May Newsletter Australia and New Zealand Chapter IFNA

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Australian and New Zealand Chapter News

This newsletter has a focus on children in hospital. Specifically understanding and improving the management of their pain. Dr Karin Plummer works as a Lecturer at Griffith University and is an experienced nurse consultant in paediatric pain management and psycho-oncology nursing. Her clinical role has involved working extensively with adults, children and their families undergoing treatment for cancer, particularly in pain management and holistic approach to care in the acute setting. Her research focuses on minimising pain and distress associated with medical treatment for children and their families. Dr Plummer has been actively involved in promoting high quality paediatric pain management through her role as the Social Communication Officer for the Paediatric Pain Special Interest Group of the Australian Pain Society. Dr Plummer is also an international trainee with the Pain In Child Health training consortium which provides the opportunity to receive mentorship from leading paediatric pain researchers and to contribute to this growing field of research and implementation of best practices in this area. Dr Plummer primarily teaches across the undergraduate curriculum and has a special interest in simulation-based learning.

Working with children to understand and treat their pain

By Dr Karin Plummer https://experts.griffith.edu.au/33804-karin-plummer

The relief from pain has long been recognised as a basic human right (Brennan et al., 2007). We now know that children of all ages are able to perceive, respond to and be harmed by pain (Anand & Carr, 1989; Marchand, 2021). Despite this evidence pain in children remains an **under-recognized and inadequately treated problem** (Gai et al., 2020). Inadequately managed acute pain in children can significantly impair children's recovery from injury or treatment and can contribute to persistent pain syndromes (Rabbitts et al., 2020).

Kozlowski et al. (2014) found that 86% of children reported pain, but only 48% had a documented pain score (Kozlowski et al., 2014).

Over the last decade numerous studies have demonstrated that pain is one of the most prevalent and bothersome symptoms for hospitalised children, yet their pain is not made highly visible. In Senger et al.'s (2021) study, 82% of children reported experiencing pain, but only a range of 13% to 93% had documented pain scores, and those scores were lower than what the children reported (Senger et al., 2021). Plummer et al. (2017) found that although 57% of children experienced pain in a paediatric oncology setting, only 34% of medical records documented pain assessments. **Importantly, children who had a documented pain score were significantly more likely to receive analgesia** (Plummer et al., 2017). Kozlowski et al. (2014) found that 86% of children reported pain, but only 48% had a documented

pain score (Kozlowski et al., 2014). Similarly, Harrison et al. (2014) found that 84% of children experienced pain, but pain scores were documented in only 55% of charts in the previous 24 hours (Harrison et al., 2014). Finally, Stevens et al. (2012) found that while 68% of hospitalized children had a pain assessment documented, only 29% recorded pain intensity, and 5% used a validated pain tool (Stevens et al., 2014). Collectively these studies demonstrate that there is **clearly a need for improved pain assessment and management practices** in medical settings.

Children participating in pain management decisions.

Children have the right to **participate in decision-making** about their healthcare (Australasia, 2011). Involving children in the management of their pain can lead to benefits such as an increased sense of control and decreased anxiety, improved pain-related outcomes and better adherence to treatment plans (Bakir et al., 2023; Sng et al., 2017). The management of children's pain should begin with the child's self-report of pain using a **validated tool appropriate to the child's age** and the context of the situation (Huguet et al., 2010). There are numerous tools available to support children to communicate their pain (Gai et al., 2020). When selecting the most appropriate self-report tool age is the best predictor (figure 1) (Tomlinson et al., 2010; von Baeyer, 2009).

Figure 1 recommendations for self-report pain assessment tools according to child age

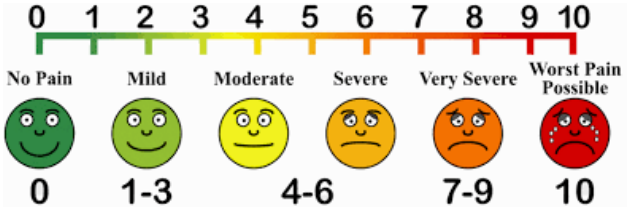
Age	Pain assessment tool
≥ 7-8 years	• Visual analogue scales • Numerical rating scales
≤7-8 years	• Faces pain scales
3-5 years Older children with development delay	• Categorical • Pieces of hurt • Further research needed

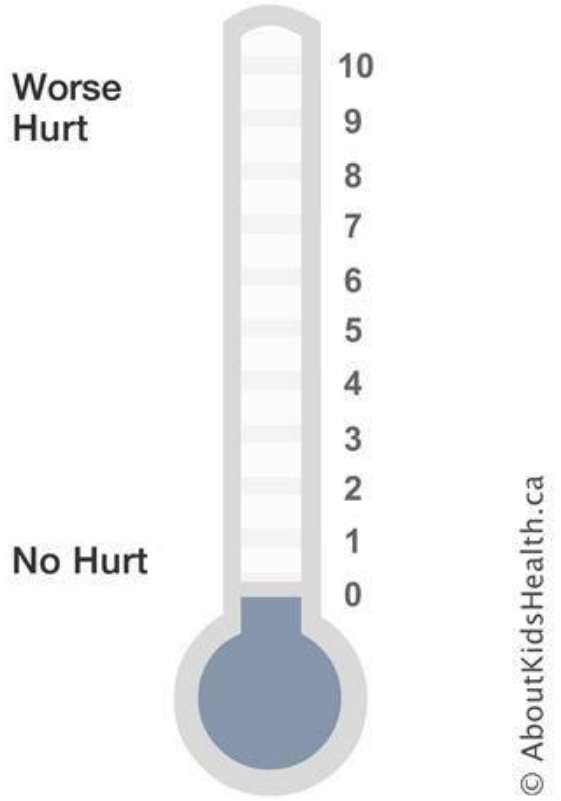
Children may be limited in their capacity to self-report their pain due to the impact of illness, lack of understanding of how to utilise pain assessment tools and fear of the consequences of reporting pain (Plummer et al., 2022). The child's self-report of pain can always be supplemented with the caregiver's objective assessment of the child's pain severity based on the observation of behaviours indicative of

