



P.E.P.



Children's Mercy Hospital and Clinics

P.E.P. It Up!

Pain Education for
Pediatric Patients & Parents

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Purpose and Goals



- The purpose of this project was to improve the scores or incidence for:
- o Pain education of patients/parents and staff
 - o Improved patient satisfaction scores in regards to pain management
 - o Measuring outcomes from
 - o NRC Picker satisfaction scores - survey sent to patient's home after discharge
 - o Hospital Inpatient Interview scores - verbal survey given by the Patient Advocate during hospital stay





The Focus



Pediatric Pain



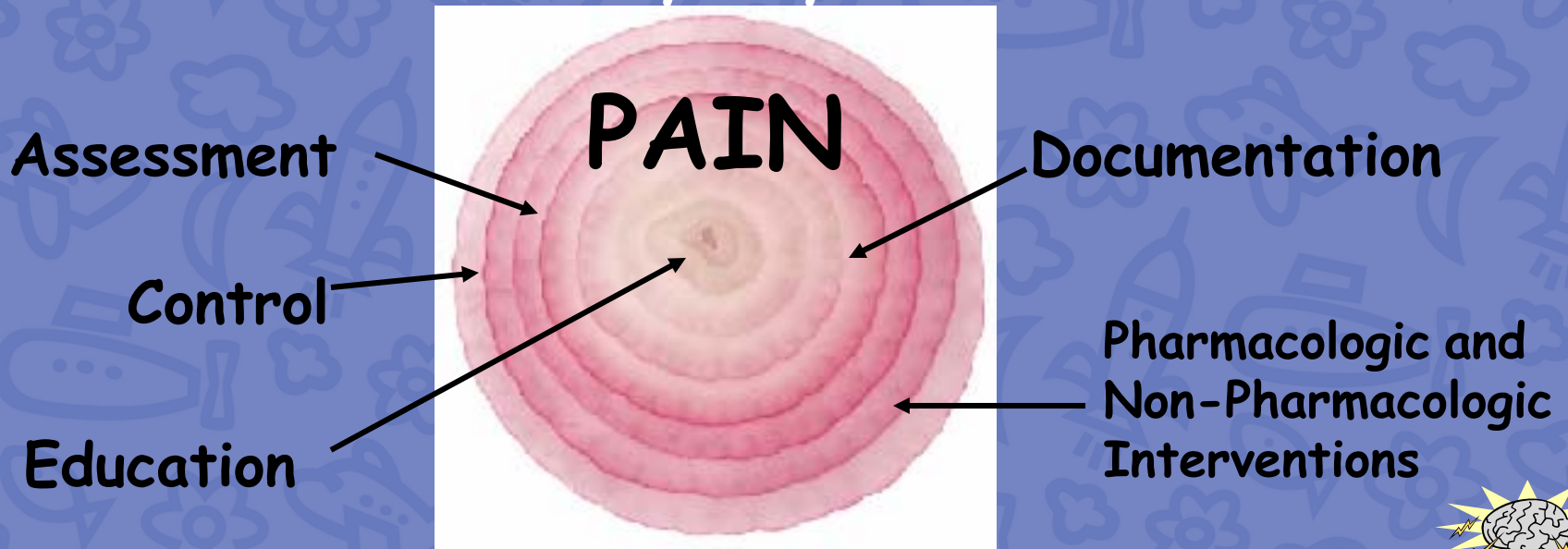
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Narrowing the focus..



The many layers of



Peeling back the layers...

Brainstorming session with staff, regarding pain, to narrow focus



- 5 ideas of what the unit does well
- 5 ideas of what needs more focus



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Narrowing the Focus...



What do the parents want to know?

Dear Parents and Guardians,

Please complete the following survey so we can improve the care we provide to all patients and families.

