

PAIN MANAGEMENT IN CHILDREN

GENERAL INFORMATION:

What is pain? Pain is how your child's body reacts to an injury or illness. Everyone reacts to pain in different ways. What your child thinks is painful may not be painful to another child or you. Pain is whatever your child feels it is, even if he cannot talk about it. Scientists are learning that if babies have uncontrolled pain, it may cause them very strong pain reactions as they get older.

What causes your child's pain? Pain can be caused by many things, such as an injury, surgery, or a disease like cancer. Often, tests and procedures that involve needles are considered very painful by your child. Other pain is caused by pressure on a nerve, such as a cancer tumor. Some pain is caused when nerves are cut as in an accident or surgery. After an injury or surgery, your child may not want to move the painful part of his body at all. But, your child may have pain because he is not moving this body part. Sometimes there is no clear reason for your child's pain.

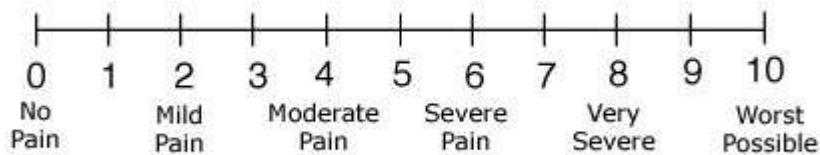
What are the different types of pain? Pain may be acute or chronic.

- Acute pain is short-lived and usually lasts less than 3 months. Caregivers first work to remove the cause of the pain, such as fixing a broken arm. Acute pain can usually be controlled or stopped with pain medicine.
- Chronic pain lasts longer than 3 to 6 months. This kind of pain is often more complex. Caregivers may use medicines along with other treatments, like relaxation therapies to help your child's pain.

What is your child's pain like? Because children act so differently from newborn to 18 years old, knowing when they have pain may be difficult. Children, like adults, may adapt or get used to the pain over time. This means they may act normal or opposite of how you think they should act even though they are having very bad pain.

- Babies and very young children have trouble talking and saying what they feel. Knowing they are in pain may be very hard. Physical signs are often the only way you and caregivers may understand your child is in pain. The following are some signs you can watch for that may mean your child or baby has pain.
 - Bites or squeezes his lips very tightly.
 - Cries with a higher pitch that sounds upset and harsh.
 - Does not move out of a position very often (because it hurts to move). Or he moves around a lot trying to lie in a way that will not hurt.
 - Frown or squeezes eyes shut very tightly.
 - Is not easily comforted.
 - Moves arms around a lot.
 - Pulls his knees up to his chest.
 - Pulls the part of his body part that is hurting away from your touch. Or, gets upset at being touched.
 - Shudders (mild shake).
 - Sleeps more or less than usual.
 - Touches, rubs, or massages parts of body.
 - Whimpers or groans quietly.
- Following are signs you can watch for with your toddler, preschooler or young child that may mean he has pain.
 - Arms, legs or body are moved or held stiffly.
 - Crying.
 - Generally restless (moves around a lot and cannot get comfortable).
 - Guards or protects painful area(s) from touching anything.
 - Kicks when someone comes near.
 - Loses control of bowel and bladder (if your child was "potty trained" before the pain event).
 - May deny pain because they are "being brave" or are "afraid of the cure."

- Seems withdrawn and does not do normal activities like play.
- Touches, tugs, rubs, or massages parts of body that hurt.
- Whimpers or groans quietly.
- Caregivers want you or your child to talk to them about his pain if he is old enough. This helps them learn what may be causing the pain and how best to treat it. Caregivers will want you or your child to answer the following questions if he can.
 - Where does it hurt? Where does it **not** hurt? Does the pain move from one area to another? How would you rate the pain on a scale? On 0 to 10 scale, 0 is no pain, and 10 is the worst pain your child ever had. Or, try a smiley face scale. A smiling face is no pain, and a sad face with tears is very bad pain. Some caregivers may suggest other ways to help your child tell you how much he hurts, like colors or even poker chips.



