

Effective Management of Pain and Anxiety for the Pediatric Patient in the Emergency Department

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KEYWORDS

- Pain • Anxiety • Pharmacologic • Nonpharmacologic • Emergency department (ED)
- Management • Pediatric

KEY POINTS

- There is suboptimal management of pain for children in the emergency department, although it has improved owing to research and increased knowledge of pediatric pain management.
- Barriers to adequate pain management have been identified in the literature.
- Assessment and reassessment of children's pain should occur using a validated tool that is appropriate for their age and cognitive level.
- Effective management of acute pain and anxiety in children should involve an approach that uses pharmacologic and nonpharmacologic interventions.
- The use of analgesics does not mask or delay diagnosis for the pediatric patient in the emergency department.

INTRODUCTION

Children present to the emergency department (ED) for a variety of painful conditions ranging from mild otitis to multisystem trauma. Oligoanalgesia or the inadequate treatment of pain¹ is common in the ED, and this can be particularly true for children.²⁻⁴ Encouragingly, the trends for pain management in the ED are beginning to improve, largely owing to medical research, which has enhanced knowledge, and the dispelling of myths related to the pain experience in infants and children.^{5,6} However, there remain barriers and gaps in the adequate management of pain for children in the ED.

Pain comes from the Latin word *poena* meaning penalty, retribution, or punishment and was once thought to be caused by evil humors or demons, or as a punishment from God.⁷ Ancient methods of pain relief included measures such as religious

No disclosures.

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Crit Care Nurs Clin N Am ■ (2017) ■-■

<http://dx.doi.org/10.1016/j.cnc.2017.01.007>

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offerings, chanting as a diversion, the use of gongs or other noise making devices to frighten demons, electric eels laid on wounds, trepanning, and sucking out the pain with pipes.^{7,8} Currently, a standard definition of pain is an unpleasant sensory sensation associated with actual or potential tissue damage.^{9,10} Another well-accepted definition by McCaffery¹¹ is that “pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does.” In a joint statement, the American Academy of Pediatrics and the American Pain Society state that “pain is an inherently objective experience and should be assessed and treated as such.”¹²

ETHICAL AND MORAL OBLIGATIONS FOR PAIN MANAGEMENT

Health care professionals (HCP) are obliged through ethical principles to provide pain relief and comfort to patients. In their ethics charter, the American Academy of Pain Medicine declares that physicians have an “ethical imperative” to provide relief from pain.¹³ The International Association for the Study of Pain released a statement in the Declaration of Montreal declaring access to pain management as a basic human right, and that “withholding of pain treatment is profoundly wrong and leads to unnecessary suffering.”¹⁴ In a joint statement the American College of Emergency Physicians, the Emergency Nurses Association, the American Pain Society and the American Society of Pain Management Nursing state that “management of pain is an essential nursing and physician responsibility.”¹⁵

BARRIERS TO ADEQUATE PAIN MANAGEMENT

Pain is a key reason why children present to the ED, and diagnostic testing and procedures may cause additional pain. Managing pain can be a challenge for even the most dedicated HCP. Studies have shown that children are a particularly vulnerable population when it comes to pain management, and are less likely to have their pain treated appropriately than adults.^{12,16–18}

Emergency medicine providers commonly focus on the diagnosis or cause of the pain and may ignore the treatment of the pain itself.^{3,19} Effective treatment of pediatric pain can be challenging and multiple studies have found there are disparities, and sub-optimal management of pain for children in the ED.^{16,20–22} Reports in the medical literature have identified barriers that often prevent adequate management of pain in children. Common barriers to effective pain management may be found in **Box 1**.

ASSESSMENT OF PAIN

Experts agree that the assessment and treatment of pain should occur rapidly. Studies have concluded that the immediate assessment, treatment, and attention to the patient’s report of pain, or lack of improvement after an analgesic or intervention, are essential for successful pain management.^{11,12,18} Because the ED is often the first encounter for children with painful illness or injuries, it is vital that pain be assessed and documented appropriately. In a study by Drendel and colleagues¹⁶ that included more than 24,000 visits by children to EDs, it was found that only 44.5% of pediatric visits had documented pain scores. Visits categorized as a painful diagnosis had fewer than 60% of patients with pain scores documented (excluding pelvic pain), and for injuries known to be painful such as burns or orthopedic injuries the rate was about 50%.¹⁶ Another study conducted in Illinois found that only 59% of children seen in EDs had a pain assessment documented.^{24,25}

Children’s pain is often underestimated because of a lack of appropriate assessment or belief that children cannot describe their pain.^{7,26–28} The ability to indicate

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