1. Did your child have surgery during his/her hospital stay? Yes No
If yes, what surgery was performed?
2. Did your child experience pain during his/her hospital stay? Yes No
3. Do you feel that your child's pain was controlled during the hospital stay?
Yes No
If no, why?
4. Did your child use a pain scale to rate his/her pain? (eg. Faces, 1-10 scale)
Yes No
If yes, did you and your child understand how to use it? Yes No
5. Were you informed, by the nurse, what medication was being given for pain relief and what the side effects of the medication were? Yes No
6. When you or your child asked for pain medicine, do you feel it was given in a timely manner? Yes No
If no, why?
7. Were techniques used for pain relief that did not involve pain medication (such as walking, distraction, repositioning, ice bags, etc.)? Yes No
If yes, do you feel they were successful in pain relief for you child?
8. Is there anything different the staff nurse could have done to provide better pain relief for your child? Please explain.

Thank you for your input and help to improve the care we provide.



Parent survey helped us determine what topics the education tool should focus on.

These were:

- Information on pain in children
- Medications commonly used to treat pain and side effects
- Non-pharmacological interventions to allow parent participation in pain relief

The Project....



What: "PEP it Up!" Pain Education for Pediatric Patients and Parents

Notebook containing educational materials focused on pediatric pain

Where: Each patient room would house 1 PEP notebook for patient/parent reference

Why: To keep parents and patients informed on various aspects of pain

How: The CSI group compiled information from resources and individuals within the hospital and developed the individual pages within the book.



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Getting the word out...



Presentations-

The CMH CSI group presented the project to the following groups for preview:

- The 2 Henson and Burn Unit Staff - Inpatient Post Surgical and Burn Unit
- Family Advisory Board - Group made up of parents of current and former patients
- Comfort Task Force - Hospital wide committee dedicated to all aspects of pain

Feedback was received and revisions were made accordingly.



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The Final Product...



PEP



Pain Education for
Pediatrics

PEP



The staff on 2 Henson has developed this Pain Education for Pediatrics (PEP) book to better educate patients, parents and families about pain.

This resource contains information on ways you can help your child as well as other services available to help your child with pain control. Our goal is to involve everyone and do everything to keep your child comfortable.

As always, the nurses and doctors on 2 Henson are available to answer any questions and do all we can to make this experience as comfortable as possible.



Pain Education for
Pediatrics





The Final Product...



PEP Talk About...

General Pain Information

What is pain?

Pain is a feeling of discomfort from an injury, illness or surgery. It can affect the physical and emotional well-being of a child. It is important to control pain so that your child can sleep and participate in normal activities. Pain that is poorly controlled can delay healing, depress the immune system and cause sleepiness, anxiety, fear and fatigue. Our staff is committed to offering the best pain management possible.

What you need to know about your child's pain

Most children will have at least some pain after surgery. This is called post-operative pain. How much pain your child will have and for how long, will depend on the child and the type of surgery he/she had.

Here is some important information about your child's post-operative pain:

- Your child will most likely have pain after his operation
 - Not all children feel pain the same way
- In the days following the surgery, the pain should get better, not worse
 - Pain medication will help your child hurt LESS
 - Pain medication probably will not make ALL the pain go away
 - Comforting your child will help him/her relax and relieve pain
 - Distracting your child can also help relieve pain

Chronic and Acute Pain

Acute pain is pain that is not long-lasting. The pain may be caused by an operation, injury, illness or medical procedure. The pain may last a few seconds through a few weeks or months. Pain from an operation is normal and part of the whole healing process. Acute pain from an operation can be helped with medications. A parent or caregiver can also help a acute pain by using non-drug methods like relaxation or distraction.

Chronic pain is continuous pain that continues beyond the time of normal healing. It ranges from mild to severe. The cause of chronic pain is not always known and can come and go. Chronic pain can often interfere with a patient's quality of life, sleep, and productivity.



Pain Education for Pediatrics



PEP Talk About...

Pain Myths vs. Facts



The following is a list of common myths regarding pain in children:

Myth: Infants cannot feel pain. Years ago it was believed a newborn baby's nervous system was not developed enough to process pain messages and therefore feel pain.

Fact: The nervous system of a 26-week-old fetus is sufficiently developed to feel pain.

Myth: Children are less sensitive to pain than adults.

Fact: Younger children can have higher levels of pain than older children and adults. Pain sensitivity seems to decrease with age for some people.

Myth: Children will tell you if they are in pain.

