

**Children and pain
Family Information Leaflet**

Priscilla Alderson

Action for Sick Children, London, 1992

This leaflet is mainly about pain felt by children in hospital. All children feel pain, just as much as adults do. In the past, some children had to put up with a lot of pain. Many doctors and nurses now try to avoid this. They aim to control pain within safe limits.

Pain can be a useful warning that something is wrong. Yet treating the pain can help children to get better more quickly. It can help them to relax, to sleep, and to get up and play.

Parents have a key part in helping children to avoid pain. They often know their child best. For years, parents have shared in caring for their children, as partners with the hospital staff. Part of this care is to help children to cope with pain.

Your child may need help:

- * early on, to give time for the pain relief to work
- * before a painful event, such as surgery or physiotherapy
- * as soon as the pain starts, if it is likely to get worse
- * before the last dose of pain relief wears off.

A child should not have to wait in pain, because the fear of being in pain makes the pain much worse, and then a higher dose is needed to relieve it. If you think that your child is in too much pain, you may have to talk with a senior nurse or doctor.

Severe pain needs powerful drugs.

They will not turn your child into a drug addict.

Even if they have to take morphine for weeks, children come off it quite easily when the pain goes.

There is no perfect pain control.

Some drugs make children feel sick or itchy, they may become constipated, or have strange dreams. Yet when pain is the main problem, it should be relieved. The other problems can be reduced by using with extra drugs, such as anti-emetics to stop sickness, or by changing the pain control method.

Some children need more pain relief than others.

There is no such thing as the 'right standard dose'. The amount is right if it suits that child. It is vital to work out the best safe dose for each child.

How can you know if children are in pain?

By watching them.

They may be noisier or quieter than usual, more restless or still, more sleepy or tense, flushed or pale. You can only notice when a baby or child looks different from usual, if you know them well. This is why parents are often the best judge, as many nurses know.

By listening to them.

Let them know that it is all right to say that 'it hurts' and that help can be given. Even very young

children can use pain charts (see page x).

By checking that the main problem is pain,
and not that your child is tired, afraid, sad and upset or uncomfortable.

Pain jargon

pain-relief drugs - any pills, medicines, creams, sprays or suppositories that help to reduce pain

acute - short-term

chronic - long-term

analgesia - pain relief

local anaesthesia - loss of feeling to stop pain

in part of the body,

such as by

- a) **EMLA cream** - One hour or more after EMLA has been put onto the skin, it can dull or blot out the pain from needles. EMLA works for **IV** (into a vein) needles, but not for **IM** (into a muscle)

or by

- b) **epidural** - a tiny tube fitted near to the spine, through which pain relief can slowly be fed.

general anaesthesia - the child is unconscious and feels no pain

anaesthetist - doctor who gives anaesthesia

anti-emetics - drugs which stop the child feeling, and being, sick

to titrate - change the drug dose to suit the level of pain

Pain control without drugs

how parents, nurses and play specialists can help

These methods work best for mild pain, or around a short event like an injection.

Comfort and support

Pain is much worse when children are scared and tense and tired. Stroking and cuddling may make them feel a little better. Just being there helps. Most children want a parent to be with them during tests and treatment that may be painful. So do ask to stay if your child wants you to, and you can cope. Some children want to squeeze someone's hand while the pain lasts.

It helps people of any age to know that it does not matter if they cry or scream, or are angry or rude while they are in pain.

One child will want to watch the needle go in, and another will want to look away; they should have the choice.

A child may feel better after giving a teddy lots of injections, or making a toy crocodile bite all the toy doctors and nurses.

Explain

Fear increases pain. The worst pain is fear of the unknown. So children need to know what to expect, and to be given choices and some control. They feel less upset if they are told honestly: when something is going to hurt

why they are having something painful done to them

that it is meant to help them not to punish them

that they are not being hurt because they have been naughty.

Adults can learn what children need to know, if they help them to talk about their pain, and to draw or paint about how they feel. Puppets, toys and hospital play sets are useful.

Distract

Stories, videos, cassettes and games, puppets or pop-up books, telling jokes or riddles may help children to feel less pain. The more you get the child to tell the story or work the puppets, the better. If the child has to have a needle, you could rub the other arm.

Deep breathing, slowly counting 4 breaths in and 4 breaths out, or blowing bubbles can soothe a child. Deep breathing can also help parents to keep calmer, and this is a very good way to calm the child.

Use the child's imagination

Many children can imagine helpful ideas. Before a blood test they can imagine slowly putting on a special long glove that blocks the pain. If they are feeling sick, they could think of finding a cooling drink which soothes their mouth right down to the stomach.

A child with eczema can imagine rolling in special snow. Someone with long-term pain might think of a switchboard, and of pulling the levers slowly down to a level that makes the pain bearable, like turning down a loud noise.

Some children learn to relax, shut their eyes and sleepily imagine walking slowly down ten steps. Then they open a door into a secret place. You could tell a story, helping your child to imagine the sights and colours, sounds and feelings.

The place might be the sea side where they go sailing or swimming, or a funfair, a hot air balloon, a scene from 'Neighbours', or a room at home - any place where they feel safe and happy, until they come back through the door and slowly up the steps again. The pain may not go away, but it does not seem so bad.

