

Pain Management & Assessment - Paediatric Summary Clinical Guideline

Reference no.: PA GI 01/ Jan 17/v004

Standard pain assessment documentation should be used to ensure consistency in practice throughout all areas caring for children

All clinical staff should perform a thorough pain assessment using a multi-dimensional tool that is valid and reliable. This tool should include self-reporting cues, observational, behavioural and physiological indicators. The revised Derbyshire Pain tool (Children) and the PAT tool (Neonates) are in use at Derby Children's Hospital

The child/young person should be regularly assessed and that assessment linked to action. A full range of analgesic drugs will be available for use in pain management, as outlined in the Paediatric analgesic stepladder guidelines (available on Flo)

Ensure a multimodal approach to preventing pain is used, using local anaesthetics, opiates, non-steroidal anti-inflammatory drugs (NSAIDs), sedation and non-drug methods in a safe and effective planned environment based on the child's individual needs.

Parental participation in the assessment and management of the child's pain should be encouraged where possible.

Ensure non-pharmacological interventions are encouraged including distraction, guided imagery and relaxation to prepare children through play and education where possible.

Children and their families are given written information regarding continuing pain management after discharge; a patient information booklet 'Pain Management at Home' is available to be given to patients at discharge if appropriate.

Ensure regular audit is performed to monitor and improve the quality and safety of care through evidence based practice.

Measurable Outcomes

- All children will have their level of pain assessed using the appropriate acute pain tool.
- The child and /or family will be involved in the assessment of pain.
- All children/young people will have analgesia prescribed prior to leaving the theatre complex.
- Analgesia will be administered when a pain score of 1, 2 or 3 is recorded.
- No child will have a pain score of more than 2 or 3 on the ward for more than two consecutive assessments.
- Effectiveness of analgesia will be monitored, recorded and reassessed.
- Children will be given written advice for pain management at home.

Unresolved Pain

Unresolved acute pain problems should be referred to:

- Lead Paediatric Pain Specialist Nurse
- Consultant Paediatric Anaesthetist (Theatres)

Unresolved chronic pain problems should be referred to:

- Consultant Paediatricians
- Lead Paediatric Pain Specialist Nurse

Audit

Information will be sought from pain charts, EPMA & Patient Track.
Audit of patient notes for a period of 2 weeks, twelve monthly.