



# PEDIATRIC PAIN MANAGEMENT



THE MICHIGAN DIFFERENCE™



## YOUR CHILD AND PAIN

Many procedures children undergo in the hospital may cause pain. We understand that it is very stressful to parents when their child is in pain.

We may not be able to get rid of all pain, but we will work together with you to make your child as comfortable as possible during their hospital stay.

### WHAT YOU CAN DO

When your child is going to have surgery or a procedure (even simple procedures such as placing an IV line) you may want to ask:

- Will there be much pain during or after the surgery (procedure)?
- How long will the pain last?
- What will be done to help my child's pain?
- What are the side effects of the pain treatments?
- What can I do to help my child during and after the procedure?

You can also help by:

- Sharing information about how your child handles pain and anxiety.
- Telling the doctors and nurses what works well to help your child's pain.
- Telling your child what will happen in the hospital.

# Your child

has the right to:

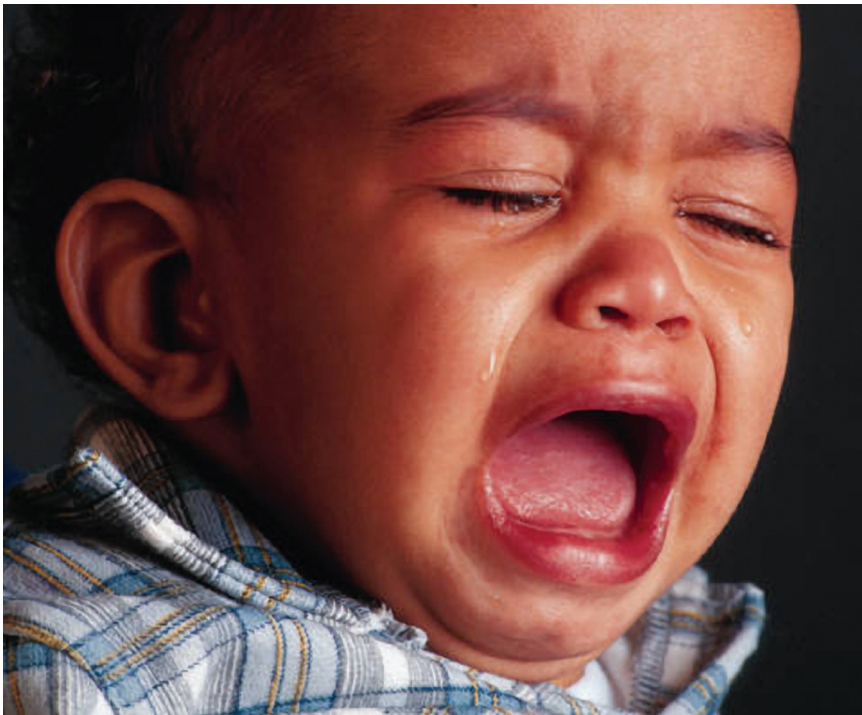
- **receive the best pain control available**
- **ask questions** of the doctors, nurses and other health care professionals
- **honest and direct answers**—from you and from the medical staff—about what he or she can expect during their hospital visit



## HOW WE MEASURE PAIN IN CHILDREN

There are a number of ways to help figure out how much pain a child is having.

- **ASK THE CHILD, IF THEY ARE ABLE TO TALK.** Children as young as 3-4 years can often tell us they are hurting. Older children can usually tell us how much pain they have.
- **OBSERVE BEHAVIORS.** Babies, young children, and some children with disabilities cannot tell us about their pain. These children usually have behavior changes that tell us when they are hurting.



## ASK THE CHILD—TOOLS WE USE TO MEASURE PAIN IN CHILDREN WHO ARE ABLE TO TALK

### WORDS

(used for children who can understand these words)

No Hurt    A little Hurt    Medium Hurt    Big Hurt

### FINGER SPAN SCALE

A simple way to ask young children how much they hurt is to use your fingers to describe pain.



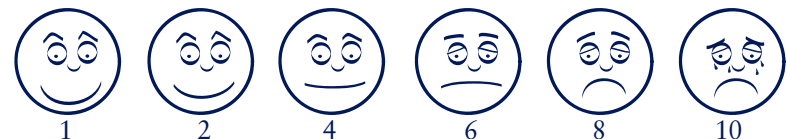
### 0-10 PAIN SCALE

(used for children who can understand numbers)

0 = No pain . . . 10 = Worst pain ever

### FACES

(used by children who can understand and pick a face that tells how much they are hurting)



## OBSERVE BEHAVIORS—A TOOL WE USE TO MEASURE PAIN IN BABIES, YOUNG CHILDREN AND CHILDREN WITH DISABILITIES

Babies, young children and children with disabilities usually have behavior changes that tell us they are hurting. The FLACC scale (right) is used to score pain in these children.

