for J-tips (they may frighten younger children), they are still in limited supply, and quite expensive. **Currently children who do not receive J-tips receive nothing**, and data shows that both EDs currently use J-tips **less than 40% of the time**. Our goal is that numbing is used 95% of the time for all needle procedures, and J-tips will not meet that need. The 4 % lidocaine has equal efficacy, covers a larger area, and can be used with all ages. The intention is that the cream should be first choice, with J-tips reserved for cases when there is not time to wait for the lidocaine cream to work. Decisions should be made based on clinical situation vs personal preference.

When will we ever have enough time to wait for the cream in the ED?

The cream can be **placed on 2 sites** as soon as the patient is roomed **per protocol** if the RN suspects an IV, lab draw, or injection may be needed. In many cases that will provide ample time before providers see that patients and order initial treatment. It does **take 30 minutes to be effective**, but that time can be reduced to 15-20 minutes by adding a warm pack. It also will not take the full 30 minutes in babies and smaller children as their tissues are thinner and absorb the cream more quickly.

I don't want to use the 4% lidocaine cream because it causes the veins to constrict and will make placing the IV more difficult. The cream can cause vasoconstriction in **some** cases, although it is less frequent with 4% lidocaine than with EMLA. If vasoconstriction occurs, adding a warm pack and tapping will bring the vein back in a few minutes. Research demonstrates the use of the cream actually improves first attempt success rates, and shortens procedure times for IV placement in children. ([Eur J Pediatr. 2013 Feb;172\(2\):265-8.](#))

4 % Lidocaine Quick Facts

- Apply to 30 minutes before a needle procedure for best effect
- Warm packs may be applied to reduce onset of effectiveness to 15-20 minutes
- May stay in place for up to 2 hours
- Continues to work up to 60 minutes after it is removed
- Do not apply to heels, toes, or fingers, those areas have too many nerve ending to numb, so it is not effective