Nursing Tools

Erin Dale, PNP/FNP

Lisa McDonough, MAS, BSN, RN

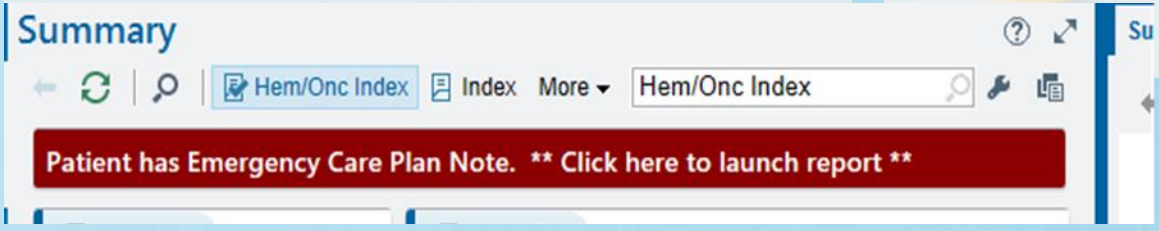
Patient and Family Educational Video

- Video

Emergency Care Plan example

- Hematology/Oncology: Update pain management plan after inpatient admission and conference: to be modified depending on clinical presentation
  - Scheduled Torodol 30 mg IV Q6 (or Motrin or Celebrex if max'd out on torodol doses) + scheduled Zantac while on NSAIDS
  - Scheduled Tylenol po 650 mg Q6
  - Scheduled (or PRN if pain mild) Tramadol 50-100 mg every 4-6 hours. If failed Tramadol at home, can use oxycodone 5-10 mg if admitted for acute pain control for 1-3 doses
  - Hot packs
  - Epsom salt baths
  - IVF or IV+PO at 1-1.5x maint

- Once pain improved or stable, would continue Tramadol/Ultram 50-100 mg Q6 scheduled for another 24 hrs and then Q6 PRN breakthrough pain
- Once ready for discharge, can send home with Motrin 600 mg Q6, Zantac Q12, and Tylenol Q6 scheduled for 24 hrs and then PRN; and only IF opioid needed, Tramadol 50-100 mg (depending on dose needed in the hospital) Q6 PRN (would not dispense more than 20 tabs unless there is a specific reason that more is needed to be dispensed). Would avoid sending home with oxycodone if at all possible(do not dispense more than 5 tabs unless there is a specific reason that more needs to be dispensed). If discharge with >20 Tramadol 50 mg tabs or >5 oxy 5 mgs tabs, please document in discharge summary or discharge clinic note why more tabs were needed for home



Pasero Opioid-induced Sedation Scale (POSS)

S = Sleep, easy to arouse
Acceptable; no action necessary; may increase opioid dose if needed

1 = Awake and alert
Acceptable; no action necessary; may increase opioid dose if needed

2 = Slightly drowsy, easily aroused
Acceptable; no action necessary; may increase opioid dose if needed

3 = Frequently drowsy, arousable, drifts off to sleep during conversation
Unacceptable; monitor respiratory status and sedation level closely until sedation level is stable at less than 3 and respiratory status is satisfactory; decrease opioid dose 25% to 50%[1] or notify prescriber[2] or anesthesiologist for orders; consider administering a non-sedating, opioid-sparing nonopioid, such as acetaminophen or a NSAID, if not contraindicated.

