

## Quick Fact Sheet

We have strong evidence based on research which recommends using the following 4 strategies for \*needle procedures:

\*The needle procedures currently included in this process include PIV, art line, and PICC line placements, lab draws, point of care testing, art sticks, and IM injections.

### Sucrose/Breastfeeding;

- **24% sucrose or breastfeeding** for all needle procedures for babies **28 weeks CGA up to 12 months**.
- Both act like a pain medicine for infants during needle procedures.
- **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 drops for effect, so it **does NOT affect NPO status** or any lab results. It is the **taste** that triggers the pain response.
- Use of sucrose does not affect risk for NEC or treatment of NEC.
- **Breast feeding** needs to **begin 2-5 minutes before** the procedure and continue during the procedure to be effective.
- **Breast milk cannot be substituted for sucrose**, it is the act of breastfeeding that creates the pain inhibiting response, not the actual breast milk.

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

### Positioning

- Comfort positioning during needle procedures to help reduce pain in pediatric patients and neonates.
- Most neonates on your units are already positioned beautifully in their isolettes or warmers, but can further benefit from **facilitated tucking** during the procedure.
- Infants who have graduated from isolettes and warmers should be **swaddling and kept warm** during the procedure.
- **Caregivers should be involved** whenever possible, using skin to skin contact or holding their swaddled baby.
- **Skin to skin contact** needs to **start 15 minutes before the procedure** and continue throughout, for best effect.

For more information about positioning techniques, sucrose, and breast feeding during needle procedures, please go to the Children's Comfort Promise page and click on the video link

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under additional resources: <http://khan.childrensmn.org/departments-and-committees/no-needless-pain/>

## Distraction

- The use of active distraction is effective even for neonates during needle procedures.
- For babies **less than 36 weeks CGA**: soft voice, rhythmic sounds, pacifiers, low lights, gentle touch.
- For babies **36 CGA or older**: music, mobiles, toys with lights or sounds, pacifiers, and voice of caregiver, are all options.

## Numbing the skin

### 4% Lidocaine is formulary at Children's

- Babies must be **at least 36 weeks CGA** for use
- Apply 20-30 minutes before a needle procedure for best effect
- Warm packs may be applied to shorten time to 10-15 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 endings to numb, so it is not effective.

### To apply:

- Activate conditional order and remove from pyxis
- For venipuncture, RN to put 4% Lidocaine cream on one to two areas, **20-30 minutes prior** to the procedure
- Considerations when applying 4% Lidocaine cream:
  - Avoid extremity with existing PIV
  - Options of where to apply for labs:
    - 1<sup>st</sup> option - antecubital (side without PIV)
    - 2<sup>nd</sup> option - hand (side without PIV)
    - 3<sup>rd</sup> option - hand or foot (same side but must be BELOW PIV)
- After applying 4% Lidocaine cream cover with:
  - 1<sup>st</sup> option - Plastic wrap
  - 2<sup>nd</sup> option - Tegaderm®
  - Plastic wrap is best due to fragility of newborn skin. If concerned about wrap staying in place, cover plastic wrap with Webril or stockinette.