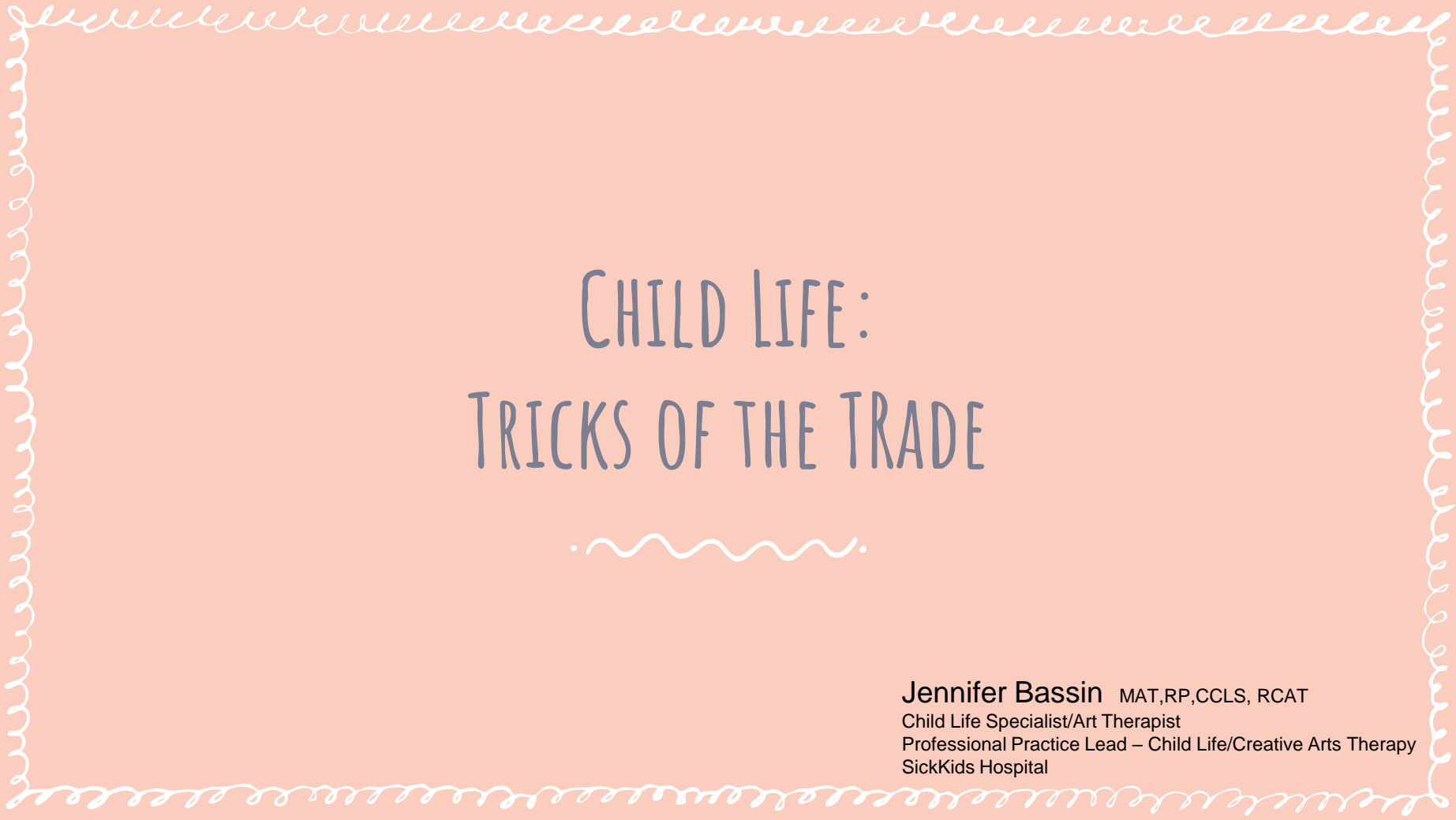


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CHILD LIFE: TRICKS OF THE TRADE



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SUPPORTING PATIENTS DURING PROCEDURES

- Distraction Techniques



OF BEHAVIORAL DISTRACTION TECHNIQUES

A- Assorted visuals

B - Breathing Techniques

C -Comfort Measures

D- Diversional Talk

These techniques turn the child's attention **away** from the negative and onto something else

ASSORTED VISUALS

Items that provide a visual distraction, usually toys that capture the child's attention

- These can be used to draw attention away from the sensation of pain and engage the child in a fun activity



COPING THROUGH BREATHING

- Breathing is a simple and effective way to help a child remain calm, stay in control, and even engage in distraction. Deep breathing helps control the mind/body.