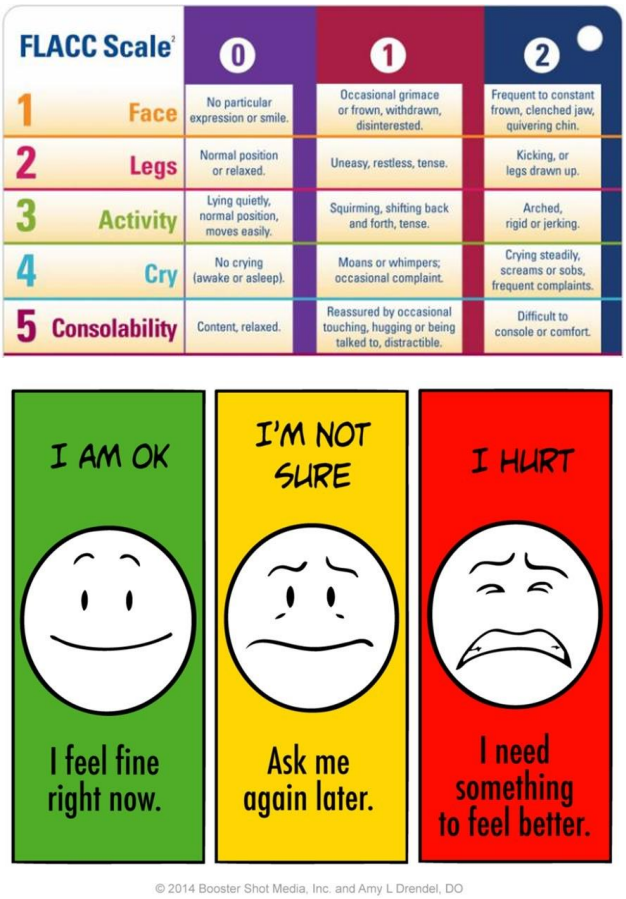
pain ie facial expression, body movement, inability to be consoled, crying and groaning (World Health Organization, 2012). **At times children may be too unwell or withdrawn to communicate pain** through their behaviour or they may diminish or exaggerate their pain behaviours depending on the context of the environment pain is experienced in (Plummer et al., 2022; Plummer et al., 2023). In such situations, it is **crucial for caregivers** to identify the potential causes of pain and to explore the possibility of using pharmacological, physical, and psychological interventions to prevent and alleviate the pain.(von Baeyer, 2012)

The management of pain in children is **often overlooked in medical settings**. To address this issue, it is crucial for healthcare professionals to involve children in decision-making about their healthcare, use validated pain assessment tools appropriate for their age, and consider using pharmacological, physical, and psychological interventions if pain is suspected but not communicated by children. By prioritising pain management in children, we can ensure that they receive the best possible care, support for their physical and emotional well-being and avoid the risk of children developing persistent pain.

Types of pain assessment scales when caring for children







REASONS why YOU should Become a Member of IFNA

Currently fees for Chapter members NEW IFNA Member - $75.00 (USD) is 40% off the usual membership fee for a limited time.

https://protect-au.mimecast.com/s/iUQDC81ZPoh67nkRqInSSZq?domain=internationalfamilynursing.org/ (*about:blank*)

Benefits of joining IFNA

To interact with a global community of nurse scholars and practitioners who care about the health and healing of families.

Develop international friends and mentors.

To attend webinars about family nursing theory, practice, and research

Don't forget to connect with the main International Family Nursing Association and join to access extensive family nursing resources. https://internationalfamilynursing.org/ (*about:blank*)

Registration for the 16th International Family Nursing Conference (IFNC16) is OPEN! Still time to go!

https://internationalfamilynursing.org/ifnc16/

International conference for International Family Nursing will be in 2023 June 20 to 23rd in Dublin. Start planning your European holiday!

Pre-conference Workshops with registration

The conference planning committee have taken the decision to include the Pre-Conference Workshops within the conference registration fee. This will provide additional value for money for our attendees and a bigger audience for each workshop, providing more opportunities for delegates to engage with each other as well.

IFNC16 is offering 8 Pre-conference Workshops (4 in the Morning and 4 in the Afternoon). The description for each workshop is provided below.

Morning Workshops

Delivering Culturally Safe Clinical Care Across Population Groups and the Lifespan *(limited capacity)* ***Run by the AUSNZ chapter***

Career Cartography to Find your Destination to Enhance the Practice and Family *(limited capacity)*

Incubating Family Nurse Scientists Across the Globe *(limited capacity)*

Innovations in Collaborative Family Research Methods: Exploring Meaningful Family and Family-Nurse Interactions to Inform Nursing Actions *(THIS WORKSHOP IS AT CAPACITY)*

Afternoon Workshops

Pediatric Mental Health Issues: A New Perspective for Assessment and Intervention

The Family Systems Care Unit FSCU, Winterthur: How A Vision Comes Alive At The Zurich University Of Applied Sciences ZHAW, Switzerland

Best Practices for Engaging Families across the Lifespan in Research: Lessons Learned from International Experts

Fostering International Collaborations and Health Policy to Advance Family Health

Next meeting Wednesday •May 10th , 1100-1200 AEST

Microsoft Teams meeting

Join on your computer, mobile app or room device

Click here to join the meeting

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