

Pediatric pain management learning objectives



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Describe the consequences of untreated pain in children Both behavioral and physiological consequences of untreated pain Discuss the myths about pain in children 2 prevalent myths about the effects of pain medications on infants and child say that they put the children at risk of respiratory depression and physical addiction of pain medications

Other myths include: infants cannot feel pain, children have no memory of pain, children are not in pain if they can sleep, parents exaggerate their child's pain, repeated painful experiences teach the child how to be more tolerant, children recover more quickly than adults, children tell you if they are in pain, and that children have a high risk of addiction ONPEDIATRIC PAIN MANAGEMENT LEARNING OBJECTIVES SPECIFICALLY FOR YOU FOR ONLY \$13.

90/PAGE Order Now Examine the role of the nurse caring for a child in pain Assess the pain by evaluating behavior and physiologic signs, using a developmentally appropriate pain assessment tool. Nurses should not rely on personal, subjective appraisals of behavioral and psychological indicators.

Apply knowledge of pain assessment and management when caring for a child in pain Managing pain in children requires a calm environment, as well as non-pharmacologic and pharmacologic interventions Pain

Definition Whatever the person experiencing the pain says it is, existing whenever the person says it does

An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage

Gate Control Theory A gate mechanism in the spinal cord facilitates or inhibits the transmission of pain signal. Stimulation of the larger afferent nerves, which carry benign sensations, can blunt the transmission of pain

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signals
Pharmacologic Interventions for Pediatrics
Mild-moderate pain commonly receive acetaminophen. Moderate to severe acute and chronic pain commonly receive opioids
Non-Pharmacologic interventions for Pediatrics
Distractions, Breathing techniques, guided imagery, biofeedback, progressive muscle relaxation, hypnosis, acupuncture, topical heating and cooling, massage, and transcutaneous electrical nerve stimulation
JCAHO Pain Standards (2001)
Standards for the assessment and management of pain

Patients are educated about pain and managing pain

Patients have the right to an appropriate pain assessment and management

The patient is monitored before and after a painful procedure

Childhood Developmental Tasks
Infant - Trust

Toddler - Autonomy

Preschooler - Initiative

Grade Schooler - Industry

Adolescent - Identity
Pain Assessment Scales
Infant: CRIES

Young Children: FLACC, VAS, FACES

School Aged/ Adolescent: Oucher, Adolescent Pediatric Pain Tool (pg. 975-

977)
QUESTT Pain Assessment
Q - Question the child

U - Use a pain rating scale

E - Evaluate behavior and physiologic changes

S - Secure parental involvement

T - Take cause of pain into account

T - Take action and evaluate results

D - Document
Nursing Principles while caring for a child in pain
Family

Centered Care, encourage parental participation, and comfort items from

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homeGoals of pain management1) Relieve pain

2) Maximize function

3) Minimize side effects of medicationsNon-pharmacologic intervention nursing

strategiesShould supplement and not replace for pharmacologic

interventions, enhance the effects of the analgesic, gives child a sense of

control over painPharmacologic intervention nursing strategiesWHO

recommendations (pg. 970), Oral route preferred, use ATC, use topical

anesthetic creams for procedures, IV provides steady blood level, morphine

is gold standard for severe pain, avoid IM, no placebos lolImportant

ConsiderationsDevelopmental and cognitive level, past experience,

culturePalliative Carephilosophy of care and an organized program for

delivering care to children with life limiting conditions; focuses on enhancing

quality of life for the child and family, minimizing suffering, and providing

opportunities for growth and developmentHospice Carephilosophy of care

that combines palliative and hospice care principles, hospice care is a

philosophy that regards dying as a natural process and care of dying patients

as including management of the physical, psychosocial, and the spiritual

needs of the patient and family

Caring, not curing