

Reduction of Pediatric Pain and  
Anxiety in the Emergency

Department:

The Comfort Zone Experience

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# Background

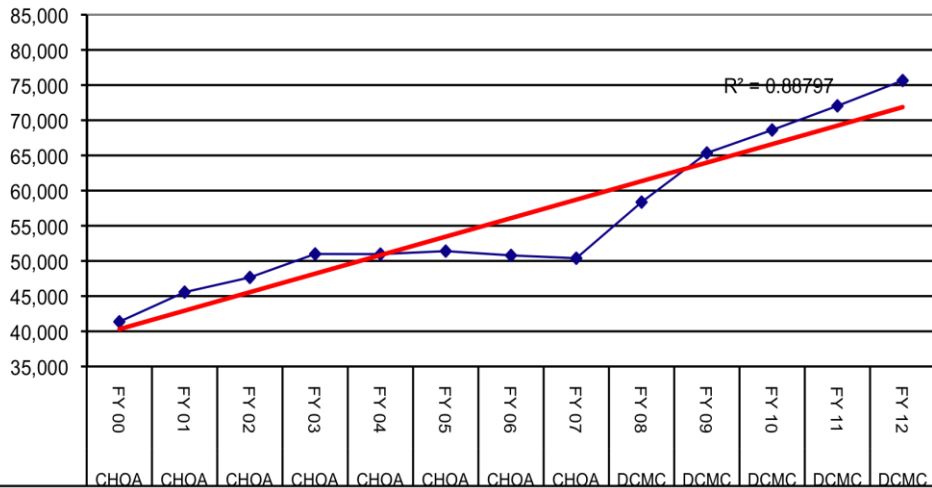
- **Children's experience in the ED**
  - 70% of children experience painful events – meet criteria for emotional trauma
- **Literature supports numerous examples to decrease children's anxiety and pain (and parent's perception of pain)**
  - Topical anesthetics prior to IV, blood draw
  - Child life, comfort positioning, parent participation
  - Pediatric appropriate pain scoring system – and appropriate level of intervention

# Barriers to decreasing pediatric pain

- It takes “too much time”
- Adequate pain treatment will require monitoring or airway monitoring
- It's too busy – treatment with medication is too timely
- What works?

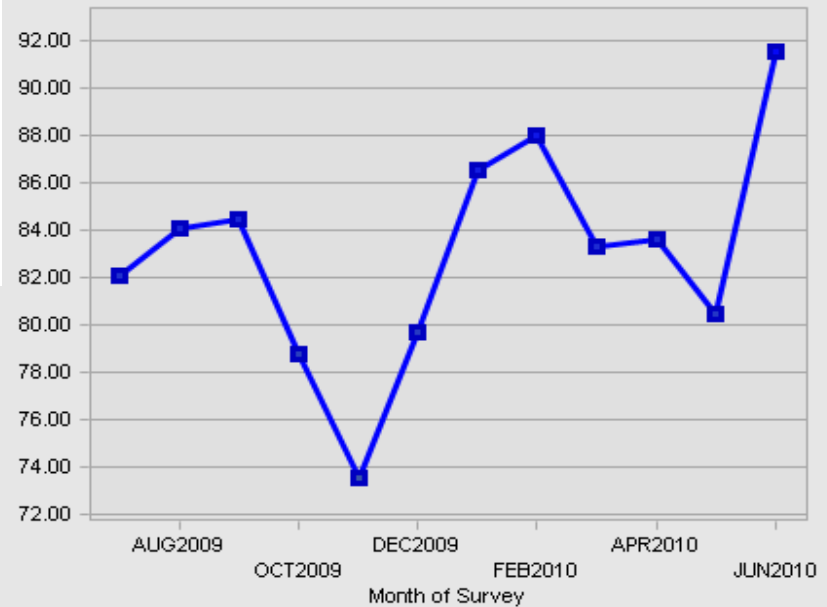
# Busier ED = Decreased Satisfaction?

DCMC ED Annual Patient Volume



*Would you recommend this ED?*

Month of Survey : Positive Score



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■ Positive Score

# Where do you start

- Literature review of effective techniques used in other institutions
- Entire staff initiative to decrease pain from triage to discharge –
  - Encouraging physicians to use recommended treatments
  - Treatment at triage – anticipation of painful treatments

# Initiatives – do not reinvent the wheel

- Topical anesthetics placed in triage at potential IV sites
- Topical anesthetics applied to lacerations (at triage)
- Intranasal – Analgesia (Fentanyl) and Anxiolysis (Versed)
- Nitrous Oxide – fast on/off, analgesia and anxiolysis
- Child Life distraction and expertise – all painful or frightening procedures

