







Learning objectives

By the end of this presentation, you will be able to:

- 1. <u>Problem of pain</u>: Discuss the rationale for treating pain, fear and associated stress-related responses during needle procedures in children
- Implementing best evidence: Identify ways to incorporate evidence-based interventions into the process of procedures to improve the experience for children, providers and onlookers.

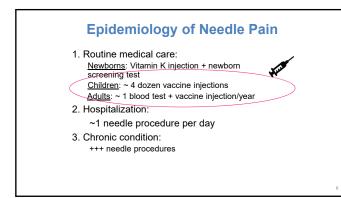
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1. Problem of Pain

Definition: "An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage." (IASP, 2020)

- Pain is subjective

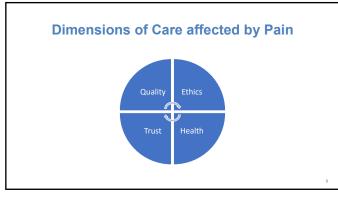
- Verbal report considered gold standard (IASP - International Association for the Study of Pain)



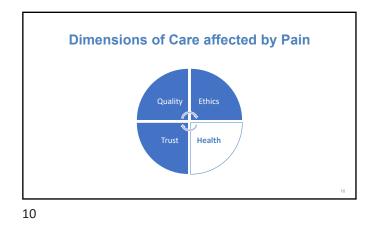














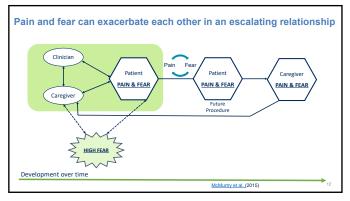
Health Outcomes

1. Acute adverse effects

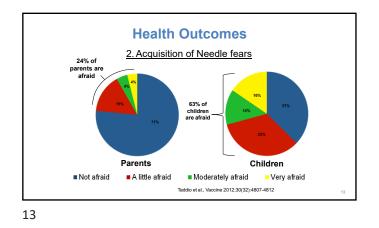
More fear

- More pain
- Immunization stress related reactions (ISRR)
- Injury from falls due to fainting, technical errors (e.g., shoulder-injury related to incorrect vaccine administration)
- Difficulty carrying out procedures (flailing, restraining)
- Repeat procedures (due to failed procedures)
- Need for sedation, higher doses of sedation, re-scheduling of procedures, involvement of additional personnel and resources

WHO 2019; McMurtry 2015 Clin J Pain 2015;31:S3-S11

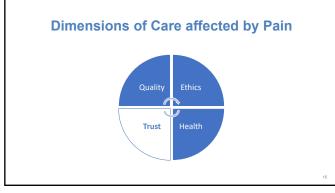














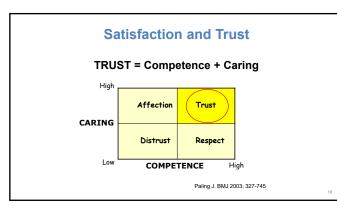


Satisfaction and Trust

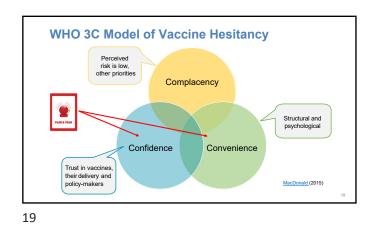
2. Parents care about needle pain

- Parents are distressed about pain; parent stress can impact child
- Parents are unprepared to manage child pain
- Parents expect pain to be managed (everything that could be done is done)

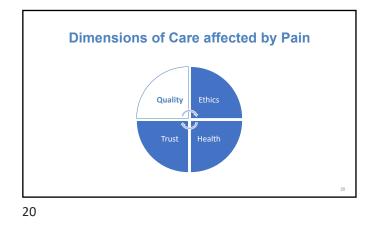
Forgeron 2006; Franck 2004/5/11; Mantell 2014, Melnyk 2000; Parvez 2009; Smith 2007; Taddio 2018; Twycross 2015; Tiedeman 1997





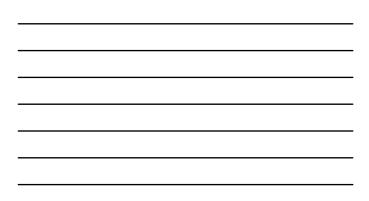


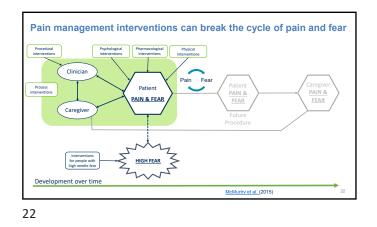




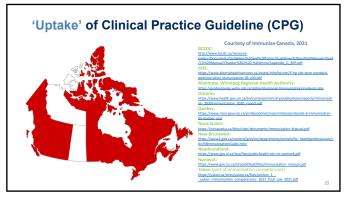


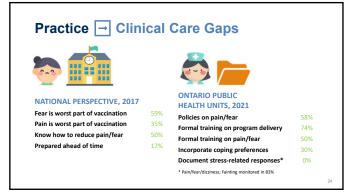














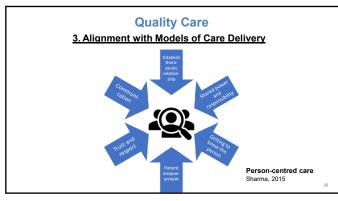
Quality Care

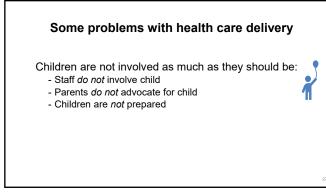
2. Impact on Clinicians

- Stress-related responses in patients/clients increase provider stress levels
- Clinicians report dissatisfaction with interactions with patients/clients and their job
- Sub-optimal pain management is a performance issue
- Clinicians engage in noncompliance behaviours