Many hospital staff are teaching children and parents these mind-over-body methods. There may be someone in your hospital who can help you to begin. These methods are used on their own, or with drugs.

Pain control with drugs

Examples of pain relief drugs

For mild pain: Paracetamol Calpol
Mild to moderate pain: Codeine Diclofenac Ibuprofen
Indomethacin Naproxen Formulix
Severe pain: Morphine Diamorphine Pethidin

A child who goes on being in pain may need to have a higher dose, or to take the drug more often, or to go onto a stronger drug, within safe limits. Valium is sometimes used with other drugs; it reduces anxiety but not pain and some children dislike it.

Ways of giving the drugs

- A.** The easiest way is by mouth in pills or medicine if the child can, and will, eat and drink.
- B.** If not, the child will probably have a drip fixed into a vein. If the ward has the right kind of pump, drugs may be fed in painlessly through the drip. If there is not a drip, the child might have a Hickman line. This is a needle left in the skin, taped on so that it is not felt. Drugs can be given through the needle painlessly.
- C.** In a few hospitals, after some major operations, anaesthetists set up an epidural near the

spine. They may also give a nerve block before the child wakes up, an injection that dulls the pain for hours.

D. Some pain is relieved by creams, skin patches, suppositories and nose-sprays.

All these methods mean that children do not have to have pain-relief by injections. Some children's wards no longer use IM (into a muscle) injections, as so many children hate them. There are often delays before they are given, and a wait of an hour or more before they work.

When patients can decide when to take pain relief after surgery, at first they take it more often and in higher doses than nurses usually give. But later they take less than the usual amounts. Overall they need fewer drugs than other patients. They seem to feel less pain when they know that it can be treated quickly.

PCA - patient controlled analgesia

For severe pain, PCA is very useful. This pain relief drip is timed to give a set dose very slowly. There is a small button or pump for patients to press when they want an extra dose, such as when they feel the pain coming on, before physiotherapy, or when a wound is dressed.

The extra dose works within about 15 to 20 minutes. The PCA is set to try to make sure that patients do not have too much or too little pain relief. They can give themselves a little extra when they choose, within a safe limit. Some children aged around five years can use PCA pumps.

(caption for picture)

Analgesia can flow through a drip into the vein if there is a small pump to control the flow. PCA (patient controlled analgesia) pumps can be worked by the patients. The pumps can only be used in wards where there are enough nurses to keep a very close eye on the patient.

Long-term pain

This leaflet is mainly about pain during a short illness or after surgery. If there is long-term pain, doctors and nurses will probably be working with you and your child to control it. If not, perhaps you and your child could talk again with the doctors, using some of the points in this leaflet.

With long-term pain, keeping a pain diary can help to see:

- how much relief is needed
- the best times to take it
- the 'triggers' which seem to start off the pain
- and how to avoid them.

Some children with a long-term problem are well most of the time, but have sudden attacks of pain, such as with sickle cell disease. (If they have pain, children with sickle cell disease should rest, keep warm, have plenty to drink, and take paracetamol. If the attack is severe the child may have to stay in hospital and have morphine. The hospital staff should give urgent treatment as soon as your child arrives. Your doctor should give you a card or letter, explaining what must be done, for you to show to the staff.)

Learning from children

In some hospitals, great care is taken to listen to children and parents. As one doctor said, 'The aim is to prevent pain from developing, by regular, continuous treatment. We make a best guess which may not be correct. If you or your child are not happy with the level of pain control, please tell someone so that it can be changed.'

In other hospitals, more could be done to help children in pain. Things do not change until people ask for change. So if your child is in pain, you will help other children as well as your own child

when you ask for better pain control.

We are very grateful to all the children, parents, doctors and nurses who helped to write this leaflet, and to the Calouste Gulbenkian Foundation for sponsorship. (add Gulbenkian logo)

(centre page spread) **PAIN: notes for young patients**

(caption) *I'm the only one who knows how much it hurts.*

Will the nurses think I'm a wimp if I say that it hurts?

The nurses may not know if you are in pain, and you need to tell them. You are the expert who knows how much it hurts. Perhaps these charts will help you to show which face or number fits how you feel now.

Will they keep me in hospital longer if I say that it hurts? If you can have less pain, you may be able to get better more quickly.

Will I turn into a drug addict?

No. If you have drugs for pain, you can come off them quite easily when the pain goes.

Shall I wait until the pain gets very bad before I ask for help? The drugs may take an hour or more to work. It is worth having them early on, before the pain gets bad and you get very tense.

Will I need an injection?

Lots of people hate needles. You can ask to have pain relief given another way (see page x). EMLA cream takes away pain from some injections. But you need to have the cream on your skin for at least an hour before the injection.

I'm told that I have had as much pain relief as everyone else has, and I don't need any more. But I still have a lot of pain. Why is that?

Everyone is different. Some need a lot of help, and others need little or none.

(set out as captions)

Some people have a **high threshold** and don't feel much pain.

Others have a **low threshold** and feel a lot more pain.