Fact: For various reasons, children do not always report their pain. They may be fearful of another painful procedure, such as a needle stick, or simply have a desire to please those around them. Older children may not want to appear weak to others, especially peers, by showing their pain.

Myth: If a child can be distracted, he is not really in pain.

Fact: Distraction is a very effective way for people to cope with pain. If a child is able to be distracted, this does not mean the pain is not real.

Myth: If a child says he is having pain, but does not appear to be, there is no need for pain relief.

Fact: A child's behavior does not always indicate his pain intensity. Children cope with pain in different ways. A school age child may play video games as a way to distract himself from the pain.

Myth: Children get used to pain.

Fact: Children often experience increased anxiety and perception of pain with repeated procedures. Over time, children with chronic pain may become more sensitive to pain and other sensations due to changes in the nervous system.

Pain Education for Pediatrics



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PEP Talk About...

How Much Does it Hurt?



The Nurses on 2 Henson use special tools to determine how much pain your child is feeling, these tools are pain scales. Your child's age and ability to understand and communicate will help determine which scale is used.

Behavioral Pain Scale

FLACC (Face, Legs, Activity, Cry, Consolability)

This scale is used on children who are unable to speak. The nurse will assess your child and determine the pain rating based on their physical appearance.

Faces Pain Scale

This pain scale is used on children 3 and older.



You and your nurse can help determine your child's pain by asking how he/she feels based on the face pictures.

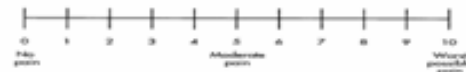
Face 0 is very happy because he/she doesn't hurt at all.

Face 10 hurts as much as you can imagine, although you don't have to be crying to feel this bad.

Ask your child to choose the face that best describes how he/she is feeling.

Numeric Pain Rating Scale

This scale is for children who are able to understand numbers 1-10.



You and your nurse can help determine your child's pain by asking, "If 0 is no pain and 10 is the worst possible pain, please give me a number that indicates the amount of pain you are having now."

Pain Education for Pediatrics



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The Final Product...



PEP Talk About...

Commonly Used Oral Pain Medications



The following are medications commonly prescribed by the doctor for help with pain control. They are given orally (or by mouth). Your child will begin taking these after he/she can eat and drink. These medications take longer to start helping the pain, but last longer in the body.

The doctor decides which medication is best for your child based on many factors.

Acetaminophen (Tylenol)

- Anti-inflammatory medication (decreases swelling)
 - Starts to work in 10-60 minutes
 - Lasts in the body for 3-4 hours

Ibuprofen (Motrin)

- Anti-inflammatory medication (decreases swelling)
 - Starts to work in 30-60 minutes
 - Lasts in the body for 4-6 hours

Oxycodone (Roxicodone)

- Narcotic pain medication
 - Starts to work in 30-60 minutes
 - Lasts in the body for 4-6 hours
- Should be taken with food to prevent nausea and/or vomiting
 - Common side effects are constipation and drowsiness

Acetaminophen and Codeine (Tylenol with Codeine or Tylenol #3)

- Narcotic pain medication
 - Starts to work in 30-60 minutes
 - Lasts in the body for 4-6 hours
- Should be taken with food to prevent nausea and/or vomiting
 - Common side effects are constipation and drowsiness

Pain Education for Pediatrics

PEP Talk About...

Commonly Used Oral Pain Medications Continued



The following are medications commonly prescribed by the doctor for help with pain control. They are given orally (or by mouth). Your child will begin taking these after he/she can eat and drink. These medications take longer to start helping the pain, but last longer in the body.

The doctor decides which medication is best for your child based on many factors.



Hydrocodone and Acetaminophen (Lortab)

- Narcotic pain medication
 - Starts to work in 10-20 minutes
 - Lasts in the body for 3-4 hours
- Should be taken with food to prevent nausea and/or vomiting
 - Common side effects are constipation and drowsiness

Oxycodone and Acetaminophen (Roxicet)

- Narcotic pain medication
 - Starts to work in 15-30 minutes
 - Lasts in the body for 3-6 hours
- Should be taken with food to prevent nausea and/or vomiting
 - Common side effects are constipation and drowsiness

Pain Education for Pediatrics



The Final Product...