Additionally, some children, particularly those with disabilities, may display the behaviors shown in red or other unique behaviors (like self-harm, shaking, or slapping) when they are in pain.

Please tell us what activities best comfort or console your child when he or she is hurting and if your child has specific behaviors that mean they are hurting like:

- *facial expressions*
- *arm/leg movements*
- *bodily movements/activities*
- *specific sounds or words*

### WHAT YOU CAN DO

Children in pain may be unwilling or unable to express their needs to nurses or doctors. You can help us identify when your child is hurting and when signs of distress in your child are due to pain. You and your child can also help decide the best pain measurement tool to use while your child is in the hospital.

<b>F</b> Face	<b>0</b> no particular expression or smile	<b>1</b> occasional grimace/frown; withdrawn or disinterested <i>appears sad or worried</i>	<b>2</b> consistent grimace or frown; frequent/constant quivering chin, clenched jaw <i>distressed-looking face; expression of fright or panic</i>
<b>L</b> Legs	<b>0</b> normal position or relaxed	<b>1</b> uneasy, restless, tense <i>occasional tremors</i>	<b>2</b> kicking, or legs drawn up <i>marked increase in spasticity, constant tremors or jerking</i>
<b>A</b> Activity	<b>0</b> lying quietly, normal position, moves easily	<b>1</b> squirming, shifting back and forth, tense <i>mildly agitated (eg. head back and forth, aggression); shallow, splinting respirations, intermittent sighs</i>	<b>2</b> arched, rigid, or jerking <i>severe agitation head banging; shivering (not rigors); breath-holding, gasping or sharp intake of breath; severe splinting</i>
<b>C</b> Cry	<b>0</b> no cry (awake or asleep)	<b>1</b> moans or whimpers, occasional complaint <i>occasional verbal outburst or grunt</i>	<b>2</b> crying steadily, screams or sobs, frequent complaints <i>repeated outbursts, constant grunting</i>
<b>C</b> Consolability	<b>0</b> content, relaxed	<b>1</b> reassured by occasional touching, hugging or "talking to", distractible	<b>2</b> difficult to console or comfort <i>pushing away caregiver, resisting care or comfort measures</i>

*FLACC Scale  
revised-FLACC (for children with cognitive disability shown in red)*

## HOW WE MANAGE PAIN IN CHILDREN

There are many safe and effective ways to manage pain in children.

### PAIN MEDICINES

**Mild pain** is generally treated with non-narcotic pain medicines like acetaminophen (Tylenol®) or ibuprofen (Motrin®).

**Moderate to severe pain** is managed with stronger narcotic medicines like morphine or other morphine-like drugs (also called **opioids**).

**Combining non-narcotics with narcotics** is a *very effective* way to manage moderate to severe pain.

**Medicines are given by mouth** (oral) when the child can eat or drink, or IV (in a small tube in the vein) when they cannot eat or when pain is severe.



**PATIENT-CONTROLLED ANALGESIA (PCA)** is used to treat moderate to severe pain after surgery and during severe illness.

PCA can be used in any child that can understand (usually eight years or older) how much pain he or she is having and how to push the button to get pain relief.

PCA is a device that gives morphine or morphine-like medicine (opioids) through the IV line (small tube in vein). In some cases, the pump is set to deliver a small, constant flow of pain medicine. When the child feels pain, he or she can press the button on the pump to get an extra dose of pain medicine.



Children should feel less pain within 10 minutes after pushing the button, however, sometimes another dose is needed.

The PCA machine is set to give a **safe dose of medicine** that is ordered by the doctor based on the child's weight and condition. The machine is set to give a fixed number of doses over a given time period to avoid an overdose.

**NURSE-CONTROLLED ANALGESIA (NCA)** is similar to PCA, but is used for younger children or children with disabilities who cannot push a button to get their medicine. The PCA device is set to give a small, constant dose of morphine based on the child's weight and condition, and allows the **nurse** to give extra doses as needed.

## PREVENTING AND MANAGING OPIOID SIDE EFFECTS

*During PCA or NCA use, it is very important that ONLY the child or the nurse presses the button, and that no one pushes the button while your child is sleeping in order to avoid an overdose.*

Morphine-like (opioid) drugs can have side effects that become more common as doses are increased. Children are closely monitored for these side effects as long as they are getting opioids, to keep them safe and comfortable.

