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	Provision of Care, Treatment and Services	Date Effective:	December 11, 2012
	Procedural Pain Management Guideline	Date of Origin:	July 1, 2002
	Approved By: Clinical Council, CCMC-UCHC NICU Collaborative Group	Date Approved:	October 2, 2012

I. Purpose

The purpose of this document is to provide guidelines for the performance of painful procedures utilizing Connecticut Children's Medical Center's and Connecticut Children's Specialty Group's (Connecticut Children's) philosophy of "Comfort Central."

II. Background Information

Connecticut Children's employs a philosophy of 'Comfort Central' which signifies that all patients have a right to appropriate and adequate pain management during the performance of painful procedures. Patients and their families will be provided education regarding pain management and will be encouraged to participate in care planning and providing comfort during such procedures.

III. Inclusion/Exclusion Criteria/Indications/Definitions

- A. Inclusion criteria: This guideline applies to all Connecticut Children's patients. Interventions may be implemented as appropriate to age and developmental level of the patient.
- B. Definitions: Painful procedures include, but are not limited to:
1. Venipuncture
 2. Intravenous line (IV) placement
 3. Intramuscular (IM) injection
 4. Subcutaneous injection (SC)
 5. Heelsticks
 6. Central venous line placement
 7. Bladder catheter placement
 8. Naso- or oro-gastric tube placement
 9. Wound dressing change
 10. Wound debridement
 11. Lumbar puncture
 12. Thoracentesis, paracentesis, bone marrow aspiration
 13. Tube or drain removal.

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IV. Guidelines

A. Planning for the Procedure

1. Involvement of the patient and family in decisions regarding the management of painful procedures is a key component of every pain management care plan. Patient and family involvement begins with their understanding of the right to optimal pain control during painful procedures and to education about the procedures, pain management strategies and their care plan. The patient's or family's preferences regarding the management of painful procedures shall be solicited and incorporated into the management plan whenever possible. Active participation of the patient and their family in techniques of managing painful procedures shall diminish the pain and anxiety associated with these procedures.
2. The timing of most painful procedures is flexible and adequate preparation can greatly reduce the pain and anxiety associated with these procedures. Staff members involved in performing these procedures shall give adequate notice to the patient and family as well as to the nursing team. This notice shall allow time for preparation of the patient and patient's family, preparation of the procedure room if used, application of topical anesthetics, involvement of Child Life staff and, if necessary, preparation for sedation. Non-emergent painful procedures require time for adequate preparation.

B. Use of Procedure Rooms

1. On the medical-surgical in-patient units, avoid performing painful procedures in patient's beds, rooms or play areas. The rationale for this is that children should have a "safe zone" within the hospital environment where painful procedures do not take place. Procedure rooms are available on each medical/ surgical unit.
2. In general, procedure rooms are not necessary for children under 10 months of age or over the age of 12 years, although the use of the procedure room in these age groups may be desirable by the patient or family.
3. For the majority of painful procedures, the use of the procedure room is recommended, but the final decision to use this room shall be made at the time of the procedure by the nursing and physician staff involved with the patient. Parental or patient preference, patient acuity, patient age, and the procedure to be performed shall all be considered in the decision. If moving the patient to the treatment room poses a risk to the patient or to technology upon which the patient's health or safety depends, use of the procedure room may be deferred.

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C. Child Life Involvement

1. Child Life Specialists are available for consultation to recommend or assist with techniques aimed at reducing pain and/or anxiety at developmentally appropriate levels for each patient. Techniques in which Connecticut Children's Child Life Specialists are trained include, but are not limited to, positioning, holding, cuddling, distraction, guided imagery, relaxation and cutaneous stimulation.
2. Child Life Specialist involvement is recommended for all painful procedures at Connecticut Children's, for both patient preparation prior to any painful procedure as well as for support during the procedure. Specific circumstances for which Child Life involvement is necessary include:
 - a) Preparation for surgery
 - b) Preparation for radiologic procedures
 - c) Patients who have had previous traumatic experiences with procedures
 - d) Patients with known or predicted behavioral issues at the time of painful procedures.

