

New clinical practice guideline may help reduce the pain of childhood immunization

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A new evidence-based clinical practice guideline will help doctors, healthcare providers and parents reduce the pain and distress of immunization in children, states an article in *CMAJ* (*Canadian Medical Association Journal*).

Immunization injections are the most common source of physician-induced [pain](#) in childhood and are given many times to most Canadian children. Pain from vaccine injections needs to be addressed at an early age to avoid needle fears and anxiety at future procedures, and non-compliance of immunization schedules.

A panel of experts from across Canada with expertise in immunization, pediatrics, pain, evidence-based medicine, education, knowledge translation, health policy and guideline development created the guideline. It is based on 71 studies including 8050 children.

Recommendations were organized into categories (infants and neonates, injection procedure process, parent-led strategies, pharmacotherapy, and psychological strategies.) Suggestions to reduce pain include breastfeeding infants during immunization, using the least painful brand of vaccine, vaccinating rapidly in children, use of topical anesthetics and more. In addition, the different strategies can be combined in order to further improve pain relief.

"The information contained in this guideline is generalizable to healthy children receiving immunization injections worldwide," writes Dr. Anna

Taddio, Adjunct Scientist and Pharmacist at The Hospital for Sick Children (SickKids) and Associate Professor in the Leslie Dan Faculty of Pharmacy at the University of Toronto with coauthors. "Suggestions are offered to assist in the implementation of the guideline in different immunization settings. Not all of the recommendations may be appropriate or effective in all situations or for all children. The pain-relieving method should be tailored to the individual child"

New vaccine administration technologies, such as microneedles, and needle-free administration techniques, such as nasal sprays, also need additional research as alternatives to injections.

"What is now needed is a knowledge translation strategy aimed at facilitating the uptake of these recommendations in clinical practice," conclude the authors.

Provided by Canadian Medical Association Journal

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