



# Helping Children Cope with Pain



**Children's  
Health Scotland**

Promoting the healthcare rights and needs of children and young people

Children's Health Scotland (CHS), formerly known as Action for Sick Children Scotland, is the only Scottish charity which promotes the needs of all sick children and young people in our healthcare system. We work for improved standards and quality of care for children and young people when they are ill in hospital, at home or in the community. We aim to represent their needs and those of their families and ensure that their voices influence health policy, planning and practice. We do this in partnership with parents, carers, professionals and children and young people themselves.

We work with children, young people and their families by giving healthcare information and support. We recognise the importance of quality, appropriate and timely information in helping sick children, young people and families to cope better with worrying or unknown situations.

Children do experience medical treatment, illness and sometimes accidents which result in pain. We hope this guide will support parents and carers to help their children with their pain at such times. It may answer some of the questions families have and can be used with any other information you receive from your GP, Nurse or hospital.

**CHS is a member of the European Association for Children in Hospital (EACH) which has produced the EACH charter. This sets out 10 standards for children and young people's health care at times of illness.**

**[www.each-for-sick-children.org](http://www.each-for-sick-children.org)**



In this guide 'my child' and 'your child' refers to children looked after by birth parents and carers for example foster and kinship carers.

We are grateful to its Family Participation Group and healthcare professionals for input to this booklet.

This guide is an update to the guide we produced in 2014.

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# Pain Explained

## What is pain?

Pain is the body's useful warning signal that something is wrong. It may be sharp, stabbing, sore or aching; we all feel pain differently. Sometimes the reason for the pain is obvious, like a broken bone or appendicitis, but sometimes we don't find anything to explain it, or there seems to be more pain than you would expect.

## How do you know if your child is in pain?

**By watching your child:** Your child may be quieter than usual, noisier or agitated, be sleepy, tense, flushed or pale. As a parent/carer you are often the best judge of this as you will usually notice when your baby or child is unwell or behaves differently.

**By listening to your child:** They may tell you it hurts or cry. Reassure them and let them know you can help. Use a pain chart to help your child show how much pain they feel (see page 12 of this guide).

**By checking that they are in pain:** Adults talk about pain in different ways meaning either their body or their feelings – physical, mental or emotional pain. Your child may use the same words when tired, sad, upset, uncomfortable or reacting to other circumstances.

## Why is it important to manage pain properly?

Doctors and nurses aim to control pain safely to help children get better quickly. It can help them to relax, sleep and play.

Your child shouldn't have to wait in pain, as being frightened makes pain worse. Helping your child to know their pain matters and it can be controlled, helps to reduce their fear. Being relaxed helps pain relief medicine to be more effective.

If the first dose doesn't help, a higher dose of pain relief medicine may be needed. One doctor says:

*'The aim is to prevent pain from developing, by regular, continuous treatment.*

*We make a best guess which may or may not be correct. If you or your child are not happy with the level of pain control, please tell someone so that it can be changed.'*

## Can I do anything?

Yes, parents/carers have a key part to play to help your child avoid or cope with pain. You know your child best.



## Pain Control without Medicines

### How to help your child cope

The following suggestions may help your child if they have a mild pain or if they are scared of injections. The approaches may involve carers, nurses and play specialists who will work with you.

**Comfort and support** – pain is much worse when children are scared, tense or tired. Ask them if they would like to be stroked or cuddled, sometimes they want to squeeze or hold someone's hand while the pain lasts. Having someone with them helps, especially during tests and treatments that may be painful. If possible, stay with your child if they want you there and you can cope. As a parent/carer you will be worried too. If you can't be there ask who else they would like with them. Some children may prefer to go alone.

**Sticking to your routines can help your child cope with feelings of fear, anger and confusion.**

Distraction can help your child during treatment and tests. You and your child can decide what might help to hold their attention and 'block out' their fears. Some ideas to help distract can be found on page 4.

## Tips for dealing with pain

- ▶ Talk to the nurse or doctor before the procedure to find out what will happen. You and your child can do this together. Share your ideas to help your child with staff; they can support you.
- ▶ Reassure and comfort your child if they make a noise, cry or say 'it hurts'.
- ▶ Give your child the choice of watching the needle go in or not.
- ▶ Before the procedure it may help your child to give injections to a toy, such as a teddy.
- ▶ Make sure you remain calm, positive and confident; share positive stories or read a relevant story with your child.
- ▶ Staff may suggest that your child uses a TENS machine to block the transmission of pain.