Side effects include **nausea and vomiting, constipation, itching**, confusion, excessive sleepiness and slowed breathing. Managing these side effects is an important part of your child's plan of care and can include:

- Treating the side effect with medicines like Zofran® (for nausea and vomiting) or Benadryl® (for itching).
- Decreasing the dose of morphine or switching to a different narcotic.
- Adding a non-narcotic (Tylenol® or Motrin®) medicine for pain relief so that the morphine dose can be reduced.

### WHAT YOU CAN DO

Tell the nurse or doctor if your child is:

- Too sleepy
- Having side effects like nausea, vomiting or itching
- Not getting good pain relief
- Having other changes in his or her condition that are concerning

Your child may need to have the dose changed or another medicine to treat pain or side-effects.

**LOCAL ANESTHETICS** (numbing medicines) are often used to prevent or treat pain. Numbing medicines can be used for starting an IV (using cream on the skin [topical] or by a small shot just under the skin). Numbing medicine can also be given during surgery as **nerve blocks** or **regional blocks** (spinal or epidural anesthesia).

An **epidural block** is a good way to manage pain after abdominal, back, leg or major chest surgery. This method involves placement of a small catheter (like an IV tube) into the epidural space just outside of the spine. Numbing medicine and sometimes a low dose of narcotic can be given through this catheter as a continuous infusion over several days.

Epidural blocks can have side effects including:

- Heaviness, tingling, or inability to move legs
- Uneven block or poor pain relief
- Inability to urinate
- Rarely, infection, spinal headache or nerve damage
- Itching
- Nausea or vomiting
- Slowed breathing

Your child's doctor will discuss with you local anesthetic methods and their side effects if they are good options for your child.



## NON-DRUG WAYS TO MANAGE PAIN

Pain can be very complex, and there are additional ways to help manage pain and promote comfort and coping for a child.

- **Distraction:** Giving your child something else to focus on is a very effective way to help him/her cope with pain. Interactive toys, blowing bubbles, singing or music, deep breathing, story telling, video games, computer activities and TV are useful distractions for children in the hospital.
- **Relaxation:** Simple methods such as imagining a favorite place can relax even very young children during painful moments. Child Life Specialists can help you and your child learn more about relaxation methods.
- **Music:** A child's favorite music may be comforting during stressful times in the hospital.
- **Tactile methods:** The use of cold, heat, massage, gentle touch and positioning can help soothe pain.
- **Environment:** Lowering the lights, noise and limiting visitors may help some children. Favorite toys, blankets and pictures are also comforting.
- **Oral sucrose (sugar solution):** Oral sucrose (sweet water) and sucking can soothe newborns and infants during painful procedures.
- **Parent presence:** Children have reported that having a family member present during a painful procedure helps them feel better.



## WHAT SHOULD I SAY... WHAT SHOULDN'T I SAY...

Words that are helpful to one child may be scary to another. You can help us understand your child's language so we can best talk to him or her about their pain.

Asking children to describe what they are feeling, rather than telling them what they will feel may be most helpful.

- Instead of saying, "It will feel like a bee sting", say;  
"Tell me how this feels."
- Instead of saying, "This medicine will smell (taste) really bad", say;  
"This medicine will smell (taste) different than anything else you have smelled (tasted) before. After you take it you can tell me how it was for you."
- Instead of saying, "I'm sorry", say;  
"Other kids tell me this feels like. . ."
- Instead of saying, "Be a big girl (boy)" say;  
"When I count to three, blow the feeling away from your body."
- Instead of saying "Don't cry", say;  
"This is hard. It's okay to cry, but let's think about . . . [eg. favorite time, place, experience]"

Having some distraction ideas in mind before a painful procedure is very helpful.

## ASK IF A CHILD LIFE SPECIALIST IS AVAILABLE

A child life specialist is someone who is trained to help children of all ages deal with stressful hospital experiences.



*Remember, you and your child are essential members of the pain management team!*



## CONTACT INFORMATION

U-M Department of Anesthesiology  
734-763-2435

U-M Child & Family Life Department  
734-936-6519  
[www.med.umich.edu/mott/cfl/about.html](http://www.med.umich.edu/mott/cfl/about.html)

U-M C.S. Mott Hospital Peri-Anesthesia Care Unit  
734-763-2513  
[www.med.umich.edu/mott/or/1surgery/1surgery.html](http://www.med.umich.edu/mott/or/1surgery/1surgery.html)

*This project was funded by a grant from FIGs, Fostering Innovation Grants.*

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