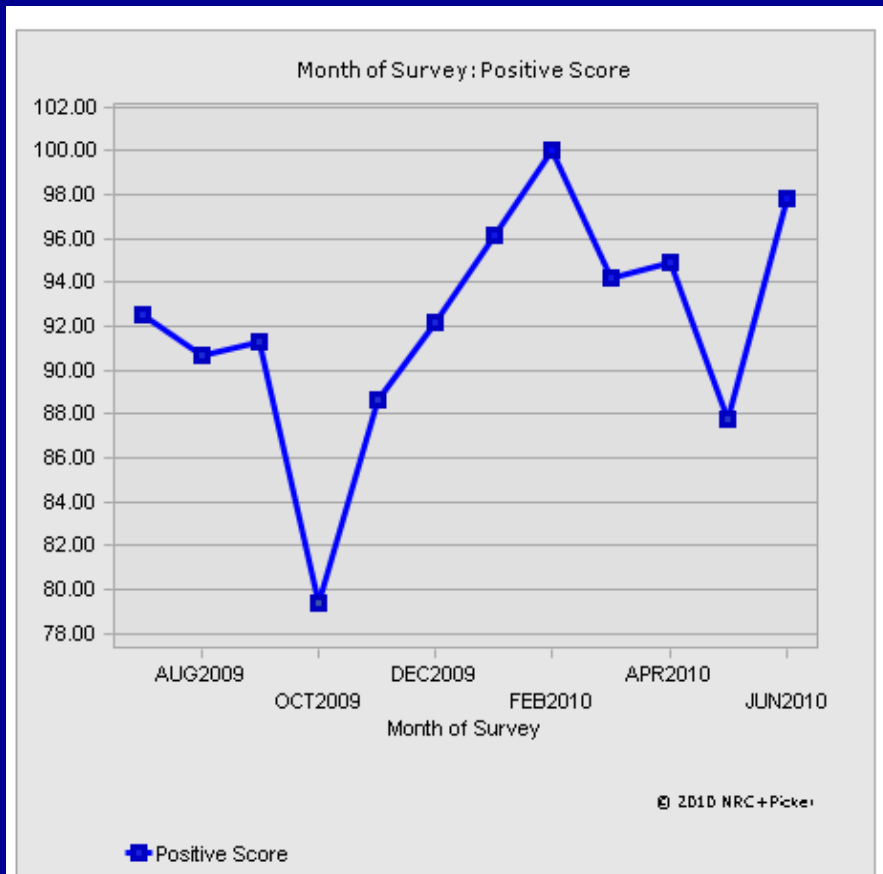
# Non threatening intranasal devices

**MADdy™ the BLOWFISH**  
Pediatric  
Mucosal Atomization Device

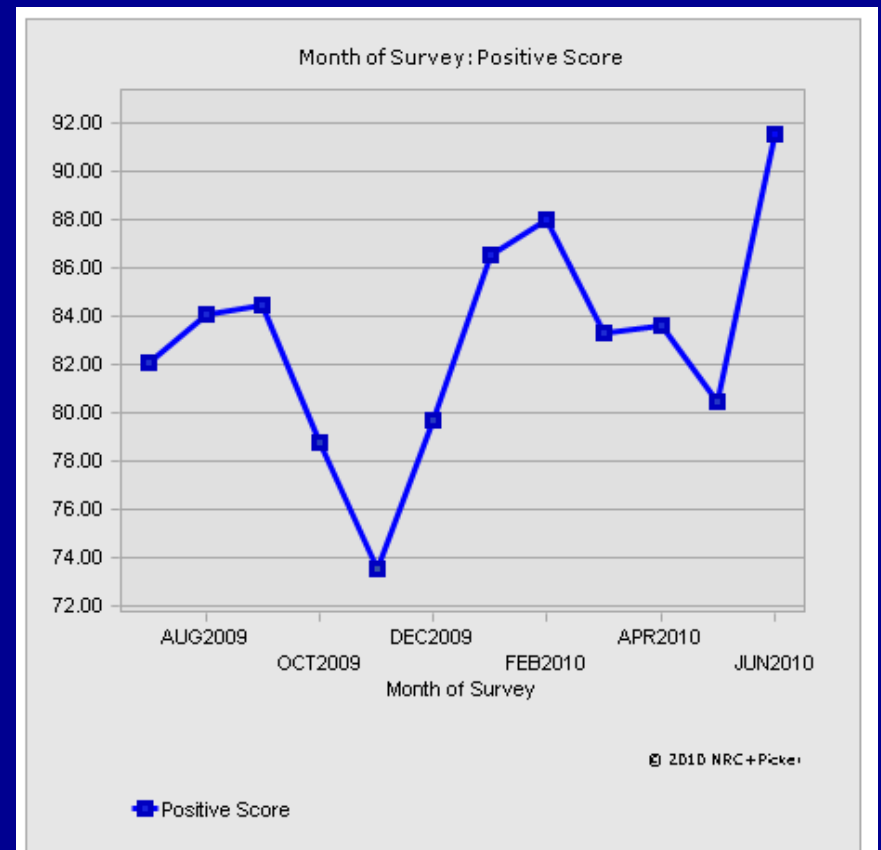


- Moderate pain relief for painful procedures with no need for an IV
  - Laceration repair
  - Foreign Body removal
  - Imaging – CT scan