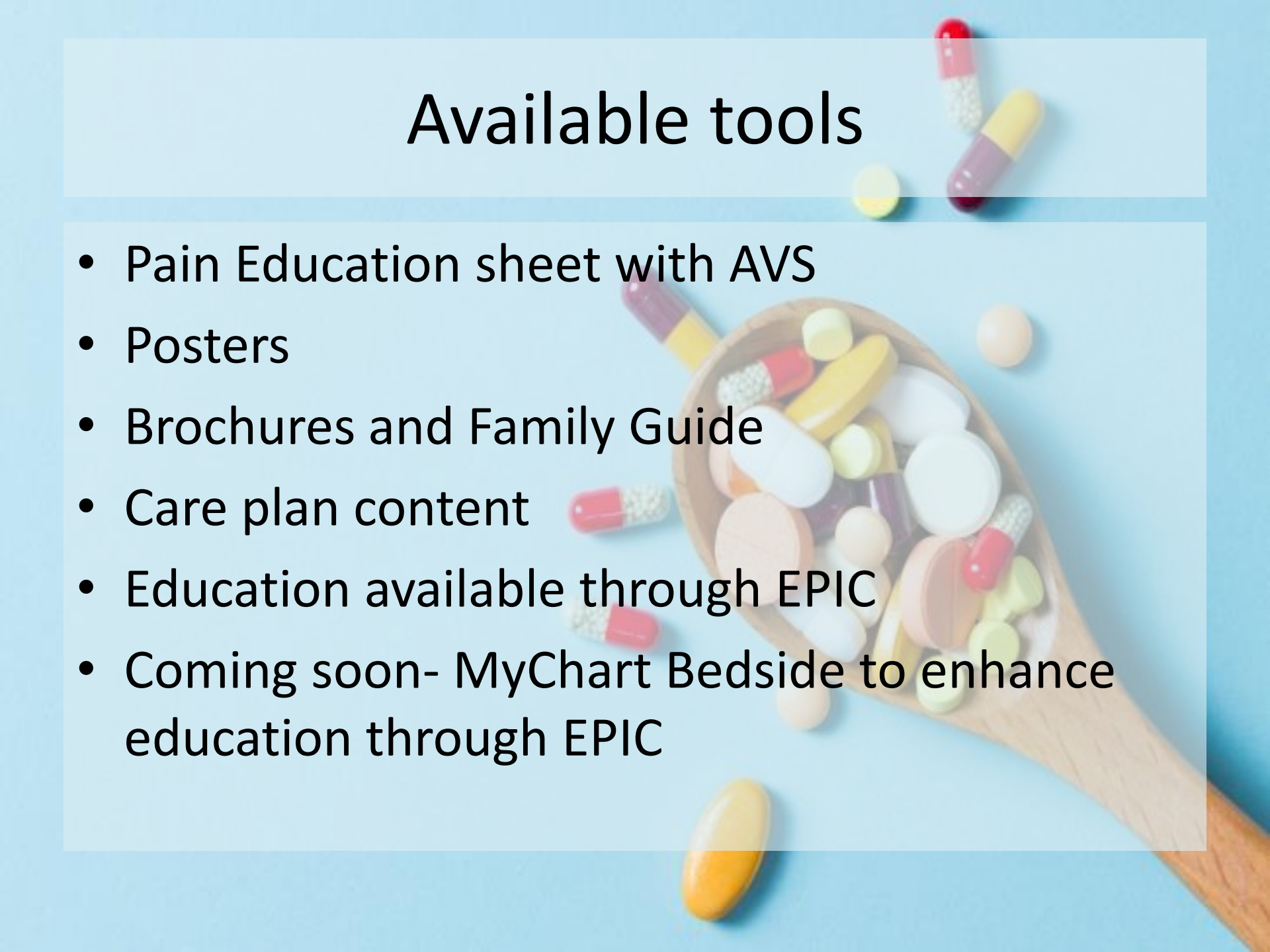
4 = Somnolent, minimal or no response to verbal and physical stimulation
Unacceptable; stop opioid; consider administering naloxone[3,4]; notify prescriber[2] or anesthesiologist; monitor respiratory status and sedation level closely until sedation level is stable at less than 3 and respiratory status is satisfactory.

