REDUCING PAIN AND ANXIETY WITH NEEDLE PROCEDURES

The Comfort Promise

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March, 5 2019
WHY
What are children most afraid of when coming to the hospital or clinic?

Current state

• Most children receive a minimum of 18 needle procedures, in their first 15 months of life.

• If they were born pre-term the exposure is significantly higher.
WHAT
Evidence based strategies for needle procedures

4 Simple Steps
• Topical Anesthesia
• Sucrose or breast feeding
• Comfort positioning
• Distraction
HOW
Topical Anesthetic; numb the skin

- 4% lidocaine (anacream, LMX)
  - Apply 30 minutes prior to procedure
  - Cover with to avoid getting in mouth or eyes
  - Wipe off prior to injection, prep skin per protocol
  - Can safely be left in place for 2 hours
  - Effect lasts for 1 hour after it is removed
  - Warm packs speed up numbing process and reverse vasoconstriction
Sucrose or breast feeding

For best effect:

• Sucrose
  • Give solution (on pacifier, mom’s finger, or side of cheek)
  • 2 minutes prior to procedure
  • effect lasts for 4 minutes
  • Re-administer as needed during the procedure

• Breast feeding
  • Start 2-5 minutes before the
  • procedure and continue throughout
Comfort positioning

- For Children <6 months of age
  - Swaddle
  - Skin to skin (warmth)
  - Parent holding
  - Facilitated tucking or nesting

Cochrane abridged review 2011,
Johnston et al 2014, Liaw et al 2011,
Mcnair, Yeo, Johnston, and Taddio 2013
Comfort positioning

For Children > 6 months

- **Upright is best**
- Preference is for parents
  - to hold
  - or be close by
- Give children school age and older a choice

Mcnair, Yeo, Johnston, & Taddio 2013
Encourage/assist parents to actively distract their child with age appropriate options:

- Favorite toy, comfort item
- Music, singing
- Breathing exercises, ie bubbles, pinwheels, kleenex
- Books, find it sheets, stories
“I never knew it (shots) could be this easy, why didn’t someone offer this before?”
Day at the Capitol – March 23, 2020

Pediatricians' Day at the Capitol

Each year MNAAP brings together more than 100 residents, community pediatricians and medical students to discuss and advocate for issues that have a direct impact on the health of Minnesota children.

Following a brief primer on the chapter's positions, we'll hear from our state lobbyist and key legislators about specific child health issues being debated. You'll have the opportunity to weigh in and discuss priority issues with your own legislators as well.

Register now!

Tentative Agenda:
1 p.m. Welcome and overview of key issues; group discussion with legislative leaders
2:30 p.m. Individual meetings with legislators (MNAAP will coordinate 1-2 brief meetings on your behalf; meetings typically last 5-10 minutes)

Advocacy

PRO-IMMUNIZATION RALLY OPENS SESSION
The 2020 legislative session started with the crack of a gavel midday on Tuesday, Feb. 11. Legislators wasted no time in beginning the work of the session with committees immediately meeting to begin processing bills. With 2020 being a short legislative session, legislators and advocates alike are moving quickly to advance their priorities. Vaccine proponents [...] READ MORE

Advocacy

PUBLIC CHARGE RULE IN EFFECT
Public charge is an immigration policy that will prevent people from obtaining legal residency (a green card) if immigration officials deem them to be at risk of depending on public services. Specifically, people can be denied a path to citizenship if they use public resources for health coverage, housing support or food assistance. The new public charge rule took effect nationally [...] READ MORE
CO Snapshot of School Recognition
**IMMUNITY COMMUNITY HONOR ROLL**

*Created using 2018-19 school immunization data from CDPHE*

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**TO ACHIEVE GOLD STATUS, A SCHOOL MUST REPORT VACCINATION RATES AT OR ABOVE:**

- 95% for DTaP, HepB, MMR, Polio and Varicella
- 80% for Tdap (for schools that have 5th grade or higher, when Tdap is required)

School districts recognized here account for 18% of the district and 2% of the students included in the 2018-19 CDPHE school immunization data. We commend the efforts of these districts to ensure all their students are protected.