PEP Talk About...



Commonly Used I.V. Pain Medications



The following are medications commonly prescribed by the doctor for help with pain control. They are given through the intravenous (I.V.) line. These medications help control the pain quickly, but do not stay in the body for very long.

The doctor decides which medication is best for your child based on many factors.

Fentanyl

- o Narcotic pain medication
- o Starts to work almost immediately
- o Lasts in the body for 30-60 minutes
- o Common side effects are constipation, itching and drowsiness

Hydromorphone (Dilaudid)

- o Narcotic pain medication
- o Starts to work in 15-30 minutes
- o Lasts in the body for 4-5 hours
- o Common side effects are constipation, itching and drowsiness

Morphine Sulfate (Morphine)

- o Narcotic pain medication
- o Starts to work in 5-10 minutes
- o Lasts in the body for 3-5 hours
- o Common side effects are constipation, itching and drowsiness

Naluphine (Nubain)

- o Narcotic pain medication
- o Starts to work in 2-3 minutes
- o Lasts in the body for 3-6 hours
- o Common side effects are constipation, itching and drowsiness

Ketorolac (Toradol)

- o Anti-inflammatory medication (decreases swelling)
- o Starts to work in 10-30 minutes
- o Lasts in the body 4-6 hours
- o Common side effects abdominal pain

PEP Talk About...



Patient Controlled Analgesia (PCA)



What is PCA?

PCA pumps give the patient control of his/her pain medication. It is very easy to use and understand. When your child is feeling pain, medication can be given by pushing the button. THE PATIENT AND/OR NURSE ARE THE ONLY ONES ALLOWED TO PUSH THE BUTTON.

How does the PCA work?

The pain doctors decide which is the best medication and dose for your child. The nurse will set the computer inside the PCA pump for that dose. Then, your child is free to push the button ANYTIME he/she feels pain. The computer will only allow the correct dose to be given to your child.

How often can the button be pushed?

The button could and should be pushed as much as your child feels he/she needs pain medication. The computer will only allow your child to actually receive medication at timed intervals determined by the pain doctor. The nurses track the number of times your child pushes the button to determine how well the PCA is working. THE PATIENT AND/OR NURSE ARE THE ONLY ONES ALLOWED TO PUSH THE BUTTON.

Other PCA information

- o The PCA pump is safe and WILL NOT give your child too much medication
- o Your child should feel pain relief very quickly after pushing the button
- o Your child may receive medication continuously as well as pushing the button
- o The PCA medication will not take the pain away completely, but will help your child feel comfortable
- o Potential side effects of PCA medication are nausea, itching, increased sleepiness, constipation and/or irritation. Medications are available to help relieve any of these side effects.
- o The PCA will be turned off when your child is eating and drinking

The Final Product...



PEP Talk About... Commonly Used Medications to Assist with Pain Control



The following are medications commonly prescribed by the doctor to help relieve the side effects of prescribed pain medications. The doctor decides which medication is best for your child based on many factors.

Naloxone (Narcan)

- Narcotic Reversal to help with itching & nausea
 - Starts to work in 2 minutes
 - Lasts in the body for 20-60 minutes

Ondansetron (Zofran)

- Anti-nausea medication
 - Starts to work in 15-30 minutes
 - Lasts in the body for 4-6 hours

Diphenhydramine (Benadryl)

- Anti-histamine medication to help with itching
 - Can be taken orally or IV
- Starts to work in 30-60 minutes if taken orally and 15-30 minutes if IV
 - Lasts in the body for 4-7 hours
 - Common side effects are drowsiness

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The Final Product...



PEP Talk About...

Ways to Comfort your Child



In addition to medication, here are some ways that you or other caregivers can help your child feel better.

