

Introducing a Child Life Specialist in the ED for procedural pain and distress management: successes and challenges



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INTRODUCTION

- Medical procedures can be a cause of pain and distress for children in the emergency department (ED).
- Non-pharmacological strategies such as preparation, comfort positions, distraction and relaxation techniques can help children cope with various stressful procedures.
- A Certified Child Life Specialist (CCLS) can facilitate these methods for pain and distress management.

OBJECTIVES

- To evaluate the impact of introducing a CCLS in the procedural care of children in the pediatric ED of a tertiary care hospital.

METHODS

- This quality improvement (QI) initiative was supported by the CHU Sainte-Justine Foundation and the hospital-wide initiative *Tout doux*, which aims to alleviate procedural pain and distress across a pediatric hospital.
- A pilot project involving the introduction of a CCLS in the ED was implanted in July 2021.
- CCLS interventions were prospectively recorded to report the number and success of strategies used, including non-pharmacological methods employed by the CCLS, over a 2-month period.
- The success of pain and distress management techniques were evaluated by the CCLS.
- A qualitative survey was sent to healthcare providers.

RESULTS

- CCLS presence:
 - 40 shifts in 137 procedures for 108 patients
 - Mean age: 5.5 yo [6 months-17yo]
- First procedural experience: 45% of patients
- Procedures:
 - 34% IV insertion, 27% blood tests, 5% fx reductions, 4% sutures, 4% IM injection, 4% abscess drainage, FB removal, dressing, 23% other (including NG tube, urine catheter, etc.)
- Parental presence:
 - 96% of procedures
- Child and/or parent preparation:
 - 32% none (consulted too late), 25% demonstration with medical materials, 25% explanation of the different steps, 18% medical play, 17% scenario, 18% others (including discussion with caregivers to review strategies, patient with special needs, etc.)
 - Patients could have had multiple strategies for preparation employed.
- Distraction by the CLS for all, with the assistance of the parent in 45%
 - Active distraction (eg. electronic toys or games 42%)
 - Passive distraction (eg. video 34%, music 29%)



- Deep breathing: 30%
- Restrained lying position: 45% of children (only 7% required forceful restraint)
- Topical anesthetic: 23% of children undergoing venous blood draws or IV-line insertions

For 53%, the procedural pain and distress were considered by the CLS well managed.

For the remaining, most procedures (59%) had had only one strategy employed.

Feedback from healthcare providers regarding CCLS interventions

Table 1: Let us know your experience with our new Child Life Specialist (CLS) !

Language	Comments
English (translation)	I wouldn't have succeeded doing this procedure without the CLS
	It's wonderful! This role is crucial in our ED
	We are so lucky to have a CLS.
	The CLS succeeded to calm the patient, to distract her, which allowed us to examine her (impossible previously). The mom said her daughter never cooperated like this previously to her care. First time, thanks to the CLS. Afterward, the other procedures went smoothly!!!
Français	Excellente distraction et réassurance avec le patient. Impact très positif sur le patient qui en sort heureux!
	Patiente avec anémie falciforme ayant déjà eu multiples poses de solutés. Phobie des aiguilles. Anxieuse ++. Selon patiente meilleure pose de soluté de sa vie, mère dit que l'éducatrice fait des miracles.
	Très aidant pour rassurer la patiente. Aurait été un échec sans la CLS
	Il aurait été impossible de procéder au vaccin sans l'éducatrice. Rassurante, a permis de normaliser la procédure

CONCLUSION

- According to the CCLS, procedures were considered a success in term of pain and distress management in about 50% of the procedures.
- Multimodal pain and distress management techniques and earlier implication of CCLS, as a leader of good practice, should be employed to improve the results.
- The *Tout doux* QI initiative implementation in the ED also aims to improve the outcomes.