Pain Scale

- How does the pain feel? Try to choose words that tell caregivers what type of pain your child is having.
 - Is the pain sharp, cramping, twisting, squeezing, or crushing? Or, is the pain stabbing, burning, dull, numb, or "pins-and-needles" feeling? Younger children may not talk about their "pain" the same way as an adult would. They may use words like "hurt," "boo-boo," or "owie" to mean pain. They may not understand the word "pain" at all.
 - They may also say they feel like they are "in an oven" or "like a crocodile is biting me." Or they may say that it feels like "being stood on by a huge monster." These are all ways they may use to tell you they are in pain.
- When did the pain start? Did it begin quickly or slowly? Is the pain steady or does it come and go?
- How often does the pain bother your child, and how long does it last?
- Does the pain affect the things your child does or his daily life? Can your child still play or go to school?
- Does the pain wake your child from sleep?
- Do certain things or activities cause the pain to start or get worse like coughing or touching the area?
- Does the pain come before, during, or after meals?
- Does anything decrease the pain like changing positions, resting, medicines, or changing what your child eats?

Why is pain control important? Pain can affect your child's appetite (ability or desire to eat), how well he sleeps, along with his energy and ability to do things. Pain can also affect your child's mood (how he feels about things) and relationships with others. If caregivers can help control your child's pain, he will suffer less and can even heal faster. **Care:** The best way to decrease pain is to treat the cause of the pain. Almost all types of pain, including cancer pain, can be controlled with medicine and other treatments. It may be hard to get your child's pain to go away completely. But it is possible to lower your child's pain level so he can live and be comfortable doing everyday things. You, your child, and caregiver will work together to find what pain control treatments are best for your child. Always tell your caregiver if your child's pain gets worse. Ask your caregiver if you want more information on any of the following pain control treatments.

- **Medicines:**
 - **Anti-Anxiety Medicine:** This medicine may be given to help your child feel less nervous and relax. It may be given by IV, as a shot, or by mouth.
 - **NSAIDS (N-said):** This medicine may be given to decrease inflammation (in-fluh-MA-shun) which is redness, pain, and swelling. It is very good for bone pain that comes from a fracture or cancer. It is given by mouth or IV.
 - **Pain medicine** affects the nervous system so your child feels less pain. Your caregiver will tell you how much to give your child and how often. Give the medicine regularly as directed by your caregiver. Do not wait until your child's pain is too severe. The medicine may not work as well at controlling the pain if you wait too long to give it.

How can pain medicine be given? Following are the many different ways pain medicine can be given depending on the kind of pain your child has.

- **By mouth:** Your child may be given pills or liquid to swallow. Or, your child may be given a pill or liquid to put under his tongue.
- **Epidural (eh-pih-DER-ull):** Medicine is given through a catheter (tube) that caregivers put into the epidural space (the areas around the spinal cord).
- **Nerve block:** A shot of medicine is put close to the nerves in the area that hurts to break the pain cycle. The medicine makes the nerves unable to send pain messages to your child's brain. Nerve blocks give short-term relief of pain so that your child can have a more normal life.
- **PCA:** A PCA device is used to give your child pain medicine. PCA stands for patient-controlled analgesia (an-ull-G-z-uh). This is an electric pump with pain medicine, which is connected by a tube to an IV. An IV is a tiny tube placed in your child's vein. Or, the medicine can go subQ (under your skin). Children as young as 5 or 6 may be able to use the PCA correctly. Ask your caregiver who may push the button. Your child receives medicine from the pump through the tube. Caregivers have set the pump so your child cannot get too much medicine. A PCA pump works well to control pain because your child can get medicine before the pain gets too bad. When your child is in control of pain relief it helps your child relax and deal with the pain better.
- **Rectal:** Medicine in a suppository (suh-PAW-zih-tor-e) is put into your child's rectum.
- **Shot:** Pain medicine can be given as a shot, in an IV, into a muscle, or under the skin (subQ).
- **Topical:** Medicine in a cream or gel is spread over your child's skin.
- **Transdermal:** Some medicine can be given as a patch put on the skin. This medicine is released slowly to give pain relief for as long as 72 hours

How can you give pain medicine safely and make it work the best for your child?

