Managing your child's pain: information for parents and carers.

Paediatric Unit

Patient information

This information is for parents and carers whose child has been admitted to the paediatric unit. It tells you how we will manage your child's pain whilst they are in hospital and what role you can play in managing your child's pain.

What is pain?

Pain has been described as a warning signal that tells the body that something is wrong. Acute (short term) pain is often intense. It can occur after an injury or operation and the pain may last for just a few hours or days. Some pain can feel sharp and stabbing and other pain can feel like a dull ache.

How does pain work?

When pain occurs, a signal is sent from the site of injury, via the spinal cord, to the brain. When the signal reaches the brain, you experience pain and the distress associated with the feeling of pain. Many things can happen along the way that can make this pain worse or better. When treating a child who is in pain, we try to reduce the impact of things that make it worse and increase the effects of things that make the pain better. One way of doing this is by using medicines and other strategies to manage your child's pain which interfere with the pain signals being sent to the brain.

For example:

1. Distracting your child from their pain can override the pain signals in their brain
2. Medicines such as paracetamol reduce the chances of the pain signal getting from the site of injury to your child's brain.

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How can I tell if my child is in pain?

Older children can usually tell you if they are in pain. They will be able to describe their pain to you – i.e. where it is and how they feel. They will also be able to tell you whether their pain is getting worse or better. It is harder to tell when a baby, young child or a child who has difficulty communicating, is in pain. Changes in your child's behaviour can give you clues. Pain can make a child cry or they may become quiet and withdrawn or very irritable. They may rub the affected area or may seem tense and reluctant to move. Tell the doctors and nurses if you think your child is in pain.

How is pain measured?

In the hospital the doctors and nurses may measure your child's pain to tell whether it is getting worse or better. They use a "tool" to do this. You can also use this tool. Some of the tools we use at St George's Healthcare are shown below:

Behavioural tool:

RESPONSE	SCORE 0	SCORE 1	SCORE 2
Cry or voice	No complaint /cry/ normal conversation	Consolable / not talking / negative	Inconsolable / complaining about pain
Facial expression	Normal	Short grimace <50% of time	Long grimace >50% of time
Posture	Normal	Touching, rubbing, sparing	Defensive/ tense/ rigid/ arched
Movement	Normal	Reduced or restless	Immobile or thrashing
Colour	Normal	Pale	Very pale/ green

This tool is usually used for children up to eight years old. However, it can be used in children nil to 18 years and children with a cognitive impairment.

For older children we would usually use a numerical scale.

Numerical rating scale (NRS)
No pain 0   1   2   3   4   5   6   7   8   9   10 Most pain

For both tools the total score is out of 10.

The doctors and nurses can teach you how to use the tool before you go home. Other tools may be used to best meet your child's needs.

How is pain managed?

Pain can be managed using different medicines. The following medicines are commonly used to help manage children's pain:

1. Paracetamol
2. Ibuprofen
3. Dihydrocodeine
4. Morphine

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It can take a while to find the right medicine and the right amount (dose) for your child. Sometimes more than one medicine is needed, as different medicines act in different ways to reduce pain.

When you go home you may find it helpful to write down the times you give medicines. This will help ensure that your child doesn't miss any doses and also isn't given too much by mistake.

Do the medicines have side effects?

Pain medicines can have unwanted side effects. Children react differently to medicines, and the side effects may depend on why your child needs the medicine and the dose they are taking. We will give you an information leaflet on each of the pain medicines that your child is prescribed. If you have any queries you can speak to the doctor, nurse or pharmacist.

What else can I do to help my child's pain?

Your child's pain is likely to feel worse if they are frightened, worried or tired. It is important to comfort and reassure your child, and to explain honestly what is happening and if something will hurt. The ward play specialist can help you to explain things in words your child can understand. If children feel that they have some control over their pain it is likely to make things easier for them.

You can distract your child to help take their mind off their pain by doing things they enjoy such as playing, reading, watching television/DVDs or blowing bubbles. The ward play specialist will be able to provide activities and resources.

Hugging your child, holding their hand, stroking them, reassuring them, comforting them and talking to them are all helpful. They can help your child to feel safe.

Bad memories of previous episodes of pain can also make your child's pain feel worse. Tell the doctor, nurse and ward play specialist if your child has had previous bad episodes of pain.

Who can I contact for help and advice?

If you have any queries or questions about this information or if you are worried about your child's pain:

Ask the ward nurse or pharmacist before you leave the hospital.

Ring the ward once you are home:

Nicholls / Ocean Ward: 020 8725 2098

Frederick Hewitt Ward: 020 8725 2081

Pinckney Ward: 020 8725 2082

Jungle Day Ward: 020 8725 2035

(Monday – Friday 08.00 – 20.00hrs only)

Adapted from: Medicines for Children: Information for parents and carers: Pain. Version 1 2008.

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