

Understanding and treating pain in children

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Go ahead. Try asking a crying child or baby what's wrong, and you most likely will come away as baffled as you were at first wail. This becomes a particular problem in hospitals where assessing pediatric pain and treating it correctly can be critical. The fact is pain can be downright harmful to little ones.

If they experience it often or for a long time, it can make them more sensitive to pain, change their [brain structure](#) and cause emotional, behavioral and learning problems. Good news though—a nursing researcher from the University of Houston has published the importance of following protocols to understand and evaluate pain in children.

"The use of evidence-based protocols for the management of pain and sedation in pediatric intensive care patients can provide adequate pain relief while decreasing the risk of adverse effects such as [respiratory depression](#), withdrawal and delirium," reports Alicia Kleinhans, clinical assistant professor at the University of Houston Andy & Barbara Gessner College of Nursing, in the journal [Critical Care Nursing Clinics of North America](#).

"Knowledge of pediatric pain management protocols may assist [health care providers](#) because these evidence-based pain management protocols have been shown to decrease adverse effects, morbidity, mortality, ventilator days and overall length of stay."

Plus, adds Kleinhans, understanding how to properly assess pain and apply current research findings in pediatric pain management can help decrease [opioid](#) usage. Opioids bring not only a myriad of adverse effects, but prescribing opioids contributes to the opioid epidemic.

"The combination of poor recognition of pediatric pain and the highly variable nature of patients within a pediatric ICU complicates the adequate management of pain," said Kathryn Tart, founding dean, Professor and Humana Endowed Dean's Chair in Nursing at the Gessner College of Nursing.

"Improvements in assessing pediatric pain and a greater understanding of the adverse effects of opioids and opioid dosing using additional medications have laid the groundwork for the recent development of

protocols for [pain management](#) in the pediatric ICU."

The protocols

There are various types of assessment tools available such as the self-reporting Wong-Baker FACES scale for children older than 4 years; behavioral scales for nonverbal patients including the Face, Legs, Activity, Cry and Consolability scale; the COMFORT scale specifically developed for nonverbal patients in a pediatric ICU; and scales for neonatal patients including CRIES neonatal pain assessment scale and the premature infant pain profile.

Protocol for pain and anxiety in pediatric patients undergoing procedures in the pediatric emergency department is divided into categories based on the patient's pain score. Interventions include nonpharmacologic measures for a pain score of 1 to 2, pharmacologic measures including acetaminophen and NSAIDs for a pain score of 3, and pharmacologic measures with a consult of a prescriber for a pain score of 4 to 7, as well as additional measures for a pain score of 8 or more.

"Pain [management protocols](#) for pediatric patients should include and discuss all validated tools. They are vital to proper [pain](#) control in [pediatric patients](#)," said Kleinhans.

More information: Alicia Kleinhans, Acute Pain Management Protocols in Pediatric Intensive Care Units, *Critical Care Nursing Clinics of North America* (2023). [DOI: 10.1016/j.cnc.2023.05.001](https://doi.org/10.1016/j.cnc.2023.05.001)

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