D. Pain Management Options

1. Infants six months of age or younger undergoing painful procedures benefit from the use of sucrose containing solutions). Pacifiers dipped in sucrose solutions or the oral administration of a few milliliters of a sucrose solution has been shown to reduce the pain and/or anxiety elicited by painful procedures in this age group. Refer to *Sucrose: Oral Sucrose in Pain Management* for administration and dosing guidelines for infants and pre-term infants.
 - a) Sucrose solutions are available on each inpatient unit.
 - b) They are indicated for any patient under the age of six months undergoing any painful procedure.
 - c) The use of these solutions does not preclude the need for additional pain control interventions.
 - d) Special caution should be taken when using oral sucrose solutions in patients who are NPO, immediately post-op, glucose intolerant, considered at high risk for necrotizing enterocolitis, or who have yet to establish oral feeding.
2. For pain associated with needle sticks for blood drawing, intravenous (IV) line placement, intramuscular injection, heelsticks, and lumbar punctures, the use of a local anesthetic cream available for transdermal use is indicated. Standing orders for the anesthetic creams as needed for needle sticks are included in the standard orders order set available for all admissions to Connecticut Children's.

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3. Intramuscular (IM) and subcutaneous (SC) injections of medications and analgesics will be avoided whenever possible. These injections are painful and create fear and anxiety causing patients to deny or under-report pain to avoid the medication. Medications will be administered by IM or SC injection only when alternative routes of administration are unavailable. If IM injections are necessary, the use of topical anesthetic cream or vapo-coolant spray is indicated.

4. Sedation and analgesia for diagnostic and therapeutic procedures (conscious sedation) may be indicated for more painful procedures that require a higher level of intervention for optimal patient comfort. If sedation is felt to be required, such sedation must be administered by a licensed health care provider under the supervision of a credentialed attending physician of the Connecticut Children's medical staff according to Connecticut Children's policy. The list of physicians who are credentialed for sedation and analgesia is available on the Intranet. Painful procedures for which sedation and analgesia must be considered unless the patient's condition otherwise precludes it use include:

- a) Central venous catheter placement
- b) Wound dressing change
- c) Wound debridement
- d) Thoracentesis, paracentesis, bone marrow aspiration
- e) Thoracostomy
- f) Tube or drain removal.

E. Summary of Key Points: The following checklist may be helpful to staff when preparing for a painful procedure. It can be remembered using the mnemonic P-L-E-A-S-E.

- 1. Place: staff involved with the procedure shall decide whether this procedure should be performed in the patient's room or in the procedure room.
- 2. Local anesthesia: administer any local anesthetics indicated prior to the procedure. This step requires a new physician order if a standard order is not already present.
- 3. Education: preparation of the patient and family regarding the procedure and strategies to treat pain and/or anxiety associated with the painful procedure.
- 4. Analgesics and/or sedatives: be prepared to administer any analgesics or sedatives indicated by the procedure to be performed and/or the patient's status. Preparation to give medications requires prior discussion with the staff performing the procedure and may require additional staff presence during the procedure. Physician's orders are necessary.

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5.Support: Child Life specialists shall be notified of the procedure to be performed and shall assist in preparation of the patient and family as well as be available for support during the procedure. Additional support staff may also be necessary depending upon the procedure and the patient's status.

6.Equipment: make sure that all the necessary equipment, dressings, etc. for the procedure is immediately available prior to transfer of the patient to the procedure room.

F.Documentation

- 1.Record all medication administration in the medication administration record (electronic or paper as indicated).
- 2.Record all vital signs and assessments in the patient's medical record
- 3.Document the patient's response to interventions in the patient's medical record..
- 4.Document patient/family education in the patient's medical record..

V.References

VI.Related Documents

Medication Administration
 Medication Administration: Injections
 Oral Sucrose in Pain Management
 Pain Assessment and Management
 Sedation and Analgesia