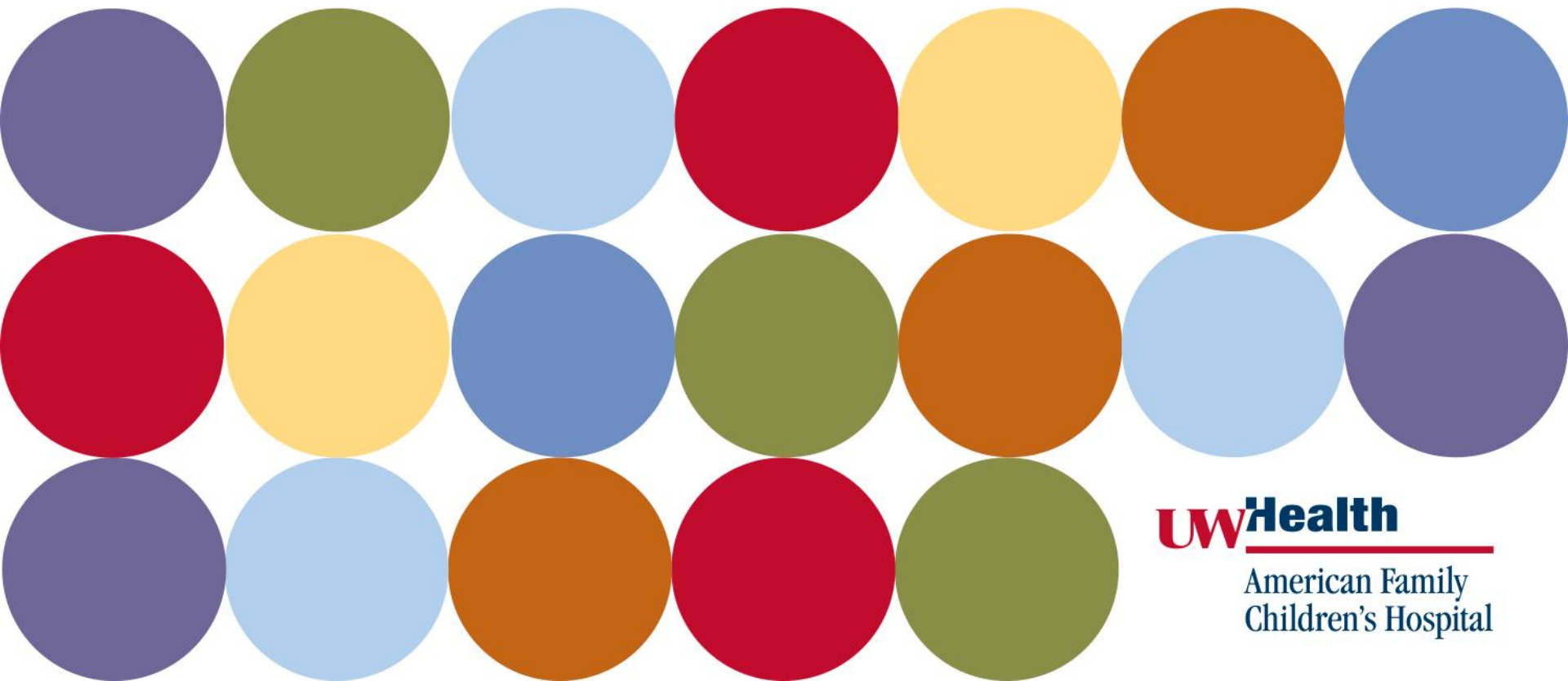




American Family Children's Hospital



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DISTRACTION TECHNIQUES IN THE AMBULANCE AND ER

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Project Echo for Pediatric Care 2018-2020
Distraction Techniques in the Ambulance and ER
September 20, 2018
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Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Pediatric emergency care professionals

Objectives:

As a result of this educational regularly scheduled series, learners will be able to:

1. Utilize new skills and guidelines determined to be safe for children when accessing pediatric trauma.
2. Identify proper tools and standardized practices in order to improve the diagnosis and treatment of pediatric patients.
3. Define roles and responsibilities of team members who triage pediatric emergencies in order to identify communication strategies that result in effective patient care.