## Explain as much as possible

Fear increases pain. The worst pain is fear of the unknown so children need to know what to expect, be given choice and some control with their pain management.

They feel reassured if they are told honestly:

- ▶ Why they have to have the procedure
- ▶ That it will help them and in what ways
- ▶ At what point in the procedure it will hurt.

If other procedures are planned make sure to tell your child what it will involve so they don't worry about what comes next. Ask the doctor or nurse to explain this to you if you do not know. Ask for it to be written down if it helps you to remember.

**Do not tell them that it is not going to hurt, if it will.**

Find out what your child needs to know by getting them to talk about their pain, and to show you how they feel by drawing and painting. Puppets, toys and hospital play sets are useful 'tools' too.

## Distractions

Stories, music, films, games, puppets, toys, or even telling jokes may help your child to feel less pain as they are distracted and immersed in an activity. Deep breathing, slowly counting 4 breaths in and 4 breaths out, or blowing bubbles can help soothe. It can also help to calm you, which can have a positive effect on your child.

You can find more information in Children's Health Scotland's *'Helping Children Cope with Needles'* guide. <https://www.childrenshealthscotland.org/resource/helping-children-cope-with-pain/>

## Use your child's imagination

Many hospital staff teach 'mind-over-body' methods to help children, parents or carers cope with pain. Your hospital staff may use these methods to help you and your child. These can be used alone or with pain relief medicines.

Children are imaginative and learn through play so it is worth encouraging them to use this method. There may be someone in your hospital who can help you get started; ask your child's doctor or nurses to help. Here are some examples:

- ▶ Before a blood test encourage your child to imagine putting on a long glove that blocks the pain.
- ▶ A child who is feeling sick could imagine drinking a cool drink which soothes their mouth right down to their stomach.
- ▶ A child with eczema could imagine rolling in snow.
- ▶ A child with long-term pain could imagine slowly reducing the volume control on the TV or laptop to a level that makes the pain bearable for them.
- ▶ To help your child relax, ask them to shut their eyes and imagine walking slowly down ten steps to a door which opens into a place they feel safe and happy, somewhere they really enjoy. Lead them back through the door and slowly back up the stairs. Focusing on what they may see, distracts and the pain may not feel so bad.

**Keep in close contact and comfort your child as much as possible during the procedure.**





## Pain Control with Medicines

### **Is there any such thing as perfect pain control?**

No, in general medicines with stronger pain relief have more side effects. Some children may feel sick, itchy, become constipated or have strange dreams with pain relief medicines. However, when pain occurs, cannot be distracted and is distressing, it should be relieved. Side-effects can be reduced by using different medicines, such as anti-emetics to stop sickness, or by changing the pain control method. Keeping to your usual routine, talking about what is happening, hospital play and drawing can help your child cope with their anxiety and pain. Being relaxed can help pain relief medicines to be more effective.

### **Do some children need more pain relief than others?**

Yes. There is no such thing as the 'right standard dose', the amount is right if it suits a child and is within safe limits. The medical team will work out what dose is best for your child.



## Pain jargon explained

**Acute:** short-term, sudden onset.

**Anaesthetist:** a medical doctor who specialises in pain relief.

**Anaesthetic:** pain relief medicine given when your child has an operation or procedure.

**Analgesia:** pain relief. Analgesic medicines like paracetamol taken by mouth can control mild pain. Severe pain may need a combination of medicines given by mouth or suppository (a plug of medicine that's inserted into the back passage), intravenous infusion or as an injection.

