

Managing Procedural Pain in Children

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Children and infants, both hospitalised and healthy, undergo various painful procedures daily. This pain if inadequately managed can result in not only short but also long-term deleterious consequences which includes permanent neuroanatomic and behavioural abnormalities. Procedural pain should therefore be optimally managed using a multimodal approach adapted to the individual child in a family centered context. Procedural pain is unique in that apart from the anticipation of pain, there is also fear and anxiety. Thus, the key is preparation of the child and caregiver providing age appropriate accurate information focusing on the whole experience and not just whether it hurts.

Whilst pharmacological interventions like topical anaesthetics, nitrous oxide, sucrose, ketamine, nerve blocks or opioids remain the cornerstone of procedural pain management, these are unlikely to be successful in isolation given that pain, fear and anxiety are closely intertwined. Psychological interventions are thus important to address these aspects in children. Distraction is a very simple yet effective technique which can be easily practised by anyone. Minimal restraint with comfort positioning in an upright position either seated or held by the caregiver is advocated to enhance self-control and to lessen fear. Parental presence is useful to promote and direct pain coping behaviours during the procedure. They can also assist the child to recall and form positive memories after the procedure. Other useful techniques include hypnosis and cognitive behavioural therapy. Sucrose coupled with non-nutritive sucking is useful for those under 12 months of age, as is facilitated tucking, breastfeeding and kangaroo care in neonates.