Policy on Disclosure

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Kim Sprecker, OCPD Staff	No relevant financial relationships to disclose	No
Courtney Beatty, Presenter	No relevant financial relationships to disclose	No
	No relevant financial relationships to disclose	No

Accreditation Statement

In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

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Continuing Education Units (CEUs)

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Changes to claiming credit

Starting this month, we are changing the process for claiming credit for attending the live session.

Follow the instructions below, and contact us at projectecho@surgery.wisc.edu with any questions.

1. Create account with the UW Interprofessional Continuing Education Partnership
<https://ce.icep.wisc.edu>
2. During the live presentation, and in the follow-up email, you will be provided a code. Text that code to a number we provide you, using a cell phone associated with your account.

Text **LUQCEY** to 608-260-7097

(save this number as **ECHO Credit**, it will never change)

3. Once you text the code, you will receive an email with the evaluation
4. Complete the evaluation and claim your credit!

Providing support to pediatric patients in emergency situations

- **Speak to the patient as if they can hear** - even if eyes are closed or level of consciousness/mental status is questionable
- **Offer appropriate choices** - not “Can I look in your ears?” but rather “Which ear should I look in first?” If patient says no to your question, you still have to proceed so avoid yes/no questions . . .
- **Use the patient’s name** - ask the patient or family member what name they prefer
- **Remember the “one voice rule”** - one person at a time talking to/asking questions of the patient
- **Tell a patient before you touch them** and let them know what they will feel
- **Offer continual reassurance and encouragement** - emphasize that patient is now safe and we are here to help take care of them
- **Listen and respond** to patient’s questions, concerns, comments
- **Orient patient to the experience** - where they are, who all the people are, what’s happening and why, what is going to happen next

Providing support to pediatric patients in emergency situations

- **Use simple phrases** - avoid technical jargon and abbreviations
- **Children have magical thinking** and often interpret the meanings of words literally
- **Avoid teasing, sarcasm, and euphemisms** - they are difficult for children to interpret, especially children in stressful situations
- **Prepare patient** for examination/assessment, procedures, transport - use developmentally appropriate language, sensory information, and be honest
- **Respect privacy needs** - use blankets, gown, pull curtains, etc.
- **Use simple comfort measures** to calm and soothe patients - warm blankets, hold patient's hand, rub hair/forehead, pacifier, etc.
- **Provide distraction**
- **Invite parents/family to bedside** as soon as possible - encourage them in supporting/comforting their child (holding hands, talking, etc.)

Before the Procedure

- **Provide appropriate preparation** including reason for procedure
 - Sensory preparation - discuss what the child might see, feel, hear, etc.
- **Language matters** - use words that a child can relate to and that have a more positive meaning
 - Vein: tiny blue lines in your body
 - IV: tiny straw
 - X-ray: pictures of the inside of your body
 - Cast saw: special tool to help make lines in your cast
- **Create a coping plan**
 - Does the child want to watch or utilize distraction?
 - Remind patient their job is to hold still
 - Discuss comfort hold
 - Does the child want you to count prior to the poke?

During the Procedure

- **Practice One Voice** by minimizing the number of people talking during the procedure
 - When there are multiple people talking it can heighten anxiety
- **Provide appropriate choices** to allow child a sense of control
 - “Which arm would you like me to look at first?” rather than “Are you ready for your IV?”
- **Utilize comfort positioning**
- **Support family member involvement when possible**
- **Utilize diversion techniques**
- **Provide positive reinforcement and praise for desired behavior**

Coaching for Comfort

What is it?

Placing a child in a comforting position for an invasive procedure in an effort to decrease the child's stress

Why use it?

