

# MODULE #4 IMPLEMENTATION; MAKE THE HARD, EASY

Eliminating/reducing needle pain in children

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# RESOURCES



# Resources

## Logistics

- Questions to ask for each strategy
  - Do you have it?
  - If not, what do you need to do to get it?
    - Who needs to approve ?
  - What do you need to provide it consistently?
    - Who orders ?
    - Who restocks ?
    - Whose budget ?
  - Are physician orders in place (if needed)?

# Resources

## Additional considerations

- If materials are re-useable:
  - Who will clean?
  - Where will dirty supplies be placed?
- For the topical anesthetic:
  - Who can apply?
  - Is coordination between staff needed?
  - If so what is the standard work ?

# COMMUNICATION



# Communication

- Consistent messaging is important
- Create a “brand” and stick to it
- Keep messaging simple considering audience:
  - Staff
  - Families
  - Patients
- Be creative and use multi modal communication and levels

# Communication

Consider:

- Web based
- Posters
- Newsletters/ Publications
  - Organization level
  - Units level
  - Professional staff
- Daily huddles
- Nursing shared governance

## 4 STEPS TO MAKE NEEDLES LESS PAINFUL



### 1 NUMB THE SKIN

- Staff will offer and apply before the procedure to reduce pain
- Please ask if you would like more information



### 2 SUCROSE OR BREASTFEEDING

- Reduces pain in babies 12 months and younger
- Sucrose (sugar water) needs 2 minutes to work
- You choose the best option for you and your baby



### 3 COMFORT POSITIONING

- 0-6 months
  - Swaddle and hold
  - Keep them warm
- 6 months and older
  - Upright is best
  - Helpful for parents to be snuggled in or close by



### 4 DISTRACTION

- You know your child best
  - Bring a favorite toy or comfort object from home
- We have additional distraction items available
- Please ask staff about options

Children's  
COMFORT  
PROMISE


We will do everything possible  
to prevent and treat pain.

Children's  
MINNESOTA

# Communication

## What needs to be communicated:

- Basics of 4 Strategies
- Any new orders, policies
- Process
- Location and restocking of resources
- Educational materials and opportunities
- Timelines
- Expectations



**Children's  
MINNESOTA**

**Children's  
COMFORT  
PROMISE**

*We will do everything possible  
to prevent and treat pain.*

**Quick fact sheet**

We started with needles/needle procedures because patients and families identified them as their "worst pain", including:

- lab draws
- PIV starts and PICC placement
- art lines and art sticks
- injections(sub Q or IM)
- Port a Cath access

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

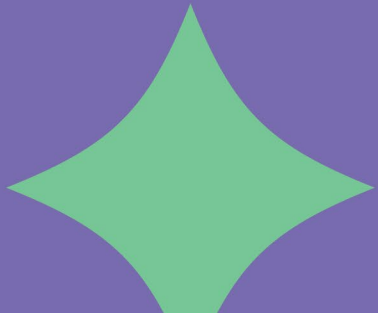
- 1) **Numb the skin (4% Lidocaine cream or J-tips if time critical)**
  - Apply 30 minutes before needle procedure, warm packs reduce onset to 15-20 minutes
  - May stay in place for up to 2 hours, works an additional 60 minutes after removedTaddio A, Appleton M, Kortbeek R et al. Reducing the pain of childhood vaccination: an evidence-based clinical practice guideline. *Can. Med. Assoc. J.* 2010; 182: 2684-93.  
Curtis L, Wingert A, and Ail 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 duringShah PS, Herosco C, Alwalas LI, Shah VS. Breastfeeding or breast milk for procedural pain in neonates. *Cochrane Database of Systematic Reviews* 2012, Issue 42.  
Stevens B, Yamada J, Lee OY, Ohsson 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, parents holding, while ensuring baby is kept warm all reduce pain in infants
  - 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, C, Garcia E, Zageris D, Holman K, and Porges, "Sucrose and Warmth for analgesia in healthy neonates. *Am. J. CT. Paediatrics*, (2013)  
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**
  - Staff will encourage use of items patients and families have brought from home (phone, electronics, books, comfort object) or provide distraction to actively engage patients.Lee, B, Yamada, J, Rykolio O, Shorkey A, and Stevens B. Pediatric Clinical Practice Guidelines for Acute Procedural Pain: A Systematic Review. *Pediatrics*, 2014;133:900-915.

For more information, including references and videos go to:  
[www.childrensmn.org/comfortpromise](http://www.childrensmn.org/comfortpromise).

PediaLink(LiveWebinar)- American Academy of Pediatrics.(44minutes) presentation (Part 1,2 and 3) Stefan Friedrichsdorf: Procedural Pain Management in Pediatrics  
<https://www.youtube.com/watch?v=0k5me21wmQ&list=PL0E9ettHV75kxjOILadQRUH5cpezeNUI&index=1>



# EDUCATION



# Education

## Considerations

- Partner with existing resources
  - Education departments
  - Clinical educators
  - Marketing/communications
  - Family and Youth advisory councils
- Develop materials (FAQs, Tip sheets)
- If videos are used keep them short (1-2 minutes)
- Vet all materials with intended audience

# Education

## Make a plan

- Who needs to be trained ?
- How will training take place?
  - In person
  - On-line
  - In groups
  - Hands on/simulation
- When and where will training take place?
- Who teaches what to whom?

## Education Plan Template

	Role 1	Role 2	Role 3	Role 4
What				
Who				
How				
When				
Where				

# STAGED LAUNCH



# Implementation

- Considerations
  - Have a staged plan for expansion before you start
  - It may be helpful to pilot in “volunteer” department or unit, to work out the kinks
  - Adjust the order as needed but keep moving forward
  - Stress this is not one and done
  - Use continuous process improvement (PDSA)
  - On day of launch staff should have what they need to succeed
  - Make it easier to do it the new way than the old way

# Summary

- Make a plan
  - Communication needs
  - Education needs
    - Staff
    - Patients and families
  - Staged implementation timeline
- Collaborate with existing resources
- Develop materials
- Complete the plan
- Make the hard, easy



# Homework

- Document plan for;
  - Staged launch with timeline
  - Communication
  - Education
- Celebrate Successes!