

## Nursing Workforce and Pain

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

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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.

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

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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,  $\geq 0$  can reveal overtreatment, and  $< 0$  under treatment.

**Results** 73 patients had documented pain scores, 43(58.9%) were aged  $\geq 3$  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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**PAIN AND DISTRESS IN A PAEDIATRIC INTENSIVE CARE UNIT: IS THE COMFORT BEHAVIOUR SCALE SENSITIVE TO CHANGE IN CHILDREN AGED 0-3 YEARS?**

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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.