Examples:

- Deep breathing exercises
=> Belly breathing
- Bubbles
- Blowing objects
(feathers, cotton, gauze)
- Blowing out imaginary objects
(birthday candles)
- **Singing songs- can be done even with masks**

COMFORT MEASURES

- Interventions that provide comfort and physical relief from pain and/or anxiety
- Warm packs, cool packs, warm blankets, warm hands, positioning, therapeutic touch/massage

CONSIDERATIONS FOR COMFORT

- Environment
- Positioning
- Support Team
- Comfort Objects



DIVERSIONAL TALK

- Words to change focus of attention, to encourage the child and provide a little more courage to get through a painful episode
- Anyone can engage in diversional talk
- Can include “casual” conversations about interests, friends, activities...
- Story telling, imagery where you use all 5 senses to absorb oneself in a place or scene

Too many voices = **too much noise** = **a chaotic environment**



HOW TO DETERMINE THE BEST DISTRACTION TECHNIQUES

Child's age/developmental level

Child's preferences

Limitations of the environment

Family/caregivers availability & involvement

TIPS ON HOW TO USE BEHAVIORAL DISTRACTION METHODS

- Help the child make choices in the use of distraction methods.
- **Beneficial to discuss and rehearse use of distraction tools during moments when discomfort/anxiety is controlled/minimal**

“Distraction is the active diverting of the child’s attention- not tricking the child, but inviting the child to shift attention onto a chosen, interesting and more pleasant physical object other than the painful procedure”
(Kuttner, 2010 p 154)

OTHER THINGS TO REMEMBER

- Share age-appropriate information and time according to needs of child
- 4 W's what when where why
- Important to be honest and tailor the explanation to the child's coping style
- Give choices if/where possible
- Lying or withholding information to protect the child or because the child doesn't cope well will make the child less likely to trust in the future
- **Language is powerful and choice of words is important**

THINGS TO AVOID

- Say that it won't hurt if it will
- Use medical terms without explanation
- Excessive reassurance (*"It's ok"*, *"It will be all right"*, *"You'll be fine"*)
- Apologizing/bargaining (*"I'm sorry you have to go through this"*)
- Criticizing (*"you're being a baby"*)
- Threatening (*"if you don't hold still I'll have to use another needle"*)
- Parental anxiety

INVOLVING PARENTS/CAREGIVERS

- Assess willingness to participate
- Educate parents about behaviours that promote coping
- Remember that parents are experts in their child's life (but not necessarily in how they react in medical situations and what might be helpful in their coping)
- Give adults tasks that can allow them to be helpful to their child





COMFORT HOLDS



Goals

- A secure, comforting hugging hold
- Close physical contact with parent or caregiver
- Caregiver participates in positive assistance, not negative restraining
- Sitting position promotes sense of control
- Immobility of extremity is successful
- Fewer people are needed to complete the procedure

Positioning for Comfort has been evaluated and it has been found that:

As children became more comfortable during procedures, healthcare providers were also more relaxed, interactive, and supportive with their patients

Parents realized a role in supporting and comforting their child, a role that is integral to the team

Children who are calm before the procedure will react with less intensity than children who are already upset for other reasons (Korner and Thoman, 1971), such as being restrained or held down on a bed/treatment table.

Even lying down for a procedure can be frightening for a child and feel like loss of control

Babies

Swaddle/Snuggle

Best for babies; those who aren't sitting up yet or have to be lying flat.



Maximize Contact

- Caregiver lying by the side of the child, maintain contact with each other, breastfeeding, or can hold swaddled baby in their lap.

