

Pediatrics & Child Life

How children are unique patients.

The background of the slide features a light gray gradient with numerous thin, vertical blue lines of varying lengths and positions, creating a textured, rain-like effect. A solid blue horizontal bar spans the width of the slide, positioned in the lower half. The text "What is Child Life?" is centered within this bar in a white, bold, sans-serif font.

What is Child Life?

Child Life Specialists are....

- Child life specialists address the psychosocial concerns that accompany health care experiences by promoting optimal child development and minimizing adverse effects.



Certified Child Life Specialist

Professional Standards of Practice

- Minimum bachelor's degree or master's degree* with specific coursework in human growth and development, family studies, psychology, and related fields

*By 2022, all newly Certified Child Life Specialists will be required to hold a master's degree

- Minimum of 480 hour internship
- Certification examination
- Professional development hours to maintain certification
- Adherence to the code of ethics and standards established by the Child Life Council

Child Life Basics

- Play
 - Therapeutic
 - Medical
- Diagnosis education
- Preparation
- Support
 - Procedural
 - Emotional
 - Family



Family Centered Care

Pediatric patients include primary care givers.

COMFORT POSITIONING: A family-centered care approach in which comfort measures are utilized through close positioning of patient and caregiver to introduce comfort and control to patient during invasive procedures.

INFANTS



TODDLERS



SCHOOL AGE



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Kid Talk

Understanding pediatric language and choices.

Child Appropriate Language

When using child-friendly language for descriptions, keep in mind that children may not understand exact measurements.

- *When describing length*: it's better to describe an incision that's "smaller than a penny" or "smaller than the length of a Barbie shoe" compared to "an 8mm incision."
- *When describing time*: it's better to describe the length of a surgery as "about an hour, which is less time than it takes to watch a Disney movie" compared to "60 minutes."

Child Friendly Language

Word	It's not.....	In the Hospital, it is....
I.V	A plant	A tiny medical straw
Dressing Change	Changing your clothes	Changing your Band-Aid
Stretcher	Stretching your body	A bed with wheels
Move to the floor	Laying on the floor	To a different room in the hospital where other children stay the night.
Leads	Leading you somewhere	Stickers on your chest that listen to your heart and lungs
Urine	"You're in"	Pee
Shoot some x-rays	"Shoot" something with a gun	Pictures of your bones
Put you to sleep	My pet was put to sleep?	Medicine that will make your body sleep so that you don't feel anything
CT Scan (Cat Scan)	My pet cat	Pictures of the inside of your body
Take your blood pressure	To take something away	Measure your blood pressure
The vein blew	Like an explosion or wind or the color blue	Veins are little tubes/pipes that may leak and we need to let them heal.
Flush your I.V.	Flush the toilet	Water/fluid/medicine through the tiny medical straw under your skin.

Appropriate Choices

- How many times do you ask for permission to touch a patient, in this case a child, and they say, “NO!”

What Then??!?!?



Developmental Stressors

Responses to hospitalization and clinical visits.

Infant: Trust v. Mistrust

Common fears:

- Separation from primary caregivers
- Stranger anxiety
- Pain
- Parental anxiety, which can be passed to infant
- Anxiety due to either a lack of stimulation or over stimulation.

Ways to help:

- Soft music
- Use of pacifier
- Encourage parental involvement/holding
- Provided medical explanations to parent
- Calming touch

Toddler: Initiative v. Guilt

Common fears:

- Separation from their parents or primary caregiver
- Loss of physical & emotional control
- Pain
- Needles

Ways to help:

- Provided appropriate choices
- Comfort items from home
- Distraction
- Encourage play

Pre-school: Autonomy v. Shame/Doubt

Common fears:

- The unknown
- Loss of body function
- Pain
- Needles

Ways to help:

- Provided appropriate choices
- Participation in procedure
- Comfort object from home
- Distraction
- Assure procedure is NOT a punishment

School Age: Industry v. Inferiority

Common fears:

- Loss of body function
- Loss of control
- Pain
- Death

Ways to help:

- Full explanation/preparation
- Allow child to ask questions
- Participation in procedure
- Encourage play and normalcy
- Create opportunities for self expression

Adolescent: Identity v. Role Confusion

Common fears:

- Body mutilation
- Loss of body function
- Change of physical appearance
- Loss of control
- Loss of independence
- Invasion of privacy

Ways to help:

- In-depth medical explanation (if desired)
- Respect for privacy
- Offer appropriate choices
- Encourage/facilitate communication with friends/peers
- Encourage engagement in 'normal' activities
- Provide opportunities for self-expression.

