

Pain in children and adolescents

Children's Comfort Promise

We believe children and adolescents have a right to the best level of pain relief that can be safely provided. Therefore, we take a team approach to pain and anxiety management, using drug and non-drug therapies. With staff, patients, and families working together, we promise to do everything possible to prevent and treat pain.

What causes pain?

Pain can have many causes, including:

- soreness after surgery caused by:
 - the incision (opening made in surgery)
 - stretching or swelling in tissue or organs
- procedures such as starting an IV, drawing blood for a lab test, or getting an injection.
- nerves that sense tissue damage or swelling
- an achy feeling that can be caused by an infection
- sore muscles from stretching, overuse, or being in bed for a long time
- the combination of physical and emotional discomfort

Pain can be treated. The health care team wants to do all they can to relieve pain and increase comfort.

How do we know a child or teen is in pain?

They may be able to tell us where they hurt and how it feels. If they cannot tell us, or if they are reluctant to tell us, we can look for clues by certain behaviors.

We can also measure pain with special tools. The caregiver can look at behaviors or vital signs (heart rate, breathing rate, blood pressure) to help recognize pain. Older children and adolescents can rate their pain using a number scale or an expressive face scale.

What are the signs of pain?

Signs of pain may vary for different ages. Look for clues listed below.

Toddlers (1-3 years) may:

- describe the pain
- cry
- show facial grimacing
- keep their body rigid, refuse to crawl or walk
- refuse to eat or drink
- be more easily frustrated
- be aggressive
- be restless or unable to sleep

Preschool children(4-5 years) may:

- describe the pain
- show facial grimacing
- keep body rigid or refuse to move
- not want the area touched
- cry
- be restless or irritable
- have nightmares, or disrupted sleep
- hesitate to admit pain if they view it as a punishment, or fear the treatment for it
- Refuse to eat or drink

School-age children (6-12 years) can talk more directly about the cause, type, and amount of pain. Common behaviors may include:

- holding still or guarding the area that hurts
- flat-faced expression
- facial grimacing
- emotional withdrawal
- irritability
- restlessness, thrashing
- disrupted sleep
- nightmares

Teens (13-18 years) may show a combination of adult and childlike behavior. Look for:

- change in activity level
- change in mood
- decreased cooperation
- change in eating or sleeping patterns
- irritability, restlessness
- anger or withdrawal

What can parents do?

Parents have a very important role in pain management. Because you know your son or daughter best, you can work closely with Children's staff to help manage the pain. You are an important source of comfort and know how your child may respond to new or difficult situations.

To help your child cope with pain, you can:

- Be present, or ask others who know your child to visit. Your calm presence will help them feel safe and in control.
- Tell the staff if you feel the pain is not being controlled, or if your child is ready to have pain medicine decreased because he or she is too sleepy or more active.
- Give your child as much control as possible; offer choices that are realistic.

- Give praise, even when it's a small success; praise gives encouragement that helps children cope.
- Use routine calming activities before and after a stressful event. Bring a favorite toy, activity, or comfort item from home.

What can be done to reduce pain?

Non-medicine methods

Pain is both a physical and emotional state. Children and teens feel pain in their body, but they also think about it in their head. Some of the sensations they may feel are burning, throbbing, or cramping.

Some of the things they might think are: "Why do I hurt," "How long will it last," "Why can't someone take it away," and "Do I hurt because I was bad?" They might wonder if it will get worse, or if it will ever be gone. This worry or anxiety can actually make the pain seem worse and this, in turn, causes even more worry. How can we break this "pain-anxiety-pain" cycle? Some things that can help reduce worry and pain are:

- Preparation for procedures (according to age and development) helps to prevent emotional and physical pain, and increase understanding and coping.
- Distractions like using a soothing voice, music, stories, or songs can take a person's attention away from the pain or the procedure.
- Rhythmic motion-- rocking or other slow, steady movement can help
- Exercise
- Relaxation techniques such as blowing bubbles, or focusing on deep breathing, can reduce anxiety.
- Rubbing or gentle massage helps relax the muscles and the nerves that send pain messages to the brain. Then the brain does not sense as much pain.

- Putting something warm or cold, like a warm wrap or an ice pack, on an injured area can reduce pain from inflammation or sore muscles.
- Imagery or hypnosis can help people relax and imagine that they are somewhere else.

We will help you to learn how to use these techniques.

Medicines

There are many types of pain medicines we can use. Which type is best will depend on many things including the cause and type of pain, and how long it will last. Some medicines are described below.

Anesthetic cream, such as 4% lidocaine cream, can be put on the skin to numb it. It is often used before a needle is inserted such as an IV start, lab draw, or an injection. It has to be on for 30 minutes in order to work. It may not prevent all discomfort, but it will help reduce it. (See the education sheet “Anesthetic cream.”)

Non-steroidal anti-inflammatory drugs (NSAIDs) reduce pain and inflammation. They can be bought over the counter and help manage mild to moderate pain. To reduce stomachache, they should be taken with food when possible. Ibuprofen (Motrin®, or Advil®) is an example of an NSAID.

Acetaminophen (Tylenol®) is another over-the-counter medicine that helps treat mild to moderate pain. It has fewer side effects than NSAIDs but does not reduce inflammation.

Opioids are strong medicines used to treat moderate to severe pain, often used after surgery. They may be given by IV or taken by mouth. Opioids can have side effects of itching, nausea, and constipation. They can cause sleepiness and slower breathing. Sometimes NSAIDs or acetaminophen and opioids are used together. When opioids are taken by mouth, they should be taken with

food to prevent nausea. To prevent constipation, children and teens may need to drink lots of fluids or take a stool softener.

In the hospital, there are some other options for receiving pain medicines. Children and teens may use a patient-controlled analgesia (PCA) pump in which they push a button to deliver a controlled amount of medicine. Children and teens who have had surgery may have a small catheter (tube) placed in the space next to the spinal cord and have medicine sent directly to the nerve endings. (See the education sheet “Epidural analgesia.”)

After your child or teen goes home, follow your doctor’s instructions about giving pain medicines. Give the medicine as soon as the pain starts. Severe pain is harder to take away. Be sure to give medicine at bedtime to promote comfortable sleep. Some medicines need to be given around the clock. Your doctor will tell you the schedule for this if it is needed.

Be sure to call the doctor if the medicine does not seem to help the pain or if it becomes worse. If you call the doctor about pain you might be asked about fever, how severe the pain is based on your scale, and what the wound or surgical site looks like (if there is one).

Questions?

This sheet is not specific to your child but provides general information. If you have any questions or concerns, please talk with the doctor or the staff working with your child. Your doctor or nurse can also access other pain experts in the hospital. Good pain management is a team effort.

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