Reduction of Pediatric Pain and Anxiety in the Emergency Department: The Comfort Zone Experience
Sujit Iyer, M.D.
Dell Children’s Medical Center
Austin, TX
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?

Would you recommend this ED?
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

• 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

ED Did All It Could do to Control Child's Pain

Before Comfort Zone

Comfort Zone Implementation

Month

Positive Score NRC

ED Did All It Could do to Control Child's 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