Pain

Childrens' expression of pain and common ways to manage pain.

Sucrose: Sweet Ease



- **What:** 24% sucrose oral solution. Intended for **ORAL ONLY**. No evidence of benefit when administered through NG tube.

Who: Patients must be at least 32 weeks corrected gestational age. Patients greater than 6 months must be evaluated for effectiveness. ****A good option for patients greater than 6 months is a popsicle.*****

How: Mechanism of action of sucrose is thought to involve the activation of the endogenous opioid system through taste .

When: For relief of pain during minor procedures use sucrose only. For additional pain relief sucrose may be used in conjunction with other pharmacologic agents during more invasive procedures.

FOR PROCEDURE: Administer **2/3 of the liquid volume** via standard infant pacifier **2 minutes prior** to procedure directly into mouth on top of the tongue along with pacifier. During procedure use the remaining liquid with a pacifier.

if patient does not normally use a pacifier sucrose can still be used

Information from UW Health: Pain Care Services uwhealth.org/pain

L.M.X—Topical Lidocaine

What: 4% lidocaine topical cream. **Intended to be used on intact skin only.**

Who: All pediatric patients are eligible for the use of LMX.

Body Weight	Total Dosage
Less than 5 kg	1 gram
5-10 kg	2 grams
10-20 kg	10 grams
Greater than 20 kg	20 grams

How: Place
with

patient is charged for it so we might as well use ALL of it). Two tegederms are provided.

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When: Intended to be used for patient's to help prevent pain due to venipunctures, lumbar punctures, circumcisions, and abscess drainage.

For Procedure: Peak time for LMX dosage is **45 minutes** after placement. Onset is within 30 minutes and duration is approximately 60 minutes after removal of the cream.

Information from UW Health: Pain Care Services uwhealth.org/pain

L.E.T-Lidocaine, Epinephrine, Tetracaine

What: Solution is a topical gel mixture consisting of lidocaine 4%, epinephrine 0.1%, and tetracaine 0.5%.
Intended to be used for open wounds (lacerations).

Who: All patients who have an open wound that will need sutures. Contraindicated for patients less than 6 months, for use on fingers, toes, earlobes, wings of nostrils, and glans of the penis.

How: LET is prepared by the nurse from the provided packaging in the Pyxis. It needs to be mixed until the liquid forms into a gel. Mix it longer than you might think. Use a large enough tegederm to ensure complete coverage of the edges of the wound with the LET solution. The LET will look clear with small white clumps. Have patient held in a comfort position with caregiver if applicable.

When: Intended to be used for pain relief with open skin wounds.

For Procedure: Peak time for LET is **45 minutes** after application. After 60 minutes LET effectiveness begins to wear off. LET can be used when held with pressure in older pediatric patients in 30 minutes. Cleaning and exploration of the wound should take place after the LET is removed.

Pain Ease: Vapocoolant

What: A topical anesthetic spray/vapocoolant to temporarily control pain. Application to skin, intact mucous membranes, and minor wounds for IV starts, blood draws, and injections.

Who: All pediatric patients are eligible for the use of Pain Ease.

How: Clean and dry area completely. The can must be held upright and approximately 4 inches away from the area. Spray in a constant steady stream to one area until the skin turns white (not a hairspray motion). DO NOT frost area. Contraindicated when blood culture is needed (LMX is a good option).

When: Immediately before poke for blood draws, IV starts, vaccinations or other injections.

For Procedure: Collect all supplies needed for procedure and unwrap all materials needed; IV catheters/blood draw equipment. Have patient sit with caregiver in a comfort position if applicable. Clean area of poke and allow area to dry (if not completely dry spray will not work properly). Spray area with a direct stream for 7-10 seconds. The skin should turn white, but NOT frost. Immediately poke.

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Thank You!