

SAFE AND SOUND

Pain Management

PRESCRIBING

Positioning for Comfort

Chest to Chest



- Secure child's arms and head by giving a hug
- Hug over child's shoulders
- Protect hands from reaching down
- Child has option to watch or look away; distraction

Side Lap Sitting



- Secure child's legs in-between parent's legs
- Wrap child's arm behind parent's back
- Protect hand from reaching down
- Child has option to watch or look away; distraction

Back to Chest



- Secure child's arms by giving a hug over the top of child's shoulders.
- Secure child's legs in-between parent's legs
- Protects child from throwing head back
- Child has option to watch or look away; distraction

Infant Positioning and Breastfeeding

- If breastfeeding, have mother begin nursing when provider leaves the room to make sure infant is comfortably nursing prior to needlestick.
- If not breastfeeding offer oral sucrose (6 months and less). Oral sucrose is best used with a pacifier but not necessary and may be used in conjunction with breastfeeding.
- Swaddle infant (those who are not yet mobile) leaving extremity or extremities needed exposed. Swaddle as long as it is for comfort and not restraint.
- Cradle hold is also great position for infants
- Parent can offer face to face comfort at time of procedure.
- Minimize stimulation

Positioning for Comfort

Back to Chest for exams and swabs



- Secure child's arms by giving a hug over the top of child's shoulders.
- Secure child's legs in-between parent's legs
- Place one hand on child's forehead to stabilize
- Protects children from throwing head back

Reclined for I/O Cath



- Allows child's head to be held in parent's lap.
- The child cannot scoot upward during insertion.
- Protect hands from reaching down
- Have child do butterfly legs
- Offer item for distraction to

ONE VOICE

One voice should be heard during the procedure.

Need for parental involvement

Educate the patient before the procedure about what is going to happen.

Validate a child with your words.

Offer patient the most comfortable, non-threatening position.

Individualize your game plan.

Choose appropriate distraction/coping techniques to be used.

Eliminate unnecessary staff who are not actively involved with the procedure