

Having an IMPACT on pediatric pain management: the Insights on Managing Pain in Children and Teenagers project

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Background

Following outpatient pediatric surgery, effective pain management communication is important for families to understand how to provide appropriate postoperative care at home.

Purpose

To explore the experience of postoperative pain management and identify areas for improvement.

Methods

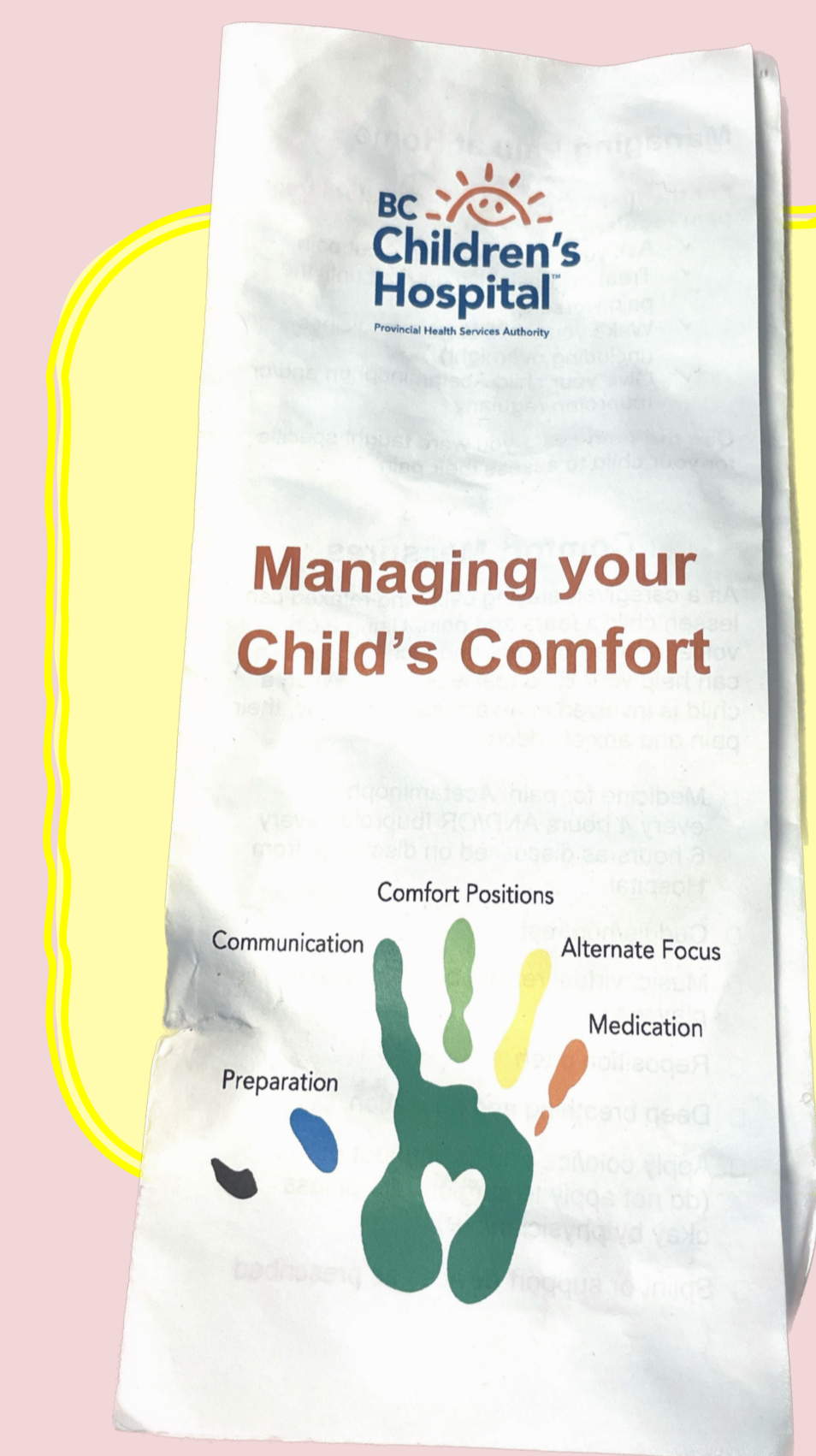
32 clinical encounters recorded between parents (n=40) and nurses (n=25)

40 semi-structured interviews conducted with parents 1-2 days after discharge

Audio recorded and transcribed verbatim

Analysis of clinical encounter audio recordings based on Roter interaction analysis system (RIAS)