- Child feels safer and has an increased sense of control
- Can use with children of all ages
- Fewer staff are needed to hold a patient
- Gives parent or caregiver a comforting role in the procedure
- Isolates the part of the body needed to complete the procedure safely
- Can give the child a sense of accomplishment

Coaching for Comfort



Leg Injection



School-age I.V. placement



Catheter placement



Lumbar puncture



Nasal gastric tube placement

Guidelines

- Use treatment room rather than bed whenever possible
- Give reason for procedure and what to expect
- Use sitting position (lap, chair or table) whenever possible (versus lying on table)
- Support family member involvement
- Identify a "coach", someone the child knows and trusts, to provide relaxation or distraction during procedure
- Allow child to be involved in the procedure if so desired
- Have comfort basket or other distraction items on hand
- Provide child with positive reinforcement and praise for desired behavior
- Seek assistance from Child Life as needed (Pager 4769)



Adapted from the Positioning for Comfort program at Rainbow Babies and Children's Hospital.

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The Power of Diversion

- Diversion is a therapeutic intervention to take a child's mind/attention off of invasive procedures and decrease anxiety
- Tools to help with diversion:
 - Bubbles
 - Light spinner
 - ISpy book
 - Music
 - Guided Imagery
 - Deep breathing
 - iPad or phone
 - Conversation

Pain Management

- IN medications
- Numbing for IV start
 - J-tip, saline wheel, LMX
- Sweet ease
 - for infants under 6 months
- Buzzy with ice wings
- Coping techniques to address pain and anxiety
 - deep breathing, distraction, etc.

Things to Consider . . .

- Children with developmental delays
 - It is crucial to discuss with parents what developmental level these patients operate at, what they perceive, and what helps calm them
 - Alternative forms of support
 - Consider keeping a child in their personal wheelchair if it's a secure and safe way to keep the child in a comfortable position
 - Use chewy tubes/teethers or washcloths if the patient copes by chewing or biting

Things to Consider . . .

- Does the child require more restraint?
 - Never ask a parent to restrain a child
 - Keep parent in a comforting role, such as near the child's head so they can talk to and reassure the child
- When the child has gone through a few unsuccessful IV starts and their anxiety level is extremely high
 - If you need to continue, be sure to remain calm and keep your voice low regardless of patient's reaction – raising your voice can contribute to increasing a child's anxiety level, even if you're speaking supportively
 - Take a break if possible and allow child to calm down

Working with Children at their Developmental Level

Neonates 0-30 days

Developmental Milestones	Trauma Stressors	Coping Behaviors	Interventions	Comforting Techniques
<ul style="list-style-type: none">•Startle reflex when moved quickly or hears loud noises•Sucking reflex – sucks on anything placed in mouth•Rooting reflex – opens mouth and turns head toward side where cheek is stroked•Grasps anything placed in hand, then just lets go•Focuses on objects 8-12 inches away•Hearing is fully mature•Moves head from side to side while lying on stomach•Begin to gurgle, coo and grunt	<ul style="list-style-type: none">•Startles to loud noises and sudden movements•Blinks in response to bright light•Impaired basic needs•A lot of stimulation	<ul style="list-style-type: none">•Crying•Sucking•Calms to soft music, singing, talking, or cuddling	<ul style="list-style-type: none">•Encourage parental presence and participation in care•Show parent how to touch or hold infant if connected to unfamiliar medical equipment•Decrease noise levels and bright lights•Avoid hunger•Maintain warm room temperature	<ul style="list-style-type: none">•Light-up toys•Soft music•Soothing tone of voice (8-12 inches away)•Singing•Swaddling•Breast feeding•Pacifier•Comfort positioning

Working with Children at their Developmental Level

Infant 0-12 months

Developmental Milestones	Trauma Stressors	Coping Behaviors	Interventions	Comforting Techniques
<ul style="list-style-type: none"> •Learns through senses •Trust development •Attachment to primary caretaker •Minimal language •Practicing motor skills 	<ul style="list-style-type: none"> •Loud noises and sudden movements •Bright light •Impaired basic needs •Over stimulation 	<ul style="list-style-type: none"> •Crying, fussing •Calms to soft music, singing or talking •Hand – mouth activity 	<ul style="list-style-type: none"> •Parental presence and participation in care •Talk before touching •Maintain adequate room temperature •Provide age appropriate play •Let child play until you are ready •Decrease number of caregivers 	<ul style="list-style-type: none"> •Light-up toys •Rattles •Soft music •Soothing tone of voice •Singing •Breastfeeding •Pacifier •Comfort positioning •Familiar toys