*Appropriate action is given in italics at each level of sedation.
[1]Opioid analgesic orders or a hospital protocol should include the expectation that a nurse will decrease the opioid dose if a patient is excessively sedated.
[2]For example, the physician, nurse practitioner, advanced practice nurse, or physician assistant responsible for the pain management prescription.
[3]Mix 0.4 mg of naloxone and 10 mL of normal saline in syringe and administer this dilute solution very slowly (0.5 mL over 2 minutes) while observing the patient's response (titrate to effect) (Source for naloxone administration: Pasero, Portenoy, McCaffery M. Opioid analgesics, in *Pain: Clinical Manual* [ed 2]. St. Louis, MO, Mosby 1999, p. 267; American Pain Society [APS]. *Principles of Analgesic Use in the Treatment of Acute Pain and Chronic Cancer Pain* [ed 5], Glenview, IL, APS, 2003.)
[4]Hospital protocols should include the expectation that a nurse will administer naloxone to any patient suspected of having life-threatening opioid-induced sedation and respiratory depression.

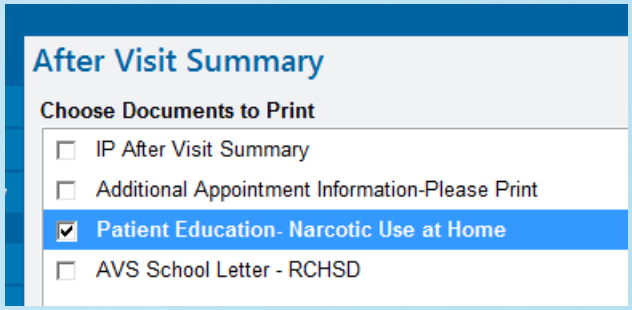
- POSS

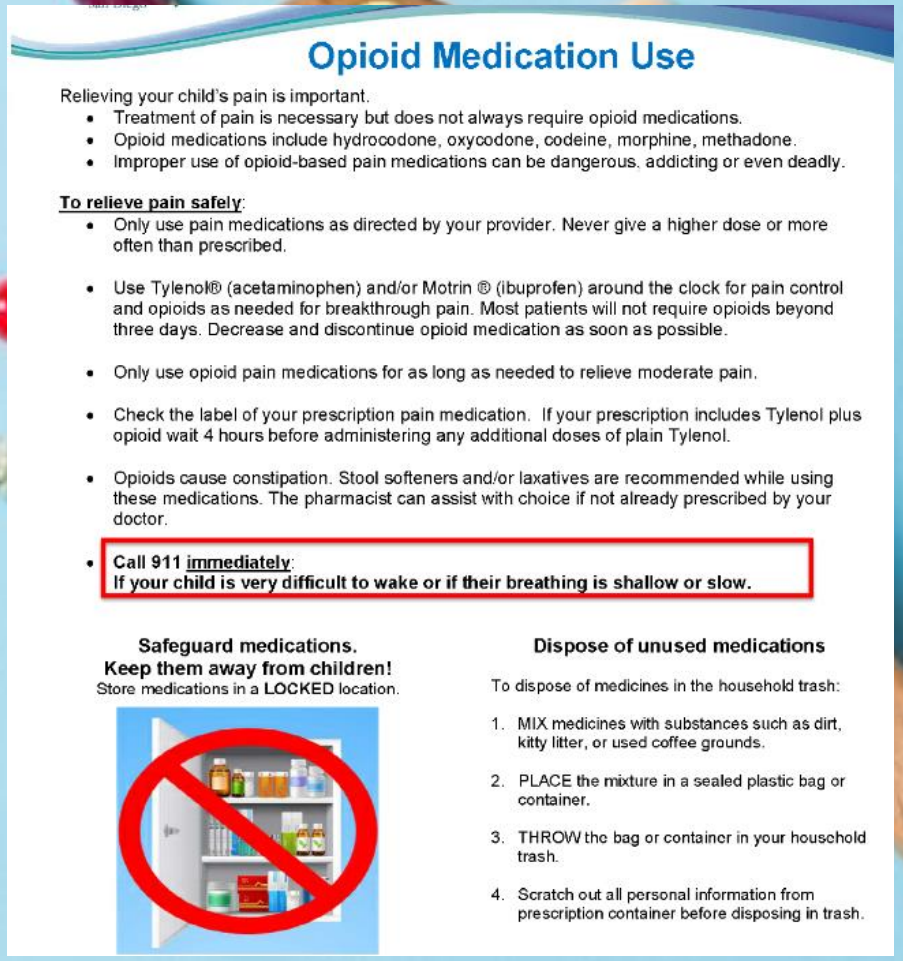
Available tools

- Pain Education sheet with AVS
- Posters
- Brochures and Family Guide
- Care plan content
- Education available through EPIC
- Coming soon- MyChart Bedside to enhance education through EPIC



Pain Education Sheet with AVS





Opioid Medication Use

Relieving your child's pain is important.

- Treatment of pain is necessary but does not always require opioid medications.
- Opioid medications include hydrocodone, oxycodone, codeine, morphine, methadone.
- Improper use of opioid-based pain medications can be dangerous, addicting or even deadly.

To relieve pain safely:

- Only use pain medications as directed by your provider. Never give a higher dose or more often than prescribed.
- Use Tylenol® (acetaminophen) and/or Motrin ® (ibuprofen) around the clock for pain control and opioids as needed for breakthrough pain. Most patients will not require opioids beyond three days. Decrease and discontinue opioid medication as soon as possible.
- Only use opioid pain medications for as long as needed to relieve moderate pain.
- Check the label of your prescription pain medication. If your prescription includes Tylenol plus opioid wait 4 hours before administering any additional doses of plain Tylenol.
