Due to the current opioid crisis that most states are experiencing, it is necessary to institute nursing best practices in regards to the management of pain in the pediatric patient. There are currently state regulations for the provider to report all opioid prescriptions that are written, along with mandatory education of the possible risk of addiction associated to opioid use. As a result of the Joint Commission recommendations, most hospitals have developed a pain management team in order to implement a standardized program that includes assessment, management, and safe opioid prescribing practices. The goal for every patient is to achieve optimal pain control while maximizing patient safety. Since evaluating, assessing, and treating pain are all nursing responsibilities, education on all these components, for both the nurse and family, is an important element in caring for pediatric pain. Nurses should be aware of the many modalities in which pain is treated and the importance of initiating the nonpharmacological options first. Discussion between the patient and family to survey how effective the treatments are is the best indication of how successful the pain management is.
Commitment to Pain Management

The healthcare team is committed to delivering the best level of pain control that can safely be provided for all children cared for at Shriners’ Hospital for Children – Philadelphia. Our goal is to make every patient as comfortable as possible. We would like you to be involved. With your help, together we can develop a plan to make your child more comfortable.
Nurse Responsibilities

- Pain Assessment
  - Initial Assessment
  - Pain Management education/goal setting
  - Ongoing assessment/reassessment
- Pain Interventions and Impacts
  - Use of non-pharmacological methods in adjunct with pharmacological methods
  - Administration of analgesics
- Pain Documentation
- Patient/Family Education
Misconceptions of Pediatric Pain

– Infants and children have no memory of pain.
– Parents exaggerate their child’s pain.
– Children are not in pain if they can be distracted or if they are sleeping.
– Children recover more quickly than adults from painful experiences such as surgery.
– Children tell you they are in pain. They do not need medication unless they appear to be in pain.

https://www.google.com/search?q=crying+child&tbm=isch&source=iu&ictx=1&fir=F_M1boVbBCui7M%253A%252CZGOrNXGbq2kUpM%252C&usg=AFrqEze7f8Aiqg8GzvfbO2u5t2RClsezqyw&sa=X&ved=2ahUKEwjdxMngr6bdAhUj0FkKHRmIAdlIQ9QEuDnoECAMQCGg#imgrc=F_M1boVbBCui7M:
Misconceptions of Pediatric Pain

- Neonates & Infants are incapable of feeling or expressing pain.
- Repeated experience with pain teaches the child to be more tolerant of pain and cope with it better.
- Children tolerate discomfort well.
- Children without obvious physical reasons for pain are not likely to have pain.

https://www.google.com/search?q=child+in+pain&source=lnms&tbm=isch&sa=X&ved=0ahUKEwiO77HOsKbdAhWEmVkKHZqpD2QQ_AUICigB&biw=1536&bih=760#imgrc=9587LrE2rVvR3M:
Pain Assessment

- Pain assessment should be initiated at the time of admission
- Current pain status should be documented including:
  - presence/absence of pain
  - Location of pain
  - Quality of pain
  - Precipitating & relieving factors
  - Pain medication history
  - Allergies
  - Baseline vital signs, pulse oximetry, current medications, as well as herbal and/or alternative therapies
Pain Assessment

– Pediatric pain assessment should be appropriate to the patient’s developmental level.

– Pain can be communicated by words, expressions, and behavior (crying, guarding a body part, grimacing).

– Factors Influencing Pain Ratings:

  – Use a developmentally age appropriate scale
  – Children often deny pain because they fear consequences (e.g., physical exam or injection)
  – Young children may not understand the relationship between pain assessment, treatment and the relief of pain.
  – Observation of a child's behavior is helpful in the evaluation of pain

  – *Patient's family or guardian may help in the assessment of pain.*
Quest Principles of Pain Assessment

- **Question the child**
- **Use pain rating scale**
- **Evaluate behavior**
- **Secure parents’ involvement**
- **Take cause of pain into account**
- **Take action**
– **Infants:**
  – Remember infants DO have pain!
  – What is painful for older children and adults can be expected to be painful for babies.

– **Older Children:**
  – Children less than 3 years old or unable to communicate should use the **FLACC scale**.
  – Children over 3 may use the **Faces scale**.
  – Children over 5 may be able to use **descriptor words** (stinging, burning).
  – Children over 6, who understand the concepts of rank and order, can use **numerical scale, color scale, and word scale**.