Minimize Movement

- Caregiver covers child's feet and arm with a blanket to **minimize movement**.
- Leave arm or leg out depending which extremity is needed for the procedure.

Procedure: Blood work/IVs, NG tube insertion, IM injections, NP swabs

Arms at midline

Used for babies who can't be picked up or adjusted during procedure.



Maximize Contact/Minimize Movement

- Hold baby's hands into the middle of their chest.
- Caregiver wraps arms around baby's feet at the same time, giving baby a surface area (forearms) to push against during the procedure as a form of comfort.

Procedure: Blood work, IVs, sutures

Bear Hug (chest-to-chest)

- Best for small children who need distraction and can choose to watch the procedure or look in opposite direction.
- More comfort/protection if child anxiety levels rise, while still allowing control of sitting up.
- Can be done on an exam table or bed.



Maximize Contact

- Chest-to-chest contact allows the child and caregiver to hug each other.

Minimize Movement

- Hug the child's upper body and hips. Minimize the child's arm movement by placing the caregiver's arm over the child's arm. The child straddles the caregiver to minimize the movement of the legs.
- If the child prefers to look away, secure their head and keep it looking away from the procedure by holding it in a hug.

Procedure: Blood work/IV, IM injections, NP swabs

Kangaroo Hug (back-to-chest)

- Best for older children who want independence, but need to be held.
- Can be done on hospital bed or on a chair.



Maximize Contact

- Chest-to-back contact allows child to be hugged by caregiver from back.

Minimize Movement

- Hug child's upper body and below waist. Cross caregiver's legs over child's feet, or wrap a blanket around child's leg.
- This can be done on an exam bed or in an exam chair. If needed, this can be done with a table in front for an arm to lay on for the procedure (i.e., IV insertion).
- If needed secure child's head with hand on forehead.

Procedure: Blood work/IV, NG tube insertion, port access, NP swabs

Sitting up

- For school-age and teenagers who wish to have some sense of control and ownership of the procedure, and it is safe to do so.
- Can be done on an exam table, hospital bed or in a chair.



Maximize Contact

- Contact on hand and arm. Caregiver can gently rub, pat, or massage child (arm, hand, face, feet).

Minimize Movement

- Ensure comfortable position for child, and use distraction techniques to ensure limited movement.
- **Chair:** If child is sitting up in a chair, and arm is on table for procedure, ensure legs are out of the way to avoid movement.
- **Bed:** If child is lying in bed, ensure child is in a comfortable position. Offer a head or backrest if appropriate.

Procedure: Blood work/IV, NG tube insertion, port access, IM injections, NP swabs

Side-sitting

- For added comfort/protection if child anxiety levels may rise.
- Can be done on an exam table, hospital bed or in a chair.



Maximize Contact

- Sitting next to child, place arms around them or hold child's hands in front of their body.

Minimize Movement

- If needed, you can wrap your legs on top of child's to keep feet from kicking.
- Secure child's head if needed with hand on forehead.

Procedure: Blood work/IV, NG tube insertion, port access, IM injections, NP swabs

DISTRACTION TOOLS

AKA TOYS!!!



- Connect with hospital Infection prevention and control department to confirm guidelines around what is allowed in your institution
- What toys were allowed in with which patients depended on patients type of isolation, if any
- Toys need to be made of wipeable, non porous material that can be cleaned with virox or other hospital approved cleaning agents
- Cleaned after each use, not shared between patients unless sanitized



What is a Comfort Kit?

- Patients sometimes need help to relax and cope with the medical environment.
- The toys and tools in the comfort kit can be used to help the child focus on other things to get through a procedure, long wait time, etc.



RESOURCES



ABOUT KIDS HEALTH

- A SickKids website that can be a resource for hospital staff, caregivers and patients
- Huge array of information with age appropriate sections (adults, teens, kids)
- About Kids Health YouTube channel

YOUTUBE SKOOP CHANNEL

- SickKids closed circuit TV channel programming, shared on YouTube
- Great resource for learning techniques, can be showed directly to patients



QUESTIONS AND DISCUSSION