- **Do not** wait until your child is in pain to give his medicine if your caregiver has suggested a regular schedule around the clock. If you wait until your child feels bad, you will only be "chasing" his pain and not controlling it.
- Some pain medicines can make your child breathe less deeply and less often. The medicine may also make him sleepy, dizzy, and unsafe to ride a bike or to drive a car if he is old enough. For these reasons, it is very important to follow your caregiver's advice on how to use this medicine.
- Sometimes the pain is worse when your child first wakes up in the morning. This may happen if your child did not have enough pain medicine in his bloodstream to last through the night. Caregivers may tell you to give a dose of pain medicine during the night.
- Some foods and other medicines may cause unpleasant side effects when your child takes pain medicine. Follow your caregiver's advice about how to prevent these problems.
- Pain medicine can make your child constipated (hard BMs). Following are some things that you can do to help him deal with constipation.
 - Encourage your child to eat more foods high in fiber. Some high-fiber foods are raw fruits and vegetables, whole-grain breads and cereals, dried fruits, popcorn, and nuts.

- Drinking warm or hot liquids to make your child's bowels more active.
- Avoid offering hard cheeses and refined grains, such as rice and macaroni.
- Get your child to exercise more, if possible.
- Talk to your caregiver about your child drinking more liquids and giving a mild laxative (medicine to soften BMs) to him.
- Do not stop giving pain medicine suddenly if your child has been taking it longer than 2 weeks. His body may have become used to the medicine. Stopping the medicine all at once may cause your child unpleasant or dangerous side effects.
- With time, you and your child may feel that the pain medicine is not working as well as it did before. Always call your caregiver if this happens. Together you can make changes in medicines or find new ways to control your child's pain.

Other non-drug pain control methods.

- **Acupuncture (ah-q-PUNK-sheer)** is based on the belief that life forces move through the body in specific paths. These paths are called meridians (mer-IH-d-uns). With acupuncture, a needle is put into the meridian that runs to the area where your child is having pain. This needle blocks the meridian, which stops or decreases the pain.
- **Aromatherapy (uh-ro-muh-THAIR-uh-p)** is a way of using good smells to help your child relax and decrease pain. Candles, massage oil, scented bubble baths, and even baking cookies are all ways that smells are used. Scientists are learning that good smells may change your child's mood and help him relax. It may also help your child's brain make special chemicals like endorphins (n-DOOR-fins). Endorphins are natural body chemicals like morphine that decrease pain.
- **Breathing exercises** are another physical way to help your child's body relax. Teaching his body to relax helps make the pain less. Breathing in and out very slowly is all you teach your child to do. A fun way to practice breathing slowly is to blow soap bubbles or a party blower. Your child will know he is doing great when he gets large bubbles or the blower makes long noises.
- **Control** often helps children have less pain when they need to have medical procedures. If they understand what is going to happen and are allowed to help, they may experience less pain. For example, let your child choose the finger that will be poked for a blood sample. Or, let him wash his cut with soap and water, and put on the bandage alone. Also, caregivers may explain treatments and procedures using a doll to help decrease fear of the unknown.
- **Distraction (dih-STRAK-shun)** teaches your child to focus his attention on something other than pain. Watching TV, playing board and video games, or telling stories may relax you and your child. This can help keep him from thinking about the pain. Take a "fun bag" with these kinds of toys when your child goes for treatments or procedures.
- **Guided imagery (IH-mij-ree)** teaches your child to put pictures in his mind that will make the pain less intense. With guided imagery, your child learns how to change the way his body senses and responds to pain. To start, ask your child to imagine floating in the clouds, or remembering a favorite place. Ask your child to tell you what he feels when floating, if he can see things around him, and so on.
- **Heat and cold** can help decrease pain. Some types of pain improve best using heat while other types of pain improve most with cold. Caregivers will tell you if hot and/or cold packs will help your child's pain. Also, remember that giving your child a warm bath may help calm him and let his muscles relax. A cool shower on a very hot summer day may do the same thing.
- **Music.** It does not matter whether you and your child listen to it, sing, hum or play an instrument. Music increases blood flow to the brain and helps your child take in more air. Scientists are learning that it increases energy and helps change your child's mood. Music also may cause your child's brain to make special chemicals like endorphins.
- **Physical therapy** can be helpful with pain that was caused by your child not moving one part of his body. Stretching the muscles and making them stronger around the injured area can help the pain go away. If your child has trouble focusing or gets bored with stretches, try adding music and make it a game or dance.

