PEDIATRIC PROCEDURAL ANXIETY/DISTRESS: **RESOURCES FOR CAREGIVERS** Ailsa Guardiola González

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BACKGROUND

Observations

Direct observation Reports from caregiver(s) Reports from team

Patient Responses Verbal Physical





BACKGROUND

Why It Matters

Age and Development

- More adverse reaction than adults

- Less ability to self-regulate

Long-term Effects

Safety

Nordgård, R., & Låg, T., 2021; Brown et al., 2018; Canbulat et al., 2014; DSM-V, 2017



- Less ability to communicate the pain/fear - Do not understand the need for a procedure

- Most life-long phobias develop before 10 years old

- Develop a resource with suggestions for families to address reduce patient anxiety level. • Tips for before, during, and after a visit
- Help patients build a skill set to reduce experience of anxiety and fear and gain the ability to safely receive an injection, swab, etc.

AIM QUALITY IMPROVEMENT





Step 1





Step 2



Step 3

Quality Improvement Meeting

Literature Review

Patients, Parents, and Providers

QUALITY INPROVEMENT TEAM

Caregivers' Role?

Do caregivers' level of anxiety affect that of their children?

Could we help caregivers reduce their children's anxiety level?



LITERATURE REVIEW

INFLUENCE OF CAREGIVERS

Caregiver Anxiety

Preprocedural anxiety may lead to children's procedural anxiety.

Child's Anxiety

Procedural anxiety can increase procedural pain.

Bearden, et al., 2012; Nordgård, R., & Låg, T. 2021

Caregiver **Awareness**

Increase awareness of their anxiety's impact.

Help Child

Parents able to manage their anxiety would not increase their child's anxiety.

INFLUENCE OF CAREGIVERS

Caregiver attitude toward healthcare

Caregivers with more favorable attitudes toward healthcare have children with higher knowledge of procedures suggesting more preparation beforehand.

Children whose parents prepare them with both knowledge of procedure and overall positive attitudes toward healthcare experience less anxiety and distress.

Child's level of anxiety

Rodriguez et al., 2012

INFLUENCE OF CAREGIVERS

Comments

Avoid:

reassuring comments apologies empathy criticism or threats

Offer positive statements: "You are brave." "I am proud of you." "You are doing great."



Language Used

- Straightforward
- Age-appropriate
- Does not include anxiety-producing words (pain, hurt, shot)

Krausse et al., 2016; Blount et al., 2006

LITERATURE REVIEW

Preparation/Education Preparation prior to visit or in clinic



Distraction

Diverting attention during procedure

Aydin et al., 2016; Birnie et al., 2018; Canbulat et al., 2014; Inal et al., 2012; Krauss et al., 2016; Nordgård, R., & Låg, T. 2021;





Modeling and Rehearsal

Act out/practice procedure with patient or through play

Behavior Modification

Focus on celebrating/rewarding child, not comforting

Burns-Nadar et al., 2013; Krauss et al., 2016; Kyriankidis et al., 2021; Rashid et al., 2021







Help Your Child Have a Smooth Visit

Getting Ready

- Be honest and describe what will occur at the visit.
- Let your child know what to expect and what is expected of them.
- Use age-appropriate, non-threatening language. Example: say "pinch" or "pressure" in place of "shot" or "hurt."
- Play: model (act out) procedure with toys and let them act it out.
- Prepare a special bag with toys, books, stuffed animals, or device your child can use during the visit.

During Visit

- Bring bag with toy/activity.
- Have a stuffed animal, blanket, or favorite item for your child to hold.
- Offer your lap to sit in or your hand to hold.
- Distract your child with conversation, a story, video, or play.
- Normalize common fears and reactions.

After Visit

- Celebrate! Praise your child with words, a hug, or a high five.
- Remind your child why the medical care is important (they will feel better or not get sick).
- Congratulate your child for helping care for their health and safety.
- · You may choose to give your child a sticker or other item you bring as a reward.

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Additional Steps



Translate Resource

Coach Caregivers

Uniform Approach from Team

Kyriankidis et al., 2021



REFERENCES

- Aydin, D., Şahiner, N. C., & Çiftçi, E. K. (2016). Comparison of the effectiveness of three different methods in decreasing pain during venipuncture in children: Ball squeezing, balloon inflating and distraction cards. Journal of Clinical Nursing, 25(15-16), 2328–2335. https://doi.org/10.1111/jocn.13321
- Bearden, D. J., Feinstein, A., & Cohen, L. L. (2012). The influence of parent preprocedural anxiety on child procedural pain: Mediation by Child Procedural Anxiety. Journal of Pediatric Psychology, 37(6), 680–686. https://doi.org/10.1093/jpepsy/jss041
- Birnie, K. A., Noel, M., Chambers, C. T., Uman, L. S., & Parker, J. A. (2018). Psychological interventions for needle related procedural pain and distress in children and adolescents. Cochrane Database of Systematic Reviews, 2020(10). https://doi.org/10.1002/14651858.cd005179.pub4
- Blount, R. L., Piira, T., Cohen, L. L., & Cheng, P. S. (2006). Pediatric procedural pain. Behavior Modification, 30(1), 24–49. https://doi.org/10.1177/0145445505282438

Brown, E. A., De Young, A., Kimble, R., & Kenardy, J. (2018). Review of a parent's influence on pediatric procedural distress and Recovery. Clinical Child and Family Psychology Review, 21(2), 224–245. https://doi.org/10.1007/s10567-017-0252-3

- Burns-Nader, S., Hernandez-Reif, M., & Thoma, S. J. (2013). Play and video effects on mood and procedure behaviors in school-aged children visiting the pediatrician. Clinical Pediatrics, 52(10), 929–935. https://doi.org/10.1177/0009922813492882
- Canbulat, N., Inal, S., & Sönmezer, H. (2014). Efficacy of distraction methods on procedural pain and anxiety by applying distraction cards and kaleidoscope in children. Asian Nursing Research, 8(1), 23–28. https://doi.org/10.1016/j.anr.2013.12.001
- Inal, S., & Kelleci, M. (2012). Distracting children during blood draw: Looking through distraction cards is effective in pain relief of children during blood draw. International Journal of Nursing Practice, 18(2), 210–219. https://doi.org/10.1111/j.1440-172x.2012.02016.x

Krauss, B. S., Krauss, B. A., & Green, S. M. (2016). Managing procedural anxiety in children. New England Journal of Medicine, 374(16). https://doi.org/10.1056/nejmvcm1411127

Kyriakidis, I., Tsamagou, E., & Magos, K. (2021). Play and medical play in teaching pre-school children to cope with medical procedures involving needles: A systematic review. Journal of Paediatrics and Child Health, 57(4), 491– 499. https://doi.org/10.1111/jpc.15442

- Nordgård, R., & Låg, T. (2021). The effects of virtual reality on procedural pain and anxiety in pediatrics: A systematic review and meta-analysis. Frontiers in Virtual Reality, 2. https://doi.org/10.3389/frvir.2021.699383
- Rashid, A. A., Cheong, A. T., Hisham, R., Shamsuddin, N. H., & Roslan, D. (2021). Effectiveness of pretend medical play in improving children's health outcomes and well-being: A systematic review. BMJ Open, 11(1). https://doi.org/10.1136/bmjopen-2020-041506
- Rodriguez, C. M., Clough, V., Gowda, A. S., & Tucker, M. C. (2012). Multimethod assessment of children's distress during noninvasive outpatient medical procedures: Child and parent attitudes and factors. Journal of Pediatric Psychology, 37(5), 557–566. https://doi.org/10.1093/jpepsy/jss005
- Young, K. D. (2005). Pediatric procedural pain. Annals of Emergency Medicine, 45(2), 160–171. https://doi.org/10.1016/j.annemergmed.2004.09.019

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