– Retrieved from: [http://www.med.umich.edu/pain/pediatric.htm](http://www.med.umich.edu/pain/pediatric.htm)
<table>
<thead>
<tr>
<th>Signs of Acute Pain:</th>
<th>Signs of Chronic Pain:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Crying &amp; Moaning</td>
<td>• Irritability</td>
</tr>
<tr>
<td>• Muscle Rigidity</td>
<td>• Changes in sleeping and eating patterns</td>
</tr>
<tr>
<td>• Flexion of flailing of the extremities</td>
<td>• A lack of interest in their surroundings</td>
</tr>
<tr>
<td>• Diaphoresis</td>
<td></td>
</tr>
<tr>
<td>• Guarding</td>
<td></td>
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<tr>
<td>• Changes in vital signs</td>
<td></td>
</tr>
</tbody>
</table>
Pain Assessment

Wong-Baker FACES Pain Rating Scale

Verbal Analog Pain Scale (0-10)

0  ________________  5  ________________  10
No Pain    Moderate Pain    Worst Possible Pain
**FLACC SCALE – (Face, Legs, Activity, Cry, Consolability)**

Instructions: Rate patient in each of the five measurement categories. Add together to determine total pain score.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FACE</strong></td>
<td>No particular expression or smile, eye contact and interest in surroundings</td>
<td>Occasional grimace or frown, withdrawn, disinterested, worried look to face, eyebrows lowered, eyes partially closed, cheeks raised, mouth pursed</td>
<td>Frequent to constant frown, clenched jaw, quivering chin, deep furrows on forehead, eyes closed, mouth opened, deep lines around nose/lips</td>
</tr>
<tr>
<td><strong>LEGS</strong></td>
<td>Normal position or relaxed</td>
<td>Uneasy, restless, tense, increased tone, rigidity, intermittent flexion/extension of limbs</td>
<td>Kicking or legs drawn up, hypertonicity, exaggerated flexion/extension of limbs, tremors</td>
</tr>
<tr>
<td><strong>ACTIVITY</strong></td>
<td>Lying quietly, normal position, moves easily and freely</td>
<td>Squirming, shifting back and forth, tense, hesitant to move, guarding, pressure on body part</td>
<td>Arched, rigid, or jerking, fixed position, rocking, side to side head movement, rubbing of body part</td>
</tr>
<tr>
<td><strong>CRY</strong></td>
<td>No cry or moan (awake or asleep)</td>
<td>Moans or whimpers, occasional cries, sighs, occasional complaint</td>
<td>Crying steadily, screams, sobs, moans, grunts, frequent complaints</td>
</tr>
<tr>
<td><strong>CONSOLABILITY</strong></td>
<td>Calm, content, relaxed, does not require consoling</td>
<td>Reassured by occasional touching, hugging, or talking to, distractible</td>
<td>Difficult to console or comfort</td>
</tr>
</tbody>
</table>
Oucher scale

https://www.google.com/search?q=oucher+scale&tbm=isch&imgil=5xJrOMc2D-FF_M%253A%253B2gqZCbVZe3qMIM%253Bhttps%2525252F%25252Fwww.researchgate.net%25252Ffigure%25252F8059780_fig1_Figure-2-Oucher-self-report-pain-scale-for-use-in-children-aged-3-to-12-years-Younger&source=iu&pf=m&fir=5xJrOMc2D-FF_M%253A%252C2gqZCbVZe3qMIM%252C_&usg=__7fr9_p7TTt060T1RnlZFPxVvLw%3D&biw=1280&bih=879&ved=0ahUKEwjopdb4lT79 pharmacist=1503673966419
Non-pharmacological interventions & Therapies

- Distraction (pictures, TV, music, etc…)
- Environmental changes (i.e. lights off, decrease stimulation)
- Music Therapy
- Repositioning
- Cold and Heat therapies
- Deep Breathing and Relaxation Exercises
- Consult Social Services
- Consult Psychology
# Pharmacological Interventions (Medications)

## NON-OPIOIDS (NON-NARCOTIC)
- Acetaminophen (Tylenol)
- Ibuprofen (Motrin or Advil)
- Toradol

## Oral (by mouth)

## Intravenous (in the vein)

## Patient Controlled Analgesia (PCA)

## OPIOIDS (NARCOTICS)

### IV:
- Morphine
- Fentanyl
- Dilaudid

### PO:
- Percocet
- Codeine
- Oxycodone/Oxycontin
- Hydrocodone
Joint Commission Guidelines


The additions and revisions require hospitals to:

- Establish a clinical leadership team
- Actively engage medical staff and hospital leadership in improving pain assessment and management, including strategies to decrease opioid use and minimize risks associated with opioid use
- Provide at least one non-pharmacological pain treatment modality
- Facilitate access to prescription drug monitoring programs
- Improve pain assessment by concentrating more on how pain is affecting patients’ physical function
- Engage patients in treatment decisions about their pain management
- Address patient education and engagement, including storage and disposal of opioids to prevent these medications from being stolen or misused by others
- Facilitate referral of patients addicted to opioids to treatment programs
What we do

- Developed a Pain Committee
- Include family in decision making processes for the patient
- Physicians/ NP utilize the Prescription Drug Monitoring Program and document education giving to families regarding the use of opioids. Waiver must be signed for any minor patient receiving narcotic medication prescriptions.
- Gain ongoing feedback from patient and family through Pain Management Surveys
- Conduct follow up phone calls through care managers with pain management questions
Education

- **Patient and Family Education**
  - Handouts given prior to surgery.
  - Discuss pain regimen at time of medication reconciliation.
  - Establish base line pain prior to surgery.
  - Discuss what a realistic pain level is for that particular patient.
  - Educate on dependency and addiction.
What is a PDMP?

