



Procedural Distraction 101 for Staff

Created by:

Breanne Mathers, Child Life Specialist

Nick Joachimides, Manager, Patient Safety

Holland Bloorview Kids Rehabilitation Hospital

Acknowledgements

Adopted for:

Canadian Association of Paediatric Health Centres
Pain Community of Practice

by

Elana Jackson, MA, CCLS, RECE, Certified Child Life
Specialist, McMaster Children's Hospital

and

Ashleigh Townley BSc., MA., Holland Bloorview Kids
Rehabilitation Hospital

Pain

- According to the International Association for the Study of Pain, “Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage”. Perception of pain in pediatrics is complex, and entails physiological, psychological, behavioral, and developmental factors.
- Ideally procedures should be done in a child-friendly environment, using appropriate pharmacologic and nonpharmacological interventions with routine pain assessment and reassessment.

Merskey, Harold, and Nikolai Bogduk. "Classification of chronic pain, IASP Task Force on Taxonomy." Seattle, WA: International Association for the Study of Pain Press (Also available online at www.iasp-pain.org) (1994).

What is Distraction?

Helping a child to cope with a medical procedure/ intervention by redirecting their attention

Distraction is divided into two main categories:

1. Passive distraction- involves the child simply directing their attention to a pleasurable alternate focus (e.g. watching a video, listening to a story being read)
2. Active distraction- encourages the child's participation in an alternate activity during the procedure (e.g. blowing bubbles, playing an iPad game)

Gate Control Theory of Pain

- Experience of pain can be influenced by thoughts and emotions
- In order to help control the “gate” of pain, other tools can be utilized to distract/“trick” the skin or body to focus on additional sensations, such as alternative focus, cold or vibration, to minimize the sensation of the poke or pain

The gate control theory of pain. (January 01, 1978). *British Medical Journal*, 2, 6137, 586-7.

Distraction/ Alternative Focus

- Does not mean “Hey, look over here so you do not know notice what we are doing!”
- Should not be seen as “tricking” the child as this can result in a loss of trust
- Gives an alternative to focusing on pain which is more positive and hopefully fun.
- Gives the patient a “job” and promotes sense of control over an appropriate aspect of the procedure
- Best if child is involved in choosing the form of distraction to be used during the procedure

The ABC's of Distraction

A – Assorted visuals

B – Breathing techniques

C – Comfort Positions

D – Diversional Talk

E – Encouragement and praise

A – Assorted Visuals

- Choose distraction items that are interactive and engage multiple senses
- Have back-up items or techniques available to introduce novelty during long procedures or if the child loses interest
- Passive distraction activities may be more effective for a child who is highly distressed, withdrawn, or unwilling to engage in more active forms of distraction



B – Breathing Techniques

- Practice deep breathing before, during, and after the procedure to enhance oxygenation, release muscle tension, and induce relaxation
- Young children can be taught “belly breathing” while blowing bubbles, pinwheels, or party blowers
- Have fun with deep breathing! Children can pretend to blow out candles on a cake or blow up a balloon. Talk about what colour the balloon is, or how the cake is decorated
- Coach children to pace their breathing to the steps of the procedure (i.e. take deep breath then exhale upon needle insertion)

C – Comfort Positions

- Babies may be swaddled or held in parent's arms to increase sense of safety and security
- Children and adolescents should sit upright for procedures whenever possible
- “Comfort positions” allow a caregiver to provide positive assistance and a secure hold during a procedure
 - Minimizes separation anxiety
 - Limits need for extra staff to assist with hold
 - Gives parent a role which may reduce parental distress during procedure

C – Comfort Positions

Child sitting on parent's lap on stretcher



- Suitable for toddler and young school age children
- This position can be used for blood work, IV starts, vaccinations, casting, etc.
- Prop child's arm on a pillow or folded blanket for stability
- Caregiver can cross their legs over child's legs for a more secure hold. Arm not being used for procedure should be tucked under caregiver's arm
- A large book can be used to block procedure, if child desires.
- Caregiver is able to engage child in a distraction activity while providing a comforting hold

C – Comfort Positions

Child sitting on parent's lap in chair

- Suitable for toddler and young school age children
- This position can be used for blood work, IV starts, vaccinations, physical examinations, etc.
- For venipuncture, position arm being used for procedure on a stable surface such as a treatment table or bed
- Caregiver can cross their legs over child's legs for a more secure hold
- Child can also face caregiver, chest to chest
- Position allows child to engage in distraction activity with parent, or look at procedure, if desired