**Anti-emetics:** medicines that stop your child feeling and being sick.

**Chronic:** long-term; pain that lasts more than 12 weeks; this may be due to a specific condition.

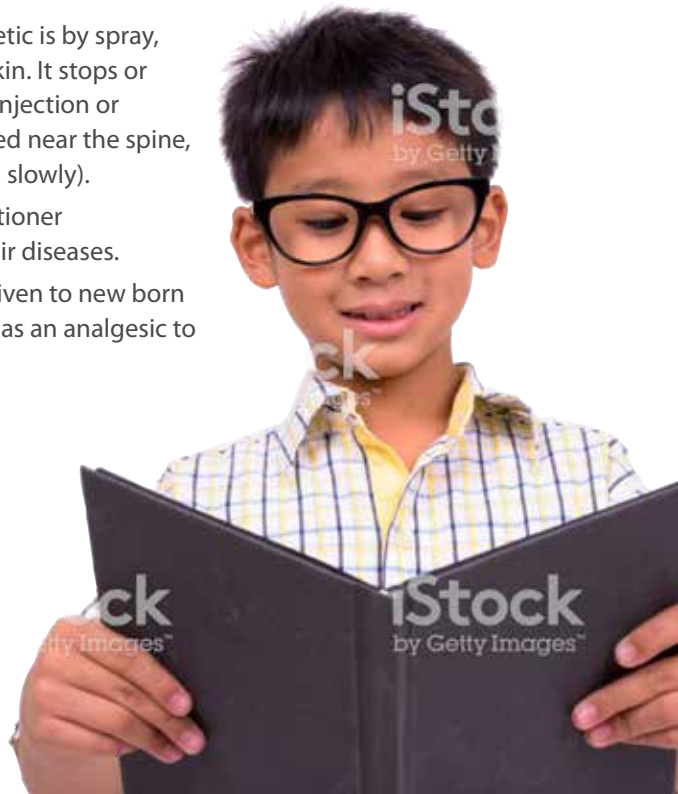
**General anaesthetic:** pain relief to relax and numb the whole body once your child is unconscious. It will keep your child asleep and free from pain throughout the operation or procedure.

**Local anaesthetic:** pain relief which gives loss of feeling and limits pain in one part of the body.

Preparation for a local anaesthetic is by spray, cream or gel rubbed into the skin. It stops or dulls pain from the needle, an injection or epidural/spinal (a tiny tube fitted near the spine, through which pain relief is fed slowly).

**Paediatrician:** a medical practitioner specialising in children and their diseases.

**Sucrose:** a prepared solution given to new born babies in acute settings; works as an analgesic to give pain relief to babies.





## What are the different options?

Ibuprofen and Paracetamol are widely used to reduce pain. Choose pain relief specifically made for children and speak to a pharmacist if you have a question. Familiar medicines, such as Ibuprofen and Paracetamol may be known by a brand name such as Nurofen. Different medicines can also have the same effect, so it is important to stick to one type of medicine e.g. Ibuprofen or Diclofenac, given your child at any one time. For simple childhood illnesses ask the pharmacist for advice about treatment and pain relief. If your child is taking medication or has other health problems, it is important to check with your pharmacist before taking any non-prescription painkillers.

## Examples of pain relief medicines

**For mild pain:** before giving any medicine check if your child is in physical pain. Often a cuddle, comfort and distraction can avoid or lessen their pain and the need for pain relief medicine.

**It is wise to avoid children thinking that any pain needs medical treatment to cure it.**

Paracetamol: paracetamol suspensions such as Calpol and Disprol are available to buy without prescription in a pharmacy. Ask the pharmacist's advice about how much you should give your child.

Nurofen/Ibuprofen for babies and children is also available over the counter; check with your doctor, nurse or pharmacist about using this with your child. If your child has asthma, get advice from your GP or pharmacist before giving them Ibuprofen. Do not use these if your child could be dehydrated.

**Follow the directions on any medication you give to your child. Find out more at:**  
[www.nhs.uk/conditions/pregnancy-and-baby/childrens-medicines/](http://www.nhs.uk/conditions/pregnancy-and-baby/childrens-medicines/)  
[www.nhs.uk/news/pregnancy-and-child/child-paracetamol-dosages-updated/](http://www.nhs.uk/news/pregnancy-and-child/child-paracetamol-dosages-updated/)

**The following medicines should only be given on medical advice and prescribed by a doctor.**

**For moderate pain:** Diclofenac, Indomethacin, Naproxen. Codeine may be considered for children over 12 years old.

**For severe pain:** Morphine, Diamorphine.

If your child continues to be in pain they may need a higher dose, take the pain relief medicine more often, or take a stronger one, within safe limits. Sedating medicines like Midazolam or Diazepam (Valium) are rarely used with other medicine; they help anxiety but do not reduce pain. The anxiety that often affects a child in pain can be helped by a clinical psychologist or play therapist. Severe pain may need stronger pain relief medicines. Used in the right way, your child will not become dependent on them.