Content analysis of transcripts using coding guide developed by research team



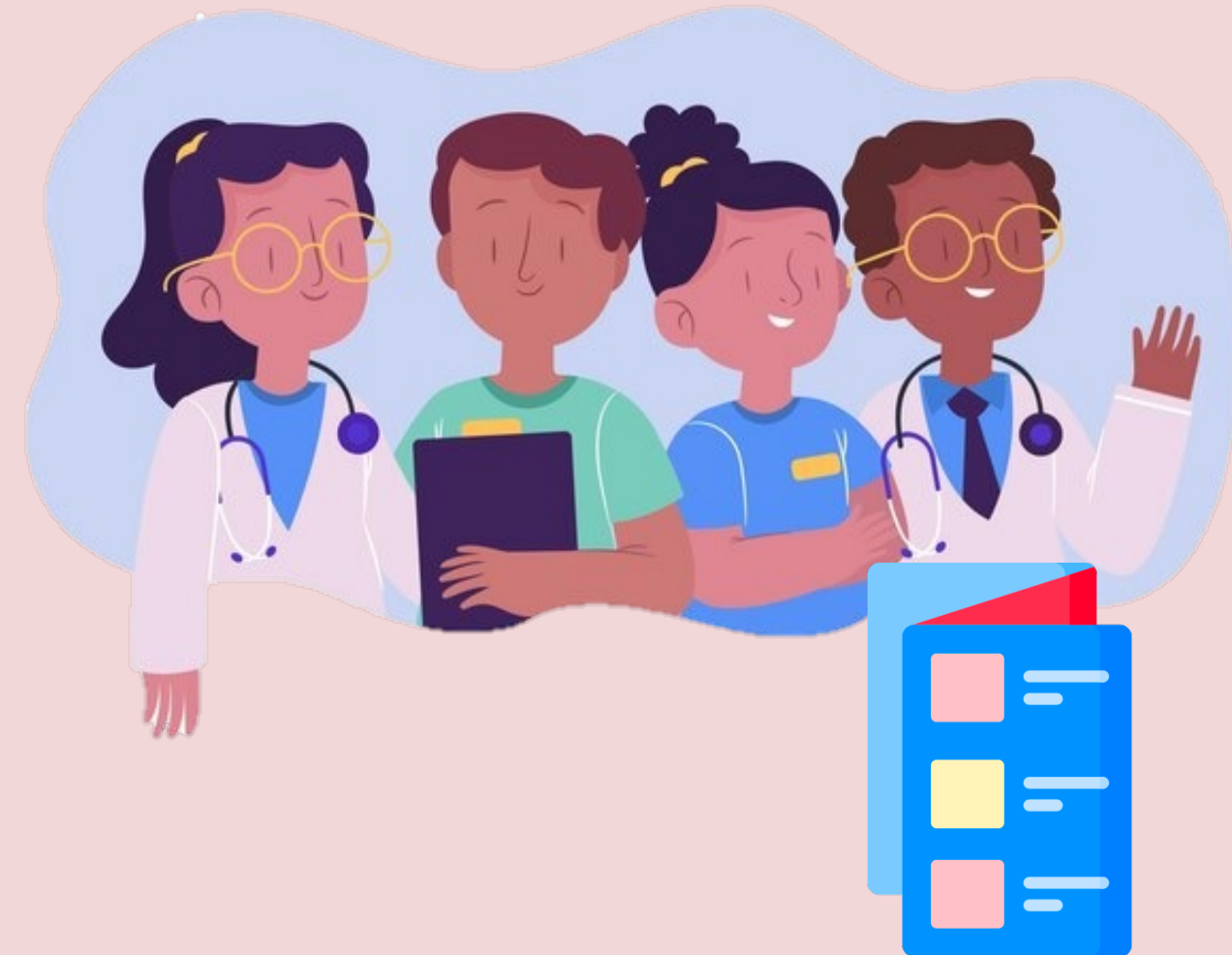
Results were shared with the **Anesthetic Care Unit (ACU)** at BC Children's Hospital, and informed immediate changes.

Examples of Areas for Improvement



Detailed information about medication and administration schedule

Provide a child resource to share details of pain management process with them



Combine instructions from doctor and nurse into one take-home package

Results

Table 1. Barriers and facilitators to nurse-parent communication at discharge and pain management at home

Barriers	
To nurse communication	❖ Hospital environment (e.g. outside distractions)
To parents' understanding	❖ Discrepancy in information given by doctors, nurses, and take-home material
To pain management at home	❖ Child experiencing other illnesses and symptoms
Facilitators	
To nurse communication	❖ 6 th grade avg. Flesch-Kincaid Grade Level score for language used ❖ Activation strategies (e.g. closed-ended questions)
To parents' understanding	❖ Pain management instructions presented in a "step-by-step" manner
To pain management at home	❖ Parents having previous personal and professional medical experience

Read our papers on the project:

