

## STANDARD 7:

## Recognising and relieving pain and discomfort

**‘Health care providers, organisations and individual health workers, share a responsibility to advocate for children and to reduce the fear, anxiety and suffering of children and their families by ensuring that they recognise, assess and relieve the physical and psychological pain and discomfort of children.’**

### Supporting criteria

1. A separate pain and other symptom management/palliative care service/s with lead health professionals and/or multi-disciplinary team/s
2. Systems of care, guidelines and job aides (for example tools to assess and relieve pain) to help with symptom recognition, symptom assessment and restraint for procedures
3. Written guidelines, evidence based wherever possible, used by everyone to help with symptom relief, that include advice on the relief of different types of pain and other distressing symptoms **(both physical and psychological)**, and on how to use non-pharmacological and pharmacological pain relieving strategies in the different ages groups:
4. Material resources including:
  - A safe, secure supply of free or affordable essential drugs for symptom relief that includes opiates and non-opiates
  - Distraction toys and other resources to aid non-pharmacological pain and other symptom management
5. The use of individual pain (and other symptom) plans made with the children and their parent/carer
6. Psychosocial support for children, families and health workers

*Dressings of extensive burns, changed without adequate pain relief and without a parent present.*



### Discussion

The pilot project found large numbers of children in the participating countries suffering from uncontrolled pain and other distressing symptoms, both physical and psychological.

Improved technology and potential advances in care do not always protect or improve the treatment of these distressing symptoms and can on occasion be an additional cause. Routine procedures (without pain relief), such as dressing wounds are frequent causes of unnecessary pain and suffering for a child. In some countries it is common for a child to be paralysed by drugs or partially sedated without concurrent and appropriate pain relief.

The State has a role to play in making it better for children by not restricting or blocking the availability of vital pain relieving drugs (including opiates) due to security concerns or outdated and mistaken beliefs about their appropriateness for use in children and misplaced concerns about risks of addiction.

In countries where opiates are available, there may be a reluctance to use them due to these misguided beliefs and also a lack of understanding about how to use them. Whilst it is upsetting for health workers when they are unable to help a distressed child, the effects on the child and their family are much worse and can only be imagined, especially if the child has a chronic illness, a terminal illness or any other life-limiting condition.

It is ethically wrong and a failure of a health professional's duty for a child to suffer from uncontrolled pain or other distressing symptoms. This is particularly the case for a child who has a permanent disability that is associated with chronic symptoms or one who cannot be cured of their illness and may be near the end of their life. Relieving pain and distressing symptoms is not always about cure, but is about making the experience of living 'now' more bearable (that is improving the quality of remaining life).

Effective relief from pain and other distressing symptoms from birth to adulthood could be better if health workers:

- Were more aware of the suffering and discomfort that all children may experience (including newborn babies) due to pain and other distressing symptoms
- Always anticipating a child's pain and other distressing symptoms
- Gave a higher priority to relieving each individual child's pain and other distressing symptoms
- Made greater use of pain and symptom relieving drugs, both non opiates and opiates
- Understood and used simple non-pharmaceutical methods that can help (supportive, cognitive, behavioural and physical)
- Knew about and anticipated all the things that can make the experience of pain or other symptom worse.

To 'make it better' best practice is for health workers to have core (during initial training) and regular education/training opportunities on the recognition, assessment and treatment of pain and other distressing symptoms. Best possible practice is also facilitated by having, whenever possible, separate skilled health professionals who lead and guide the treatment of pain and other symptoms. Having a multidisciplinary team dedicated to symptom relief and other aspects of palliative care, and using standardised guidelines for managing pain and other distressing symptoms, are known to be effective ways of improving care and sharing good practice.

The child's normal health worker working together with the child and their carers (who know the child best) can often reduce pain and other distressing symptoms by:

- Planning each individual child's care as each child responds differently to pain and other distressing symptoms.
- Anticipating pain and taking effective measures and/or giving drugs before the symptoms occur, for example before a procedure or operation. Children with recurrent distressing symptoms should not wait for these to re-occur before receiving relief.
- Using pain/symptom assessment tools to help them recognise and assess a child's symptoms and guide the care they need.
- Giving drugs in a way that does not cause more pain and distress. Drugs are often still given in a way that is painful for the child, for example by intra muscular injection. The same drugs are frequently available and equally effective as an intravenous or oral preparation, often at a lower cost.
- Advocating for the child's needs to be met, if they are unable to meet these needs themselves.

Before using drugs, or where they are unavailable there is much that can be done to relieve suffering and make an unpleasant experience more bearable, such as:

- Being honest with the child and preparing them for what might be a painful experience can help them to cope. Anxiety and mistrust of health workers will make the experience worse
- Using appropriate play, stimulation and distraction to help in the management of pain and other symptoms

- Using heat, cold, touch and other comfort measures as these can sometimes help the distress of pain and other symptoms.
- Giving psychological support, simple kindness and involving parents and other familiar carers where possible.

## References

United Nations General Assembly: Convention on the Rights of the Child. Articles 19. New York: United Nations; 1989 available from <http://www.unicef.org/crc/crc.htm>

Southall D. Pain control in children. In Southall DP, Coulter B, Ronald C, Nicholson S, Parke S, Editors. International Child Health Care- A practical manual for hospitals worldwide. Child Advocacy International. London: BMJ Books; 2002. p87-107.

World Health Organisation. Cancer Pain Relief and Palliative Care in Children. Geneva: WHO; 1998

World Health Organisation. Symptom relief in terminal illness. Geneva: WHO; 1998.

Vessey J, Carlson K, McGill J. Use of distraction with children during an acute pain experience. Nursing research. 1994; 43(6): 369-372

Royal College of Paediatrics and Child Health. Prevention and control of pain in children. A manual for healthcare professionals. London: BMJ books; 1997

Doorbar P, McClarey M. Ouch! Sort it out: Children's experience of pain. London: Royal College of Nursing 1999.