There are specialist paediatric pain services available in Scotland. Ask your doctor for a referral if you feel your child needs this service.

## How are these medicines given?

**Pills, tablets or liquid medicine can be given by mouth** – this is the easiest way if your child is able and willing to drink and can wait for them to take effect. Your child may be given a choice.

**IV (intravenous) drip** – if your child cannot take medicine by mouth, they will probably have a drip fixed into a vein. A drip is a short, small plastic tube put into the vein, using a needle. The tube is left in so fluids and medicines can go directly into your child's blood. Pain relief is fed painlessly through the drip. The dose is adjusted to the needs of your child on the instruction of the anaesthetist or ward doctors. Following surgery, pain relief may be given by a pump or PCA (Patient Controlled Analgesia). Your child can receive a dose of topical analgesia if needed to insert the IV drip.

If your child is having long-term treatment for a chronic problem, a central line (for example a Hickman or Portacath line) may be considered. Your specialist team in charge of treatment will explain what is involved to you and your child.

**Spinal or Epidural** – anaesthetists may set up an epidural near the spine after a major operation. They may give a 'nerve block' injection before your child wakes up to dull the pain for several hours.

**Other options** – some pain is relieved by creams, skin patches, suppositories and nose-sprays.



## What about pain relief injections?

Relieving pain by injection is rarely used for children, although it may be used for some dental treatments. IM (into muscle) injections may be used for some children although some find them distressing and they take longer to work.

Sometimes, an analgesic is given through a fine needle or plastic tube placed just under the skin for longer term relief of severe chronic pain for pain relief at home.

## What about severe pain?

For severe pain, PCA (Patient Controlled Analgesia) is effective. This pain relief drip is timed to give a set dose, very slowly. A button or pump can be pressed by you or your child as they need pain relief – either after surgery, if pain starts again, before physiotherapy, or when a wound is dressed. You or your child can press the button as often as they need. As the infusion is monitored, it is not possible to overdose. Children do well with this kind of pain relief often using less than the maximum dose.

When immediate relief from severe pain is needed, a strong analgesic may be given as a gentle spray into your child's nose. This is done by a nurse or doctor trained in this method and who knows how to manage any side effects.

Inhaling Entonox gas also provides immediate pain relief. It is commonly used during labour. It is often used for short procedures such as, putting on a plaster cast. It provides strong pain relief and wears off very quickly.

## How is long-term pain dealt with?

This guide focuses on coping with pain during a short illness or after surgery.

If there is long-term pain, also called chronic pain, doctors, nurses and often the clinical child psychologist will work with you and your child to help manage it.

They may use a screening tool to identify chronic pain and plan what will help.

If this is not the case, both you and your child could talk to the doctor about how to manage their pain. Depending on your child's pain and condition, and where evidence shows it is effective, the doctor may suggest exercise; psychological interventions; diet management; acupuncture; mirror or music therapy. These may be used with or without pain relief medicines. In time your child will learn to manage their pain, this is called self-management.

Keeping a pain diary can help discussion with your child's medical team. It can inform how much pain relief is needed, the best times to take it, the 'triggers' which start the pain, and how to avoid them. Use a pain chart like the one on page 12 to have this chat with your child.

## What about repeated, sudden attacks of pain?

If your child is in pain they should rest, keep warm, drink plenty of water or diluted juice and take Paracetamol or medications advised by the medical team. If pain happens repeatedly your GP may refer your child to a paediatrician who will try to find the cause, and advise how to avoid or treat it.

If the attack is severe, hospital may be the best place for your child. They will be given urgent treatment as soon as they arrive.



# Answers to Questions Young Patients may ask

It may help to talk about the following with your child. Let them know that they can ask their doctor or nurse about these or any other questions.

