

Nursing Workforce and Pain

0-143

EFFECTIVENESS OF A NEW METHOD TO REDUCE PREOPERATIVE ANXIETY IN CHILDREN: RANDOMISED CONTROLLED TRIAL

F Festini, S Liguori, M Stacchini, D Ciofi, F Giusti, N Olivini, S Bisogni. *Nursing Research Unit, Meyer Children Hospital University of Florence, Florence, Italy*

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Effective methods to reduce children preoperative anxiety (such as giving previous information, organising a tour to the operating room before the intervention and the presence of clown-doctors) are time-consuming and expensive as they require hospital staff to be performed.

Goal To test the effectiveness of "Clickamico", a new IT method to reduce preoperative anxiety in children.

Methods Randomised controlled trial. The experimental intervention was a 6-minute video showing two clown-doctors who visit the operating theatre (OR) and explain each other in a jokingly way what is in it. Subjects were 40 children aged 6 to 11 undergoing a planned surgical intervention and were randomised to 2 groups. In Group A (n = 20), the video was shown to subjects on a tablet the afternoon preceding a planned surgery. In Group B (n = 20) subjects were given usual care (non standardised oral information given by nurses on parents' request). Anxiety was measured before treatment and before entering OR using the Yale Preoperative Anxiety Scale-modified (m-YPAS)

Results The groups were homogeneous with regards to age, gender, parents' age and % of children previously undergone surgery. Basal mean m-YPAS scores were not statistically different (Group A 37.3 vs Group B 37.1). Mean m-YPAS observed at entering OR were 33.01 in Group A and 48.6 in Group B (p = 0.009). Basal to pre-OR mean m-YPAS score difference was -2.82 in Group A and +10.7 in Group B (p = 0.003).

Conclusion "Clickamico" is effective in reducing preoperative anxiety in children and may substitute staff-provided interventions, allowing possible reductions of Hospital costs.

0-144

PAIN PREVALENCE AND PRACTICES IN SURGICAL AND NON-SURGICAL PAEDIATRIC AND NEONATAL PATIENTS

¹P Fahrni-Nater, ²CG Grandjean Chantal, ³YK Kottelat Yolande, ⁴ASR Ramelet Anne-Sylvie. ¹Paediatric, Centre Hospitalier Universitaire Vaudois (CHUV), Lausanne, Switzerland; ²Paediatric, Centre Hospitalier Universitaire Vaudois (CHUV) and IUFERS Lausanne CHUV, Lausanne, Switzerland; ³Department of Anesthesia and Pain, Centre Hospitalier Universitaire Vaudois (CHUV) and IUFERS Lausanne CHUV, Lausanne, Switzerland; ⁴Pediatrics, IUFERS Lausanne Univ and CHUV Lausanne Switzerland, Lausanne, Switzerland

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Background and aims Despite international standards for the assessment and management of paediatric pain, pain remains poorly treated. This study aimed to determine pain prevalence and pain management practices in surgical and non-surgical paediatric and neonatal patients.

Methods Following ethics approval, pain prevalence data were collected retrospectively in six paediatric and one neonatal unit of a tertiary referral hospital in Western Switzerland in the previous 24 h (J-1). Patients had to be hospitalised for at least 24 h to be included. Medical and nursing notes were reviewed to describe pain management practices. A Pain Management Index

(PMI) was calculated. A PMI of 0 reflects optimal pain management, ≥ 0 can reveal overtreatment, and < 0 under treatment.

Results 73 patients had documented pain scores, 43(58.9%) were aged ≥ 3 years and 28(38.4%) had surgery. Pain prevalence at J-1 wasn't significantly higher (28.6%) in surgical patients, compared to non-surgical (26.7%) (p = 0.859). There was no significant differences between pain prevalence in children > 3 years of age (32.6%) and younger patients (20.0%), (p = 0.292). Better treatment for pain (PMI=0) was given to non-surgical patients (65, 8%), compared to surgical (33.3%, p = 0.019) and patients aged three and less (71.4%) compared to older patients (38.7%, p = 0.028).

Conclusions Although no significant, pain prevalence remains high in surgical patients and children > 3 years of age, which is reflected by less adequate pain treatment, when compared to non-surgical and younger patients. This may be explained by the difficulties in assessing and managing postoperative pain in early verbal children.

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0-145

PAIN AND DISTRESS IN A PAEDIATRIC INTENSIVE CARE UNIT: IS THE COMFORT BEHAVIOUR SCALE SENSITIVE TO CHANGE IN CHILDREN AGED 0-3 YEARS?

¹E O'Rourke, ¹C Magner, ²G Paul, ³M van Dijk. ¹Paediatric Intensive Care, Our Lady's Children's Hospital Crumlin, Dublin, Ireland; ²Nursing and Midwifery, Royal College of Surgeons in Ireland, Dublin, Ireland; ³Intensive Care and Department of Pediatric Surgery, Erasmus MC- Sophia Children's Hospital, Rotterdam, Netherlands

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Background Critically ill children admitted to a Paediatric Intensive Care Unit (PICU) experience pain and distress. The COMFORT Behaviour (COMFORT B) Scale is a widely used pain and distress assessment scale, validated in children less than 3 years. Minimal studies assess whether the scale is sensitive to detect changes in pain and sedation levels after a treatment intervention is administered. Sensitivity to change, defined as the ability of a measure to detect statistically significant changes after pain treatment, is a relevant psychometric property for pain instruments. With many PICUs now making decisions about analgesia and sedation management based on COMFORT B assessments, it is crucial that these issues are rigorously explored. The aim of the study is to determine if the COMFORT B Scale is sensitive to change.

Methods The study is a prospective observational study. Admissions to the PICU of children less than 3 years, who had a COMFORT B score indicating pain or under sedation were included. Re-administration of the COMFORT B scale within 2 h of an intervention was performed to assess sensitivity to change.

Results An initial pilot study found excellent interrater reliability in 97 assessments performed by 2 nurses blinded to each other's scores. Consequently, single nurse paired assessments were completed before and after an intervention and sensitivity to change was established.

Conclusions The study identifies that the COMFORT B scale is sensitive to detect change following pharmacological and non pharmacological interventions. Thus proposing the COMFORT B scale effectively guides pain and sedation management.