Working with Children at their Developmental Level

Preschool 3-5 Years

Developmental Milestones	Trauma Stressors	Coping Behaviors	Interventions	Comforting Techniques
<ul style="list-style-type: none"> •Egocentric •Increased, yet limited language skills •Fantasy and magical thinking •Unable to distinguish between fantasy and reality •Fear of the dark •Limited concept of time •Learn best by doing 	<ul style="list-style-type: none"> •Separation from parent •Heightened fears including pain, strangers, and medical equipment •Feels loss of protection and sense of abandonment •Misconceptions develop from lack of understanding •Loss of competence and initiative in developmental tasks •View hospitalization and illness as a punishment 	<ul style="list-style-type: none"> •Regression •Temper tantrum •Aggression and anger •Guilt fantasy 	<ul style="list-style-type: none"> •Parental presence and participation in care •Encourage child to participate in their care •Offer appropriate choices •Reinforce that labs are not punishment •Allow expression of feelings through play and verbalization •Allow for manipulation of equipment •Explain in concrete terms (touch, sound, sight, smell) •Avoid words that provoke fantasies: cut, bleed 	<ul style="list-style-type: none"> •Light-up toys •Encouraging statements •Music •Comfort item •Singing •Videos •Comfort positioning •Familiar toys

Working with Children at their Developmental Level

School Age 5-12 years

Developmental Milestones	Trauma Stressors	Coping Behaviors	Interventions	Comforting Techniques
<ul style="list-style-type: none"> •Developing concrete thinking •Active learners •Increased participation in self-care •Well-developed language skills and concept of time •Concerns about body image •Peers becoming important 	<ul style="list-style-type: none"> •Loss of control •Fears pain •Decrease independence •Loss of competence •Fears body mutilation and deformities •Fears death •Fears anesthesia •Fears loss of bodily functions and/or body parts 	<ul style="list-style-type: none"> •Guilt •Acting out •Regression •Depression •Withdrawal •Cognitive mastery 	<ul style="list-style-type: none"> •Parental presence and participation in care •Offer appropriate choices •Teach coping strategies that encourage mastery •Identify and correct misconceptions •Encourage child's participation in care •Help child recognize aspects of effective coping •Give child tasks to help with care 	<ul style="list-style-type: none"> •Humor/jokes •Music •Encouraging statements •Deep breathing •Favorite object •Singing •Videos •Comfort positioning •Familiar toys, games, or activities

Working with Children at their Developmental Level

Adolescents 13-18 Years

Developmental Milestones	Trauma Stressors	Coping Behaviors	Interventions	Comforting Techniques
<ul style="list-style-type: none"> •Use of deductive reasoning and abstract thought •Socialization is important •Rapidly changing body image •Body image relates to self-esteem •Need for privacy •Increasing independence and responsibility •Struggle to develop self-identity 	<ul style="list-style-type: none"> •Lack of trust •Loss of independence and control •Fear of pain •Threat of change in body image •Restriction of physical activities •Loss of peer acceptance and/or fear of rejection •Fear of death 	<ul style="list-style-type: none"> •Defense mechanisms can be withdrawal or anger •Intellectualization •Conformity •Uncooperative behavior 	<ul style="list-style-type: none"> •Respect and maintain privacy •Involve in care and decisions •Communicate honestly •Offer appropriate choices •Teach coping strategies •Help child recognize aspects of effective coping 	<ul style="list-style-type: none"> •Humor, jokes, and talking •Music •Encouraging statements •Deep breathing •Video/DVD's •Guided imagery