

Questions about the Comfort Promise roll out in the ED

What is the Comfort Promise?

The Comfort Promise states: We will do everything possible to prevent and treat pain .

We have heard from our patients and families that we currently do not do enough to manage needle pain. We also know that when effective comfort measures are not used, pain and anxiety are worse with each subsequent needle exposure.

Evidence recommends the consistent use of 4 strategies to reduce or eliminate needle pain in children:

Numb the skin

Sucrose or breastfeeding for babies 12 months or younger

Comfort Positioning

Distraction

We are already using these things in the ED why do we need a formal roll out?

We collected prevalence data before the event through direct observation, surveying families and chart review (giving credit if strategies were offered but refused).

We currently use or offer:

- Numbing= **37%** of the time (j-tips or 4% lidocaine cream)
- Sucrose = **36%** of the time (when age appropriate)
- Comfort Positioning =**21%** of the time
- Distraction =**28%** of the time

The goal is that these **are offered 95 %** of the time for all patients who are not triaged as reds

We don't have time for all of this the unit is too busy

This a common concern, and one we have heard from other units. What data shows is that the **procedures do not take longer**, and are **often faster**, because the child is calm and more cooperative when these strategies are used. Additionally patient/family and staff satisfaction improves with consistent use of these strategies.

None of these strategies are new, so we worked with members of your staff to distribute tools and resources where they would be most accessible . This should make it easier to include them in your normal work flow, but we will continue to work with you to improve this process.

Most of our families are not capable of helping hold, I have tried before and it does not work, Laying them down is the only way to safely get an IV placed.....

What we have found in other areas is that most families are eager to help and are capable of holding in a comfort position with coaching. This definitely is a shift but possible most of the time. Often you can redirect parents when the tourniquet is placed if limbs start moving. The parents are never in charge of securing the involved limb, just keeping the rest of the child snuggled in and secure. Some staff is already using comfort positioning in the ED successfully and a new positioning book can also help guide you. These are skills which will improve over time, and additional training can be set up with the unit or individuals as needed.