- Opioids cause constipation. Stool softeners and/or laxatives are recommended while using these medications. The pharmacist can assist with choice if not already prescribed by your doctor.
- **Call 911 immediately**:
  If your child is very difficult to wake or if their breathing is shallow or slow.

Safeguard medications.
Keep them away from children!
Store medications in a **LOCKED** location.

Dispose of unused medications

To dispose of medicines in the household trash:

1. MIX medicines with substances such as dirt, kitty litter, or used coffee grounds.
2. PLACE the mixture in a sealed plastic bag or container.
3. THROW the bag or container in your household trash.
4. Scratch out all personal information from prescription container before disposing in trash.

Alternatives to Opioids

Having Pain?

Here are some tips to help you and your child manage pain:

Comfort Measures for your Child:

- Ask for ice packs and/or warm packs
- Ask for a warm blanket
- Positioning; simply assisting your child to change position in bed, the chair or while walking can improve comfort
- Massage your child's feet, hands and back with lotion to relieve stress and decrease discomfort

Common distraction techniques for here and home:

- Music Therapy, sing to your child or play their favorite music
- Games
- TV
- Mobile phone or tablet
- Arts and Crafts
- Go to the Playroom if possible
- Blow bubbles
- Write or journal
- Deep breathing

Ask for play therapy and additional distraction techniques through Child Life

Ask your Nurse and Child Life Specialist for more information

Child Life Inpatient Hours:
Mon-Fri 8a.m. - 4:30p.m. and Sat/Sun 9a.m. - 12p.m.
Child Life Emergency Room Hours:
2:30p.m. - 1 a.m. 7 days/week

Rady Children's Hospital San Diego

- Phase 1 rollout- PACU & Clinics
- Phase 2 rollout- Inpatient

Pain Management Brochure

Pain Relief Techniques

Your child's care team extends beyond doctors and nurses to social workers, therapists and child life specialists. If you need assistance helping your child cope with pain, do not hesitate to ask your provider about all of the resources and services available to you.

Deep Breathing: Have your child breathe in deeply through their nose and blow out through their mouth. Practice breathing deeply along with your child and use imagery to help your child understand the concept (breathe in like smelling a flower, breath out like blowing bubbles).