- **Honesty and Control:** Telling your child the truth about what might happen, and/or allowing him/her to make choices will help reduce pain.
- **Touch:** Therapeutic massage by rubbing your child's back, arms, legs or feet may help to take his/her mind off of the pain. Touching also includes stroking, swaddling, holding, rocking, dressing, and cuddling.
- **Reposition:** Changing position to promote a more comfortable position can help to relieve pain.
- **Heat, Cold and Vibration:** Cold packs can help reduce swelling and relieve short-term pain. Warm packs can soothe aching muscles and stiff joints. Vibration by gently patting or use of a mechanical device, like an infant seat, can help soothe pain.
- **Relaxation:** Deep and steady breathing can help reduce pain and gain self control. Older children can be taught to inhale and exhale slowly and deeply. Younger children can use bubbles to assist with slow breathing.
- **Imagery:** Help your child use his/her imagination to think of something that makes him/her happy. Have your child describe his/her favorite place using the senses. Questions to ask - What does it look like?, What can you smell, hear, or taste there?, How does it feel?, etc.
- **Distraction:** To help your child refocus attention away from the pain, provide toys, games, music, T.V., movies or any other means that will help him/her relax.

If you have questions or need assistance with comfort measures for your child, please ask your child's Nurse or Child Life Specialist.

Pain Education for Pediatrics

PEP Talk About...



Alternative Services Available to Help Manage Pain

The following is a list of services Children's Mercy Hospital and Clinics offers to help provide the best pain management possible.

Child Life

- Offers age appropriate activities so your child can focus on other things than pain
- Can be present during tests and procedures to provide distraction techniques
- Provides materials and guidance for developmentally appropriate play, preparing children for medical experiences, advocating for patient and family rights, and promoting a non-threatening environment.

Physical Therapy

- Offers routine treatments/therapy specific to working the area affected by pain
- Works side by side in order to provide each child and his/her family with an integrated, coordinated, high quality, family centered therapy

Behavioral Medicine

- Specialize in counseling for patients with chronic or long term pain
 - May be involved if your child's pain is difficult to control

Chaplain Services

- Offers comfort and support to both the patient and family when your child is in pain

Integrative Pain Management

- Coordinates various services listed above, but also incorporates other services such as osteopathic manipulation, acupuncture, massage, and self-regulation techniques into the care of children with pain.
- This service can be used for patients with a acute or chronic pain

Pain Education for Pediatrics



Roll Out Party!!





Educación del Dolor en Pediatría



PEP



Educación del Dolor en Pediatría

Educación del Dolor

... puede afectar el dolor para que su niño(a) ... controlado puede ... ansiedad, miedo y ... posible para el

niño(a) ... Esto se denomina ... dependiénd del niño(a) y

de su niño(a) ...

... no peor ...

el dolor ...

... causado por una operación, ... Se puede aliviar el ... de salud también pueden ...

... duración normal. Puede ser ... puede ir y venir. El dolor ...

... crónica, menudo puede interferir con la calidad de vida del paciente, sueño y productividad.

Educación del Dolor en Pediatría

... en el sistema nervioso.

Educación del Dolor en Pediatría

Los niños

en los niños:

... que el sistema ... lentamente ... y por lo tanto,

... está lo

... adultos. ... dolor que los niños ... con la edad en

... su dolor. Pueden ... con agujas, ... Los niños ... débiles frente a ...

... puede ... esto no significa que

... parenta, no hay

... intensidad del dolor. ... (a) de edad escolar ... mismo del dolor.

... y percepción ... con dolor crónico ... debido a los cambios

... para el ... mente ... la Oral

... el ... or ... en y ... dar al ... o en

... itos. ... a. ... **no! #3!**

... ita. ... ia.

Spanish version of PEP book



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Evaluation...



Hospital Inpatient Interviews were conducted on all inpatient units by the Patient Advocacy Staff.