C – Comfort Positions

- This position is recommended for when child must be supine, such as for a laceration repair on the head
- Caregiver should be in child's line of sight and as close to child as possible to provide comfort and minimize separation anxiety
- A staff member may support child's head while the caregiver directs child's attention to a planned distraction, such as an iPad game or video
- If child is required to hold still, distraction activities that require minimal movement are ideal. If playing an iPad game, choose one that the child may play with one hand while another person holds the iPad



C – Comfort Positions



- Swaddling a child in a blanket may be necessary to safely complete quick invasive procedures (e.g. foreign body removal) or for children who are very active.
- Involve child and caregiver in assessing which comfort position will work best and if swaddling in a blanket is necessary
- Caregiver can provide a supportive hug during procedure and engage child in singing, talking, blowing bubbles, reading a story, or watching a movie.

C – Comfort Positions

Comfort hold for infants



- Whenever possible, infants should be held in caregiver's arms during a procedure
- This position is suitable for vaccinations and heel pokes
- Swaddling infants promotes a sense of security and may aid in self-calming following a procedure
- If swaddling, expose the limb needed for the procedure
- This position allows infant to be breastfed during the procedure. If not breastfeeding, sucrose may be provided with a pacifier to facilitate non-nutritive sucking

D – Diversional Talk

- Engage the child in discussion that directs the child's attention away from the painful stimuli and toward the distraction activity or a neutral discussion topic
- Give a choice only when choice exists

Do you want to watch or look
away?

not

Can you hold your arm still for me
now?

- Avoid apologizing and excessive reassurance (“Don’t worry!”, “You’re okay!”, “I’m so sorry!”)
- Limit number of voices

E – Encouragement and Praise

- Praise should be specific and tied to the desired behaviour
 - “You are doing a good job taking deep breaths” instead of “Good boy!”
- Tell the child what to do instead of what *not* to do

Focus on the movie while you hold your arm still

not

Don't move!

- Praise coping effort and validate child's feelings
 - “Even though you were worried about that poke you did a great job focusing on your breathing and holding still”
- Reassure child that it is okay to cry; the important thing is to do their job (hold arm still, take deep breath, etc)

Items useful for Distraction

- **Toddler** – bubbles, light spinner, cause and effect toys, toys with lights and sounds, sensory toys, etc.
- **Preschool** – bubbles, light spinner, toys with lights and sounds, young versions of i-spy books, ViewFinder and cartoon slides, stress ball, pinwheels, whistles, iPad games and activities
- **School-age** – i-spy books, iPad games and activities, conversation, music, singing, stress balls, pinwheels, whistles, etc.
- **Adolescent** – iPad games and activities, conversation, MadLibs, music, singing, hangman, Pictionary, stress balls, etc.

Things to remember when meeting patients

- Have all your supplies and people ready before beginning/ initiating the intervention
- Get on the child's level.
- Introduce yourself and your role. Unknown people are threatening.
- Only give choices where choices exist.
- The parents are experts on their child, use them as a resource to help coach and choose appropriate distraction items.

More tips...

- Pair with pharmacological strategies (e.g. topical anaesthetics)
- Adapt choice and pacing of the distraction activity to child's interests and coping style
- Pair 2 senses for better distraction (eg. Lights and sounds, touch and sound)
- Create a distraction kit with helpful items so everything is at arms reach
- Distraction activities can be used after the procedure to redirect focus and assist in emotional recovery
- Call your Child Life Specialist

Other great resources

<http://vkc.mc.vanderbilt.edu/asdbloodwork/pdfs/ProviderGuide.pdf>

“Take the work out of Bloodwork”- a guide from Autism Speaks for clinicians to help patients with ASD to cope with bloodwork draws

<http://www.rch.org.au/comfortkids/>

Program at The Royal Children’s Hospital Melbourne (Australia) with practical handouts and activities for kids, parents and health professionals.

<http://pediatric-pain.ca/it-doesnt-have-to-hurt>

Resources, strategies, research and tips from the Centre for Pediatric Pain Research around supporting kids through painful procedures.

<http://www.sickkids.ca/patient-family-resources/Child-Life/coping-with-a-health-care-experience/Comfort-Kit/index.html>

Tips and Tools to Create your Own Comfort Kit from the Child Life Specialists at Hospital for Sick Children.