

Ouch!

Developing and updating the RCN guideline on the recognition and assessment of acute pain in children

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Introduction

- ◆ Evidence into Practice programme, RCN Institute
- ◆ Presentation covers:
 - Why we updated the guideline
 - How we updated the guideline
 - What we found

What the guideline covers

- ◆ Recognition and assessment of acute pain in children
- ◆ Validates tools for measuring pain
- ◆ Makes recommendations for best practice

Background

- ◆ Original guideline published 2000
- ◆ Update complements Association of Paediatric Anaesthetist's *Good Practice in Postoperative and Procedural Pain* guideline (2008)
www.apagbi.org.uk
- ◆ New section for children with cognitive impairment

Updating the guideline

- ◆ Get the stakeholders involved
- ◆ Agree the scope – what's being covered
- ◆ Plan the timescales
- ◆ Decide on the process
- ◆ Gather, appraise and synthesise the evidence
 - Sound straightforward?
 - It's a **huge** undertaking!

Asking the experts: Guideline Development Group

- ◆ Range of expertise
 - Nurses
 - Paediatricians
 - Anaesthetists
 - Academics
- ◆ Crucial to include 'lay' representatives
 - Parents
 - Carers

What do the GDG do?

- ◆ Set the scope
- ◆ Know who else should be involved
- ◆ Help locate the literature that might be hard to find
- ◆ Interpret the findings
- ◆ Formulate recommendations and good practice points
- ◆ Comment on all stages of the guideline's development

Gathering and appraising the evidence

- ◆ Decide on criteria for validating studies
- ◆ Comprehensive literature search
- ◆ Sift out irrelevant studies
- ◆ Exclude studies that don't meet validation criteria
- ◆ Grade the evidence
- ◆ Extract data from studies into evidence tables

What does the evidence tell us?

- ◆ GDG reviews the validated studies
- ◆ Makes a series of recommendations
 - Based on the evidence
- ◆ Proposes good practice points
 - Where evidence is not available
 - Based on experience / expertise
- ◆ Produce a table of validated tools

What were the results of the pain in children update?

- ◆ Recommendations
- ◆ Good Practice Points
- ◆ Algorithm of validated tools
- ◆ Pain recognition and assessment cycle diagram

Recommendations

- ◆ Be vigilant for any indication of pain; pain should be anticipated in neonates and children at all times.
- ◆ Children's self report of their pain, where possible, is the preferred approach. For children who are unable to self report an appropriate behavioural or composite tool should be used.
- ◆ If pain is suspected or anticipated, use a validated pain assessment tool; do not rely on isolated indicators to assess pain. Examples of signs that may indicate pain may include changes in children's behaviour, appearance, activity level and vital signs. No individual tool can be broadly recommended for pain assessment in all children and across all contexts.
- ◆ Assess, record and re-evaluate pain at regular intervals; the frequency of assessment should be determined according to the individual needs of the child and setting.
- ◆ Be aware that language, ethnicity and cultural factors may influence the expression and assessment of pain.

Good Practice Points

- ◆ Acknowledging pain makes pain visible. Pain assessment should be incorporated into routine observations (as the fifth vital sign).
- ◆ Pain assessment is not an isolated element; it is an ongoing and integral part of total pain management. The other elements include implementation of appropriate interventions, evaluation and reassessment.
- ◆ The child's pain assessment tool, written information and advice on pain assessment and treatment should be given to parents/carers on discharge for continued use at home/other care settings.
- ◆ Parents/carers may benefit from being taught to use pain assessment tools as part of the management of their child's pain.
- ◆ Each organisation should appoint a dedicated lead facilitator to promote and support the implementation of pain assessment for all children, including those with cognitive impairment.

Pain recognition and assessment cycle