The following questions were asked of patients/parents:

- ✓ Do you feel your child's pain was managed effectively?
 - % of "yes" answers Jan-June 2010 - 98%
- ✓ Did you have the information needed to help understand your child's pain?
 - % of "yes" answers Jan-June 2010 - 75%



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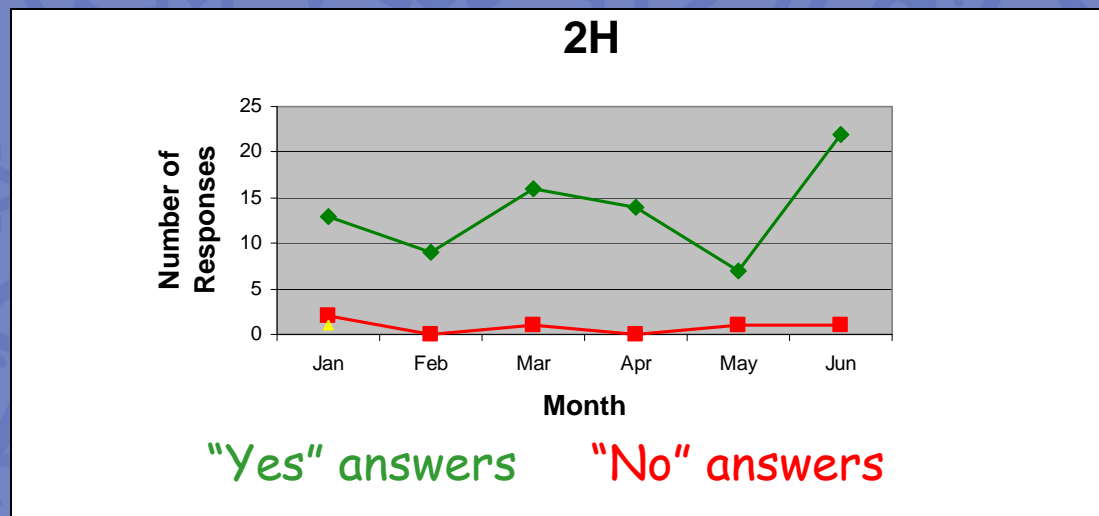
The Results...



Hospital Inpatient Interviews January - June 2010

The results of our unit:

Did you have the information needed to help understand your child's pain?





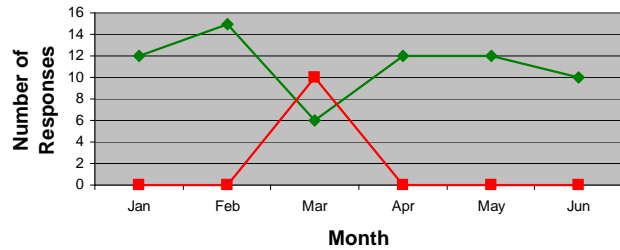
The Results...



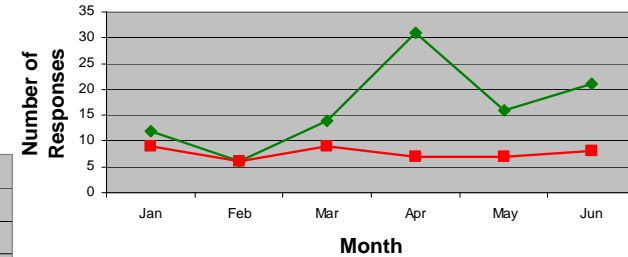
Hospital Inpatient Interviews January - June 2010

Breakdown of results - Units NOT using the PEP education tool.