- **Radiation** can be used to decrease the size of a cancer tumor that is pressing on nerves and causing pain. Radiation can also help decrease bone pain. Again, dolls are often used to help children understand what may happen.
- **Relaxation and biofeedback** teach your child's body to respond in a different way to the stress of being in pain. Normally, when pain starts, the body responds with tense muscles, a faster heartbeat, and higher blood pressure. Your child's breathing also gets faster and shallower. These responses can make the pain worse. Relaxation helps make the pain less by changing these responses.
 - Caregivers may use a biofeedback machine so that you and your child know right away when his body is relaxed.
 - Massage is often used to help a child become more relaxed. You or other family members can gently massage your child's back, shoulders, and neck. Massage may work even better if you help your child use guided imagery, breathing exercises, or music.
 - Being in a quiet place may make it easier for your child to deal with the pain. Avoiding bright lights or loud noisy places may help you control your child's pain. Make sure your home is not too hot or too cold.
 - Wrapping your child up in a blanket and rocking him can help him relax. Offering pacifiers, and comfortable positioning (if possible) may also help your child relax, which helps decrease pain.
 - Your child may react to how you are feeling. If you are upset or nervous, he may become upset or nervous. This can increase his pain. Relaxation exercises can work to help you become calm. If you can be calm and relaxed, your child may become calm and less fearful. This can help keep his pain lower.
- **Self-hypnosis** is a way an older child may be able to change their level of awareness. This means that by focusing his attention your child can move away from his pain. Your child makes himself open to suggestions like ignoring the pain or seeing the pain in a positive way. It is not known exactly how hypnosis helps pain. But, hypnosis can give long-lasting relief of pain without affecting your child's normal activities. Self-hypnosis gives your child better control of his body. Your child may feel less hopeless and helpless because he is doing something to decrease the pain.
- **Surgery** may be done to stop chronic pain. Caregivers may do surgery to cut the nerves to the painful area. The goal of this surgery is to stop the pain without losing feeling or movement in the area. In some children the pain can come back after surgery or the pain may even be worse. For these reasons, surgery is usually not considered until all other pain control treatments have been tried.
- **TENS** is short for transcutaneous (trans-q-TAIN-e-us) electrical nerve stimulation (stih-mew-LA-shun). A TENS unit is a portable, pocket-sized, battery-powered device which attaches to the skin. The TENS unit uses mild, safe electrical signals to help control pain.
- **Spinal cord stimulation** is a nerve stimulation technique that is similar to TENS. The difference is that in SCS an electrode (a metal wire) is put near the spinal cord during surgery. SCS also uses mild, safe electrical signals to help control pain.

Write or call the following organizations for more information.

- American Pain Society
4700 W. Lake Avenue
Glenview, IL 60025
Phone: 1-847-375-4715
Web Address: <http://www.ampainsoc.org>
- National Cancer Institute
Cancer Information Service
Suite 3036A
Bethesda, MD 20892-8322
Phone: 1-800-422-6237
Web Address: <http://www.nci.nih.gov>



- American Chronic Pain Association
P.O. Box 850
Rocklin, CA 95677
Phone: 1-916-632-922
Web Address: <http://www.theacpa.org>

Call your caregiver if your child is having any of the following problems.

- The medicine you are giving makes your child sleepier than usual or confused.
- Your child has a new pain or the pain seems different than before.
- Your child has constipation that is not decreased with the treatments described above.

CARE AGREEMENT:

You have the right to help plan your child's care. To help with this plan, you must learn about your child's pain, what is causing it, and how it can be treated. You can then discuss treatment options with your caregivers. Work with them to decide what care will be used to treat your child.

The above information is an educational aid only. It is not intended as medical advice for individual conditions or treatments. Talk to your doctor, nurse or pharmacist before following any medical regimen to see if it is safe and effective for you.
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