Positive Thinking: Whether before a procedure that might be painful, and as a lifetime skill, encourage your child to replace negative thoughts with positive words and imagery—"I know I can do it," or "This might hurt for just a moment, but afterward I will feel much better." With younger children, read a book like *The Little Engine that Could.*

Distraction: Help your child refocus their mind on something other than the pain by engaging in an activity together. Read a book, listen to music, recite poems or other verses, practice a task, like counting, blow bubbles or play a song or musical instrument together.

Imagination: Create a vision board with your child of images they enjoy such as animals, fun places, like a beach, or family faces and photos from fun memories. Cut and paste these photos or images from magazines and paste them onto a poster board. Use these images to help your child re-focus when they are becoming worried or discouraged.

Rady Children's Hospital San Diego

Pain Management Services

3020 Children's Way, MC 5081
San Diego, CA 92123
Acute Pain Team: 858-576-1700, ext. 0
Chronic Pain Team: 858-576-1700, ext. 2678

Pain Management Services

A partnership between children, parents and providers at Rady Children's Hospital-San Diego.

Is Your Child in Pain?

At Rady Children's Hospital-San Diego, we believe no child should have to suffer from unneeded pain. Our **Pain Management Services** program offers acute pain therapy for children while in the hospital and through the **Chronic Pain Program**, an outpatient clinic.

The Pain Management team is a multidisciplinary group consisting of physicians, nurse practitioners, child life specialists, physical therapists, psychologists, social workers and a variety of integrative medicine programs. Pain Management services are available to all patients with an order from their physician.

Pain in Children

Children of different ages respond differently to pain. While some pain and discomfort is typical after a surgery, injury or certain illness, pain that is severe or that persists can interrupt your child's healing process. Our goal is to make your child as comfortable as possible during their recovery. In addition to measuring your child's pulse, blood pressure, temperature, and breathing rate, we will routinely measure your child's pain level while he or she is in our care.

When feeling pain, your child may:

- *Cry, moan, be irritable or act withdrawn.*
- *Be restless or not want to move at all.*
- *Hold or guard the area of discomfort.*
- *Not eat or drink as much as usual.*
- *Complain of pain.*

Measuring Your Child's Pain

We use pain measurement tools based on your child's age and level of development. *We measure pain in older children using a Pain Scale of zero to 10, where zero equals no pain and 10 equals severe pain.* We want to give pain treatment for a pain rating of five or above. Let us know when your child's pain is at a five to seven instead of waiting until your child's pain is at a seven or higher.

Wong-Baker FACES® Pain Rating Scale

Pain Scale

0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

Helping Children Cope with Pain

Infants

Infants rely on parents to notice their pain. Look for restlessness, decreased activity, increased or restless movement, loss of appetite, clinging or whining.

Soothe your child using a rhythmic voice, soft humming or soft music while gently holding or rocking.

Pacifier
Rocking
Holding
Soothing voice
Gentle massage

School Aged (6 to 12)

School-aged children can relate to bodily pain and tell you its location. Children in this age range may feel guilt, associating their pain with punishment.

Distraction
Positive thinking
Massage
Deep Breathing
Musical instruments

Toddlers and Preschoolers

Young children relate to pain primarily as a physical experience. Reassure your child that their pain is not punishment or as a result of their behavior.

Rocking
Holding
Listening to music
Playing

Adolescents (13 years and older)

Teenagers often are afraid of looking weak or losing control and can hesitate to show feelings of pain. Reassure your child when they cry or show pain in other ways.

Distraction
Relaxation
Imagination
Deep Breathing

This age group may require more practice with relaxation and coping techniques than other groups.

We know that untreated or poorly treated pain can interfere with healing and create potential physical and psychological problems for patients. Nearly all pain can be treated safely and effectively, and we are committed to offering your child the best pain management possible.

Interdisciplinary Approaches

- Integration with Child Life Specialists
- Healing Touch
- Physical Therapy
- Pain Service

Staff Education Opportunities

- LMS
- This symposium ☺


ANY
QUESTIONS
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