Results Two groups did not differ significantly in infant and mother demographic information. After one week of intervention, the mean difference of total crying time, duration and severity were 4.08 (1.83) time/day, 2.81 (1.77) hour/day and 2.9 (2.37) in massage group and 0.56 (2.28) time/day, 0.27 (1.09) hour/day and 0.02 (1.64) in vibrating group, respectively. The mean of total crying time, duration and severity decreased in both groups but there was a more significant reduction in crying times, duration and severity in massage group than the rocking group.

Conclusions Our findings demonstrated that infant massage was effective in reducing the time, duration, and severity of crying in colicky infants.

Background and Aims Pain is a common cause for which patients seek treatment and an unpleasant side effect of our treatment. Young children are not able to express their pain. It is the caregivers' responsibility to assess and manage their pain. Caregivers perception of the child’s pain depends on various factors. We studied the perception and knowledge regarding pain amongst nursing staff at our centre. We compared these across three groups as per their exposure to pediatric patients (routinely, occasionally or rarely exposed to pediatric patients).

Method Consensually validated questionnaire containing combination of questions from basic (must know) and advanced (nice to know) areas of knowledge about nursing pediatric patients and questions related to nurses’ perception about pain in pediatric patients was administered to eligible nursing staff at Rural Tertiary Care Hospital in Western India. The responses were analyzed using descriptive statistics and comparisons were made by chi-square test.

Result 351 usable questionnaires (83.37%) out of 421 were returned. The knowledge of the nurses regarding pain was observed to be poor. 60% of all the nurses had complete knowledge of all the basic questions asked. Only 5.1% had answered all of the five advanced questions correctly, while 96.9% of the nurses had answered one or more questions incorrectly.

Conclusions The deficit in knowledge and shortcomings in perception needs to be addressed and steps need to be taken to improve the nurse’s knowledge and modify beliefs and attitude of the nursing staff towards the pain of the pediatric patients.

In December 2011 written pain assessment and treatment guidelines accepted by the committee members and hospital administration where announced. They included:

- obligatory pain intensity assessment with age/communication skills- appropriate tools (NIPS, FLACC, Wong- Baker, VAS).
- pain treatment adequate to individual pain intensity with multimodal analgesia use.
- restriction in muscular injections of analgesics.
- analgesics dosing guidelines.
- periparative analgesia algorithms based on predicted pain intensity.

Between February and March 2012 201 practitioners and 391 nurses participated in pain assessment and management seminars.

Results Preliminary report on analgesia practice in surgical units revealed:

- poor compliance with pain assessment guidelines.
- 100% reduction in intramuscular opioid use in one of the departments.
- improvement in analgesic prescriptions practice with individual variability between practitioners.
- increase in number of pain consultations.
- no improvement with use of regional analgesia, insufficient number of PCA pumps.

Conclusions During few months after introducing hospital pain management guidelines we notice a change in pain practice but many problems still exist. Analgesia quality improvement is long-term process requiring multidisciplinary approach.