

A PROSPECTIVE CROSS-SECTIONAL SURVEY

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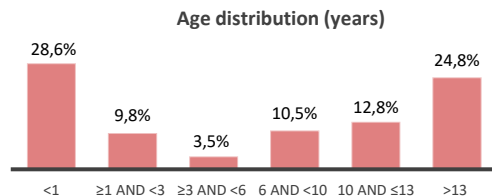
INTRODUCTION: Over the past decade, organizational culture in our pediatric department has been changing to improve pain management practices. We set out to understand how we are managing pain, by describing point prevalence of pain in admitted children, to characterize pain intensity, management and treatment.

METHODS: Cross-sectional survey (adapted from a previously validated questionnaire¹, with author's permission) applied to all inpatients in the pediatric department in 15 randomly chosen days during a 9-month period in the year of 2021. Questions included: prevalence of pain, intensity, strategies used for pain management. This data was complemented by reviewing medical records (pain assessment and medication).

RESULTS:

133 children included: 60.9% ♂, 39.1% ♀

90.2% (n=120) reported pain at some point during hospitalization



Previous disease with recurrent/chronic pain in 25.6% patients (n=34): sickle cell disease (n=21), genitourinary malformations with chronic UTI's (n=3), type 1 diabetes (n=2), cerebral palsy (n=2).

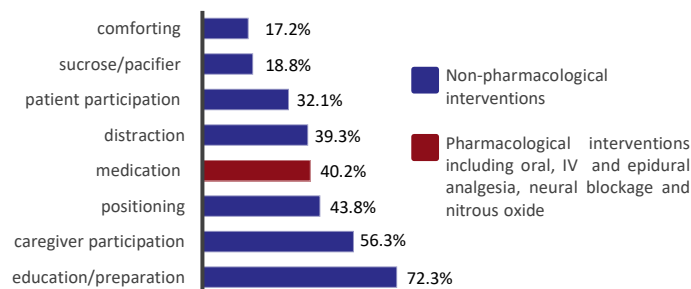
Pain in the last 24 hours, n=109

Median intensity
(1 to 10 scale)

Acute disease, 39.4% (n=43)	
Abdominal pain, n=21	8
Musculoskeletal pain, n=15	8
Headache, n=2	5.5
Other, n=1	6
Needle related procedures, 28.4% (n=31)	
IV line insertion/blood sampling, n=23	7
Intramuscular injection, n=3	6
Subcutaneous injection, n=1	10
Central catheter insertion, n=1	10
Lumbar puncture, n=1	10
Other, n=2	10
Other procedures, 28.4% (n=31)	
Nasal swab, n=18	8
Urinary catheter insertion, n=3	8
Catheter removal, n=2	3.5
Physiotherapy, n=2	7
Other, n=6 *	6.5
Surgery, 3.7% (n=4)	
	9.5

* Nasal irrigation (n=2), nasogastric tube insertion (n=2) intratimpanic injection (n=1), chest tube insertion (n=1).

Reported strategies to minimize pain



Satisfaction with child's pain management: 48 respondents (43.2%) reported 10/10; 9 (7.2%) reported 5/10 or less.

Pain assessments were documented in the medical records for all patients covering the 24-hour period before the survey. The most prescribed analgesics were paracetamol and ibuprofen.



Pain intensity: Moderate in 43.1% / Severe in 54.1%

CONCLUSIONS: Our results revealed procedures to be a major cause of pain, including needle related procedures, but also the mandatory nasal swab for every child admitted to the hospital in the current pandemic situation. Despite the existing hospital policies, the systematic pain assessment, the use of integrative strategies, and parents/patients' satisfaction, there is still room for improvement in pain management. Documenting pain-causing agents for specific procedures is of great importance when defining strategies aimed at reducing pain.