

Empowering pediatric pain medicine

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Samina Ali examines a child. Credit: University of Alberta

Canada stands at the verge of a new standard of pediatric pain management, thanks to the dedicated leadership of Samina Ali. Over the last few years, she has been making headlines for leading several research projects revealing that Canada's children are consistently undertreated for pain in emergency departments across the country, with lack of policies and self-reported knowledge gaps identified as leading causes.

Ali, an associate professor of [pediatrics](#) in the University of Alberta's Faculty of Medicine & Dentistry, is the lead author of a recent study in the journal *Pediatric Emergency Care* that examines the best ways of minimizing acute [pain](#) for children and youth in the emergency room. She is now working with national communities of practice to introduce single-source educational tools for health-care professionals who work in emergency departments.

"This wasn't a hypothesis-generating paper," says Ali, who is also assistant dean of professionalism in the Faculty of Medicine & Dentistry. "This was a paper meant to help front-line clinical care providers—nurses, doctors, nurse practitioners or whoever might take care of children when they are ill or injured—with knowledge of basic, proven

therapies that work and also happen to be very easy to use."

Using 12 Cochrane systematic reviews encompassing hundreds of articles, Ali and her team have created a practical and easy-to-reference guideline that can help any health professional who may be treating a child for pain in the [emergency department](#) and beyond. She notes that only articles that had demonstrated proven results were included in the review.

One of the biggest gaps that leaves children at risk of being undertreated, Ali says, is that few hospitals have consistent policies in effect for situations involving children.

"For example, right now at the Stollery emergency department, if a nurse is doing blood work on an infant, she has a nurse directive to go get sucrose and give the child drops of this sucrose. It's wonderful because we know that it takes away at least 20 per cent of their pain, if not more, and it's such a simple, low-risk intervention," she explains. "Now, if they happen to call the lab to draw that blood and the nurse is not in the room when the lab arrives to do the test, the lab has no protocol to use that same sucrose. We are offering differential care because we don't have an overarching hospital policy for such an intervention."

Ali notes that the Stollery Children's Hospital Pain Committee is already working to implement such a policy.

In an attempt to ensure that there are less discrepancies in future pediatric pain management, Ali is also working with the Canadian Association of Pediatric Health Centres to create easy-to-use toolkits, which will be introduced to medical facilities that treat children across the country.

Parents should also be engaged in this process, Ali says. With several practices from breastfeeding to distraction techniques showing considerable reduction in children's pain, parents should have

the opportunity to voice which method would best suit their child during medical procedures.

"My ultimate vision is a place where the responsibility doesn't sit on the individual care provider, or the individual parent, or the individual child. Rather, it's built into the system that when you walk in—and it is just an expectation—we're going to take the best pieces of information that are usable for your child and offer them to you to make this the least painful experience possible."

More information: Samina Ali et al. An Evidence-Based Approach to Minimizing Acute Procedural Pain in the Emergency Department and Beyond, *Pediatric Emergency Care* (2016). [DOI: 10.1097/PEC.0000000000000669](https://doi.org/10.1097/PEC.0000000000000669)

Provided by University of Alberta

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