

## PAIN MANAGEMENT What We Can Do To Help

When children have pain there are many things that can be done to help them be more comfortable. Each child responds differently. They can even respond differently to the same techniques from one time to the next, so don't be afraid to try a variety of ways to help. If you find something that works, however, don't be afraid to stick with it. Your words of hope and courage can help a lot.

### FACTS ABOUT MEDICINES FOR PAIN

Many people have wrong ideas about using medicines (narcotics) to treat pain. Here are some things you should know:

#### FALSE IDEA

Children are at high risk for getting addicted to narcotics.

#### THE TRUTH

Addiction happens when narcotics are used for psychological effects (to "get high") and not for medical reasons. The risk of addiction is less than 1% in children.

#### FALSE IDEA

Physical dependence on a narcotic is the same as addiction.

#### THE TRUTH

Children may have withdrawal symptoms after one week of narcotics, but this **does not** mean that they are addicted.

#### FALSE IDEA

Tolerance is the same as addiction.

#### THE TRUTH

After receiving a narcotic many times, the same dose may not work as well. We may have to increase the dose to help your child get good pain control.

### CAUSES OF PAIN

There are many reasons why your child may have pain while in the hospital. These include:

- **Procedures** – such as starting an IV, changing a dressing, drawing blood, or spinal taps.
- **Surgery** – before or after an operation; belly pain; broken bones.
- **Diseases and conditions** – such as sickle cell anemia, cancer, juvenile rheumatoid arthritis, cystic fibrosis, Crohn's Disease, headache.

Several treatments are available to help your child with the pain. These include giving comfort through relaxing or distracting the child. Medicines may also be given by mouth, on the skin, rectally, or by IV.



**Picture 1** Stories, games and music can distract a child from the pain.

## WHAT TO LOOK FOR

Some things that you might want to note are:

- How does your child describe when he or she hurts?
- What does your child call pain?
- When does the pain occur? Morning? Nighttime? Is there a pattern or not?
- How long does it seem to last?
- Is the pain different from the kind of pain that your child has had in the past?
- Do the things you use to comfort your child seem to relax him or her and relieve the pain?

## THINGS YOU SHOULD KNOW

- Something should be done about the pain *as soon as it starts*. Don't wait until it gets very bad. It is much easier to control pain if it is treated right away. This is a key step in proper pain control.
- The nurses may ask your child to accept pain medicine at set times for the first 24 hours after surgery. Our goal is prevent or reduce pain.
- Pain medicine can be given by mouth, into the bloodstream (intravenous or IV), in the rectum, or in the muscle (shot). The nurses will try to avoid giving medicine in the muscle to avoid added discomfort.
- If you know your child's pain gets worse when he or she starts walking or doing breathing treatments, ask for pain medicine first.
- The nurse may ask your child to rate his or her pain level using a scale like the one below.

## FOR YOUNG CHILDREN

Show me how you feel by POINTING to the face.



## FOR OLDER CHILDREN AND ADULTS



(Baker-Wong Faces Pain Rating Scale as modified from Wong, DL; Whaley & Wong's essentials of pediatric nursing, ed. 5, pp. 1215-1216, St. Louis, 1997, Mosby. May be duplicated for use in clinical practice).