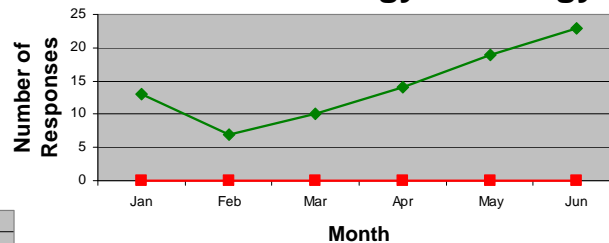
3 H - Infectious Disease



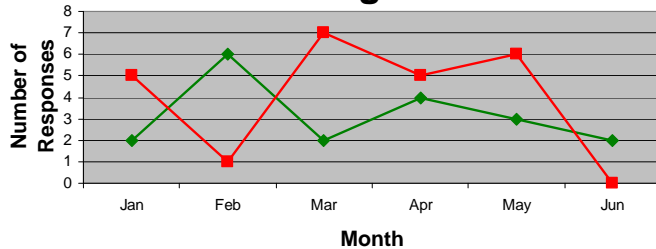
5 H - Ortho & 5 S - Renal/Rehab



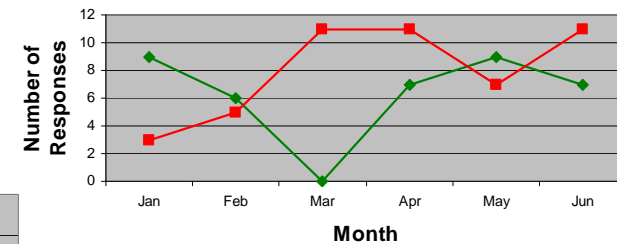
4 H - Hematology/Oncology



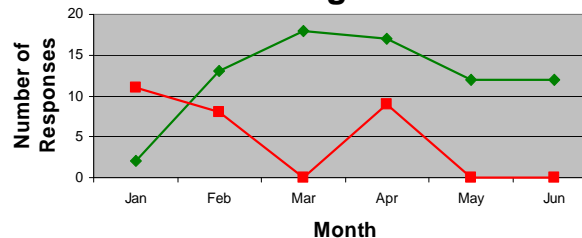
3 W - MedSurg Overflow



6 H - GI/Endocrine/Pulm



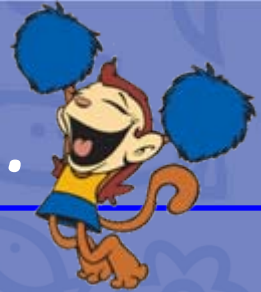
4S - MedSurg/Cardiac



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Maintaining Momentum...



Roll out to 10 inpatient units-

- Worked with Comfort Task Force representatives from each unit who will be utilizing the tool
- Customized PEP books for each unit's individual needs
- CSI's will celebrate the launching of the PEP books on each unit throughout the month of September during "CMH Pain Awareness Month"
- Will continue to assess for further needs and additions to the PEP books



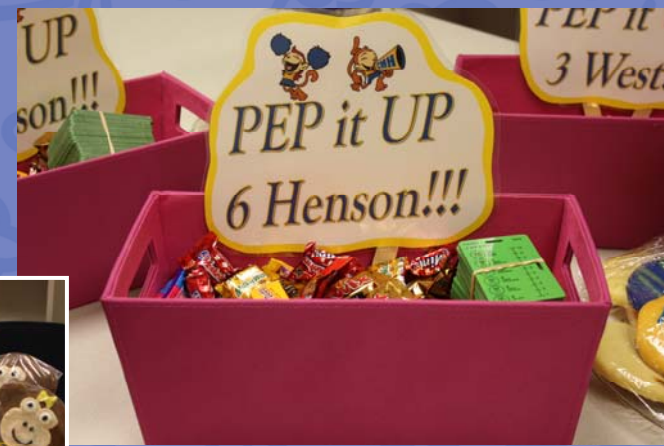
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Maintaining Momentum...



Roll out to 10 inpatient units-



FACES
3 yrs & older

10	10
9	9
8	8
7	7
6	6
5	5
4	4
3	3
2	2
1	1

PLACC Pain Scale: Use for ages 3 yrs. to 7 yrs.

Face	Legs	Activity	Cry	Verbality
Smiling face	Relaxed legs	Active	None	None
Neutral face	Slightly flexed legs	Resting	Infrequent	None
Frowny face	Stiff legs	Resting	Frequent	None
Crying face	Stiff legs	Resting	Constant	None
Scowling face	Stiff legs	Resting	Constant	None



Barriers to the Project



- o Scheduling conflicts among the CSI team
- o Determining the best approach for staff education
- o Measuring actual use of PEP book by parents





Unintended Positive Outcomes



- o Excitement about our new learning tool throughout the entire hospital
- o Partnering with Comfort Task Force
- o Collaborating with upper administration





Thank You!!!



The entire CSI team from Children's Mercy Hospitals and Clinics would like to thank....

Susan Lacey and Adrienne Olney

Becky Paulsen our internal coach

Julie Taylor our external coach

Comfort Task Force



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