## Q. 'Will they keep me in hospital if I say that it hurts?'

A. If you are in pain, it is better to let the doctor or nurse know. If the pain is treated you may feel better and get home sooner.

## Q. 'Should I wait until the pain gets very bad before I ask for help?'

A. No, if you are in pain tell the doctor or nurse. The pain relief medicine may take time to work. It is best if you have more pain relief before the pain gets bad and you get very tense.

## Q. 'Will I need an injection?'

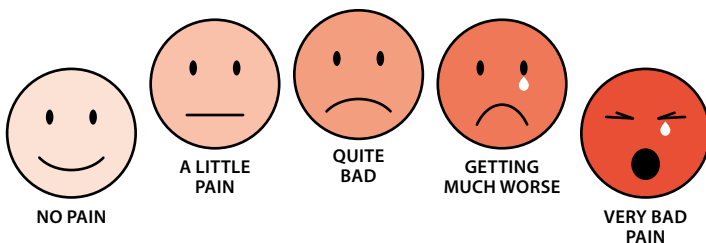
A. Pain relief is usually given in a different way. If you need an injection, the nurse or doctor will use an analgesic cream to numb the area. This dulls the pain if an injection is needed. Speak to the doctor or nurse as depending on the type of cream, it needs to be on your skin 30 minutes or an hour before the injection. Sometimes a very cold spray is used which works immediately.

## Q. 'I have had pain relief medicine but I'm still sore. What can be done?'

A. The doctor and nurse know how much medicine you can safely have; tell them that you are still in pain. In the meantime it could help to try ways to take your mind off the pain by reading a story, listening to music, or imagining being in a safe, happy place.

## Q. 'Will the nurses think badly of me if I say that it hurts?'

A. No, the nurses may not know you are in pain and you must tell them. You know how much it hurts, perhaps this chart will help you to show which face fits how you feel.



# Helpful organisations/information

## **Children's Health Scotland**

[www.childrenshealthscotland.org](http://www.childrenshealthscotland.org)

Tel: 0131 553 6553

### *Helping Children Cope with Needles*

[www.childrenshealthscotland.org/resource/helping-children-cope-with-needles/](http://www.childrenshealthscotland.org/resource/helping-children-cope-with-needles/)

### *Hospital Playbox to Prepare Children for a Hospital Visit*

[www.childrenshealthscotland.org/resource/hospital-playboxes/](http://www.childrenshealthscotland.org/resource/hospital-playboxes/)

## **Arthritis Care**

[www.arthritiscare.org.uk/in-your-area/scotland#young](http://www.arthritiscare.org.uk/in-your-area/scotland#young)

Information for young people. Helpline Tel: 0808 800 4050

**Contact:** Information on medical conditions and family support groups

<https://contact.org.uk/scotland>

Helpline Tel: 0808 808 3555

## **Great Ormond Street Hospital for Children NHS Trust**

Tel: 020 7405 9200

### *Distraction Therapy*

[www.gosh.nhs.uk/medical-information-0/procedures-and-treatments/distraction-therapy](http://www.gosh.nhs.uk/medical-information-0/procedures-and-treatments/distraction-therapy)

**My child is in pain:** Information for parents with young children.

[www.mychildisinpain.org.uk](http://www.mychildisinpain.org.uk)

## **NHS Health Scotland**

[www.immunisationscotland.org.uk/documents/6016.aspx](http://www.immunisationscotland.org.uk/documents/6016.aspx)

Tel: 0131 536 5500

**My Pain Toolkit for Young People and Teenagers Living with Pain**

[www.paintoolkit.org](http://www.paintoolkit.org)

Children's Health Scotland is the only charity in Scotland dedicated to informing, promoting and campaigning on behalf of the needs of ALL sick children and young people within our healthcare system.

For information in your language phone 0131 553 6553.

للحصول على معلومات بلغتك التي تتحدث بها، الرجاء الإتصال على هاتف رقم:  
0131 553 6553

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欲想索取閣下所操之語文資料，請致電 0131 553 6553。

Aby uzyskać informacje w Waszym języku, prosimy o kontakt pod numerem telefonu 01315536553.

Pentru informatii in limba dumneavoastra sunati la 0131 553 6553

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For all other information please contact:



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