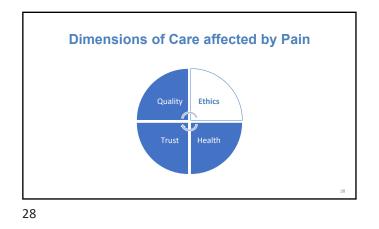
Taddio et al., 2009 Clin J Pain; Taddio et al., 2019 Paediatr Child Health

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Ethics of Pain Relief – Standards and Guidelines

- · Hippocratic Oath ("At first, do no harm")
- United Nations Declaration on the Rights of the Child (1989)
- Child-Friendly-Healthcare-Initiative (WHO/Unicef) (Southall et al. 2000; Pediatrics. 106 1054-1064) - Std 6: "landards and guidelines for the assessment and control of pain and discomfort" - Std 7: "invasive procedures must be accompanied by adequate analgesia..."
- Pain relief a basic human right (Brennan et al. Pain Medicine. 2007;105 205-221 IASP 2010 "Declaration of Montreal")
- ASP 2010 Declatation of invintear ;
 WHO position statements
 (2015 https://apps.who.in/firs/bitstream/handle/10665/242426WER9039_505-510.PDF)
 "Mitigating pain at vaccination should be considered as part of good immunization practice globally"
 (2007 http://www.who.imfedicines/areas/quality.safety/declarbit.study.pain_ucidelines.pdf)
 Correct diagnosis and proper treatment of pain is an important public health concern
 Millions suffer because... ignorance of doctors and lack of a standardized approach

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National programmes should ensure that the recommendations listed above are implemented. At health system level, related health policy should be strengthered by provision of training on the recommended policies and practices. Programmes should recommend the preferred order of injection for country-specific vaccination schedules where possible.

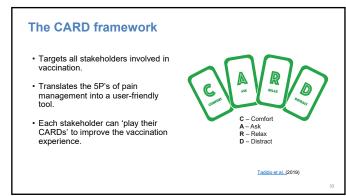
Education of health-care workers on pain mitigation strategies, e.g. by inclusion in training curricula, needs to be ensured in order to facilitate their implementation. Additionally, it should be ensured that caregivers and, if appropriate, vaccine recipients, are educated on vaccination pain mitigation strategies. Information could be provided during prevail visits, breastifeeding education, or at time of vaccination. Contest leaching of individuals or groups, or provision of written information.

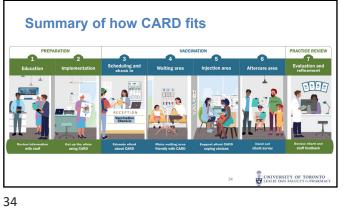
WHO (2015) Weekly epidemiologic report



Targets for practice change (Call-to-action)

- 1. Policy makers
- Incorporate evidence in practice standards (e.g., Canadian Immunization Guide)
- Enforce practice standards using policies/procedures
 Disseminate resources/toolkits (tailored to context)
- 2. Clinicians/Providers
- National training/curriculum, certification
- Routine monitoring (e.g., fainting as a reportable Adverse Event Following Immunization)
- 3. Individuals/Clients
- Training/curriculum (e.g., hospital, school)
- Resources/tools (e.g., national PSA, websites)
- · Routine feedback (e.g., patient symptoms, experience)





RESOURCES/INPUTS	ACTIVITIES	OUTPUTS	оитсо	MES
			SHORT TERM	LONG TERM
Resources are required to accomplish activities	Activities are needed to achieve target outputs	Activities will produce target outputs	Activities will produce short- term outcomes (immediate to 1yr)	Activities will produce long-term outcomes (1 to 3yrs)
Vaccination setting Vaccinating staff Designated manager Organization or corporate office/banner Other staff? Clients/pittenst and caregivers Education resources from OHP Selected engagement and environmerk resources Booking/scheduling systems Evaluation plan	Training of designated staff Analysis of environment projemingementation Changes made to booking/ scheduling systems Changes made to booking/ scheduling systems Changes made to booking/ scheduling systems Dientyobeten duritik processes Dientyobeten create and/or pre-beporting control singlementation of CARD Evaluation conducted (clients/patients and staff)	Number of staff trained on CAD Number of staff participating in CAD Number of clients/patients waccination Analysis of evaluation Modifications to inputs educated about CARD Number of clients/patients educated about CARD Number of CARD interventione used	Increased staff incokeloge Increased staff concludence in their ability to deliver veccrisations Improved staff skill in their sublity to deliver veccinations Improved staff veccinations Improved staff veccinations Improved distributions assifications Improved distributions Improved staff veccinations assifications Improved accinations clinic workflow	Sustained implementation of CARD Efficient vaccine clinic plenning and delivery Improved vaccine confidence (reliabionship- building with staff and clients/patients) Increased vaccine acceptance and demand Increased vaccine increased staff retention (due to job satisfaction)







Study	Target	Setting	Design	Sample size	Impact
Freedman et al. (2019)	Providers, children 12 years, parents, educators	Schools	Controlled Clinical Trial	323	↓ fear, dizziness
<u>Taddio et al.</u> (2022)	Providers, children 12 years, parents, educators	Schools	Randomized Controlled Trial	1919	↓ fear, pain fainting
<u>Tetui et al.</u> (2022)	Providers, patients ≥12 years	Mass vaccination clinics	Before and After Trial	2488	↓ fear, pain, dizziness
Taddio et al. (2022)	Providers, parents, children 5-11 years	Pharmacies	Before and After Trial	153	↓ fear, pain