# Satisfaction improves Started Nov 2009



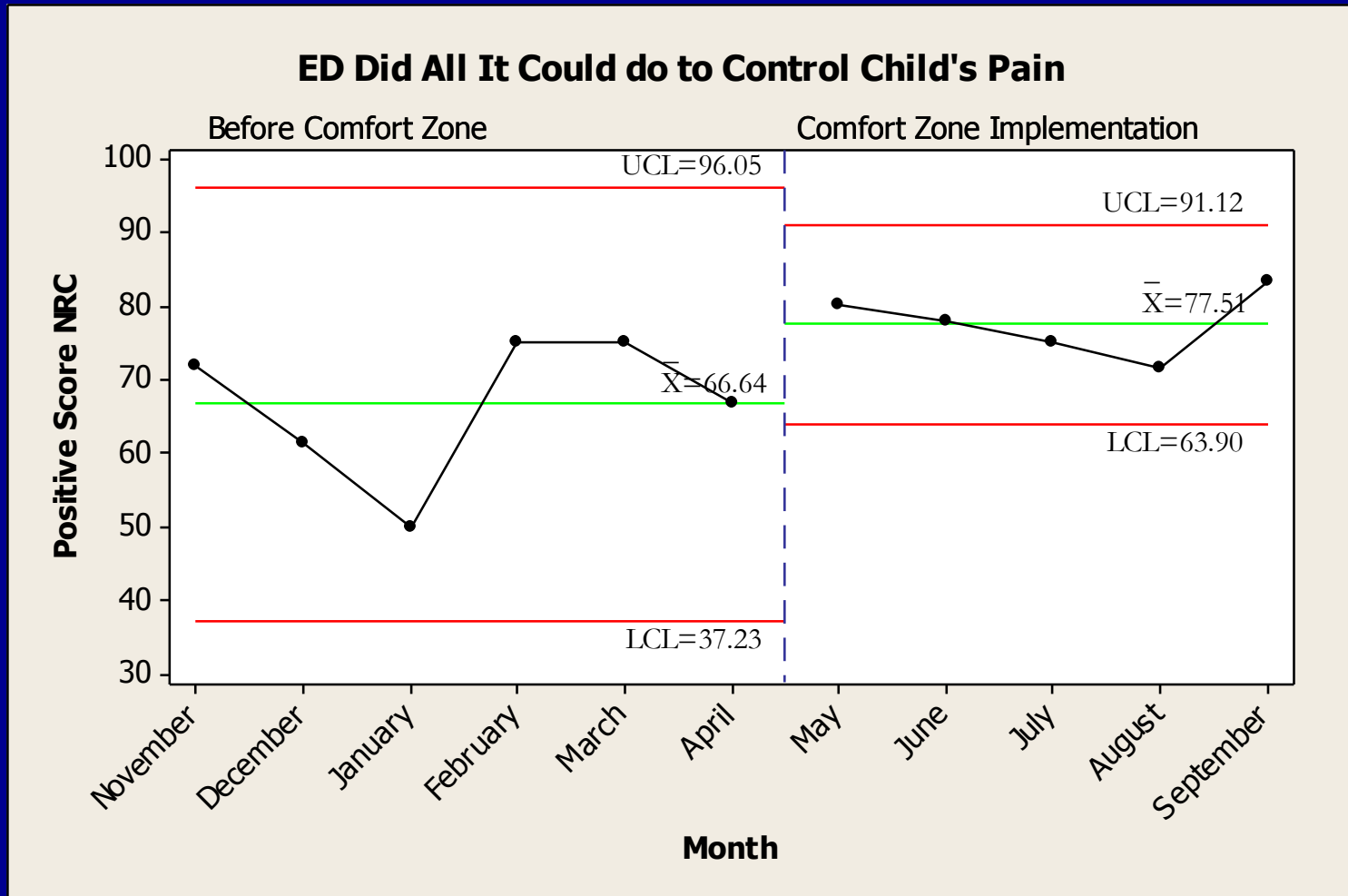
Overall Rating of Care



Would you Recommend?



# We can not remove all pain



# How does this change healthcare for children?

- Initiatives were NOT complicated and did NOT require higher levels of staff expertise or training
- All initiatives have been proven in the literature – standard dosing of medications is safe AND effective
- Pain treatment protocols should be disseminated and standardized in ALL EDs – **80% of pediatric visits are to NON Pediatric EDs**