According to the National Alliance for Model State Drug Laws (NAMSDL), a PDMP (prescription drug monitoring program) is:

A statewide electronic database which collects designated data on substances dispensed in the state.
Benefits of a PDMP

A PDMP is a tool used by states to address prescription drug abuse, addiction and diversion:

- Support access to legitimate medical use of controlled substances
- Identify and deter or prevent drug abuse and diversion
- Facilitate and encourage the identification, intervention with and treatment of persons addicted to prescription drugs
- Inform public health initiatives through outlining of use and abuse trends, and
- Educate individuals about PDMPs and the use, abuse and diversion of an addiction to prescription drugs.
States that currently have an operational PDMP
CONSENT TO PRESCRIBE OPIOID MEDICATION TO A MINOR

Background: Pennsylvania law requires that in most non-emergency circumstances, a minor may only be prescribed opioid medications (whether by drugs or opioids) if the prescriber first discusses the potential risks associated with the medication with the minor and also with the minor's parent, guardian, or an adult who has legal authority to consent to the minor’s medical treatment. This consent form must be signed by the prescriber and any person associated with the minor’s legal administration. Always review the information listed and put your signature next to each item before you and sign this form. You have discussed the risks with the prescriber and you understand and accept what each statement says.

Patient Name:

Patient’s Date of Birth:

Name of Parent/Guardian/Authorized Adult:

Signature of parent/guardian/authorized adult

Date

Time

Name of Medicine/Brand or generic name:

Quantity:

Amount of initial dose:

Number of refills:

The medication being prescribed above is a controlled substance containing an opioid. The amount of the medication has been identified by the United States Drug Enforcement Administration and approved for use by the prescribing physician. As the responsible prescriber, I certify that I have discussed with both the minor, as well as with the minor's parent/guardian/authorized adult the following claims:

1. The risks and benefits associated with the controlled substance containing an opioid.

2. The increased risk of addiction to controlled substances to individuals suffering from mental or substance use disorder.

3. The dangers of using a controlled substance containing an opioid with benzodiazepines, alcohol, or other central nervous system depressants.

4. Any other information in the patient counseling information section of the labeling for controlled substances containing an opioid that I deemed necessary.

Signature of prescriber:

Date

Time

*If the adult requesting or receiving is someone other than a parent or guardian (e.g., an authorized adult acting pursuant to a valid health care proxy), the prescription for an opioid-containing drug must be limited to not more than a single, 30-day supply and must be a single, 30-day supply unless otherwise in accordance with the prescription law. 75 Pa.C.S. §2944(a)(1))

This form must be maintained in the minor's record with the prescriber.
Pain Surveys

Shriners Hospitals for Children - Philadelphia reserves your help. Please complete the following Pain Management Survey based on your child's most recent surgical procedure. Thank you for your time.

1. Overall, how satisfied are you with the management of your child's pain?
   - Poor
   - Fair
   - Neutral
   - Good
   - Excellent

2. Pre-operatively, how would you rate the amount and quality of education you received on pain and pain management?
   - Poor
   - Fair
   - Neutral
   - Good
   - Excellent

3. Pre-operatively, how well was your child's pain controlled?
   - Poor
   - Fair
   - Neutral
   - Good
   - Excellent

4. How would you rate the level of involvement of the physicians/providers in the management of your child's pain?
   - Poor
   - Fair
   - Neutral
   - Good
   - Excellent

5. What is your expectation of an acceptable pain level post-operatively?
   - No pain (?)
   - Mild (1-2)
   - Moderate (3-4)
   - Severe (5-7)
   - Unbearable (8+)

6. Post-operatively, how well was your child's pain controlled?
   - Poor
   - Fair
   - Neutral
   - Good
   - Excellent

7. How timely of a manner was your child's pain addressed throughout the day?
   - Poor
   - Fair
   - Neutral
   - Good
   - Excellent

8. If needed, were sufficient pain relief/medications offered to your child? Check all that apply (Corticosteroid therapy, ice, heat, T-patches, T-positioning, T-distractions, activity/child-like etc.)
   - Yes
   - No
   - N/A

9. How effective were the alternate pain relief measures?
   - Poor
   - Fair
   - Neutral
   - Good
   - Excellent

10. If your child needed surgery again, would you want the pain treated the same way?
     - Yes
     - No

11. What would you change if anything?

12. Were you disappointed in the management of your child's pain?
    - Yes
    - No

13. Do you think hospital staff did everything they could to help control your child's pain?
    - Yes
    - No

Comments:
- What were the strengths of the pain management approach at Shriners?
- What were the weaknesses of the pain management approach at Shriners?

Thank you very much for taking the time to complete this survey. Your feedback is vital and very much appreciated.


Questions?