DISTRACTION TECHNIQUES IN THE AMBULANCE AND ER

Courtney Beatty, CCLLS and Sarah Hoffman, CCLLS
Certified Child Life Specialists
Pediatric Emergency Department
**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.

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<thead>
<tr>
<th>Name/Role</th>
<th>Financial Relationship Disclosures</th>
<th>Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?</th>
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<tbody>
<tr>
<td>Jonathan Kohler, MD Presenter, Chair</td>
<td>No relevant financial relationships to disclose</td>
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</tr>
<tr>
<td>Veronica Watson Coordinator</td>
<td>No relevant financial relationships to disclose</td>
<td>No</td>
</tr>
<tr>
<td>Randi Cartmll, Coordinator</td>
<td>No relevant financial relationships to disclose</td>
<td>No</td>
</tr>
<tr>
<td>Benjamin Eithun, MSN, RN, Coordinator</td>
<td>No relevant financial relationships to disclose</td>
<td>No</td>
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<tr>
<td>Kim Sprecker, OCPD Staff</td>
<td>No relevant financial relationships to disclose</td>
<td>No</td>
</tr>
<tr>
<td>Courtney Beatty, Presenter</td>
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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

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 9769)

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

<table>
<thead>
<tr>
<th>Developmental Milestones</th>
<th>Trauma Stressors</th>
<th>Coping Behaviors</th>
<th>Interventions</th>
<th>Comforting Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Startle reflex when moved quickly or hears loud noises</td>
<td>• Startles to loud noises and sudden movements</td>
<td>• Crying</td>
<td>• Encourage parental presence and participation in care</td>
<td>• Light-up toys</td>
</tr>
<tr>
<td>• Sucking reflex – sucks on anything placed in mouth</td>
<td>• Sucking</td>
<td>• Sucking</td>
<td>• Show parent how to touch or hold infant if connected to unfamiliar medical equipment</td>
<td>• Soft music</td>
</tr>
<tr>
<td>• Rooting reflex – opens mouth and turns head toward side where cheek is stroked</td>
<td>• Calms to soft music, singing, talking, or cuddling</td>
<td>• Calms to soft music, singing, talking, or cuddling</td>
<td>• Decrease noise levels and bright lights</td>
<td>• Soothing tone of voice (8-12 inches away)</td>
</tr>
<tr>
<td>• Grasps anything placed in hand, then just lets go</td>
<td>• Blinks in response to bright light</td>
<td>• Impaired basic needs</td>
<td>• Avoid hunger</td>
<td>• Singing</td>
</tr>
<tr>
<td>• Focuses on objects 8-12 inches away</td>
<td>• A lot of stimulation</td>
<td>• A lot of stimulation</td>
<td>• Maintain warm room temperature</td>
<td>• Swaddling</td>
</tr>
<tr>
<td>• Hearing is fully mature</td>
<td></td>
<td></td>
<td></td>
<td>• Breast feeding</td>
</tr>
<tr>
<td>• Moves head from side to side while lying on stomach</td>
<td></td>
<td></td>
<td></td>
<td>• Pacifier</td>
</tr>
<tr>
<td>• Begin to gurgle, coo and grunt</td>
<td></td>
<td></td>
<td></td>
<td>• Comfort positioning</td>
</tr>
<tr>
<td>• Startles to loud noises and sudden movements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Blinks in response to bright light</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A lot of stimulation</td>
<td></td>
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</tr>
</tbody>
</table>

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**Interventions:**
- 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

**Comforting Techniques:**
- 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

<table>
<thead>
<tr>
<th>Developmental Milestones</th>
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<th>Coping Behaviors</th>
<th>Interventions</th>
<th>Comforting Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Learns through senses</td>
<td>• Loud noises and sudden movements</td>
<td>• Crying, fussing</td>
<td>• Parental presence and participation in care</td>
<td>• Light-up toys</td>
</tr>
<tr>
<td>• Trust development</td>
<td>• Bright light</td>
<td>• Calms to soft music, singing or talking</td>
<td>• Talk before touching</td>
<td>• Rattles</td>
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<tr>
<td>• Attachment to primary caretaker</td>
<td>• Impaired basic needs</td>
<td>• Hand – mouth activity</td>
<td>• Maintain adequate room temperature</td>
<td>• Soft music</td>
</tr>
<tr>
<td>• Minimal language</td>
<td>• Over stimulation</td>
<td></td>
<td>• Provide age appropriate play</td>
<td>• Soothing tone of voice</td>
</tr>
<tr>
<td>• Practicing motor skills</td>
<td></td>
<td></td>
<td>• Let child play until you are ready</td>
<td>• Singing</td>
</tr>
</tbody>
</table>

- Breastfeeding
- Pacifier
- Comfort positioning
- Familiar toys
## Working with Children at their Developmental Level
### Preschool 3-5 Years

<table>
<thead>
<tr>
<th>Developmental Milestones</th>
<th>Trauma Stressors</th>
<th>Coping Behaviors</th>
<th>Interventions</th>
<th>Comforting Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egocentric</td>
<td>Separation from parent</td>
<td>Regression</td>
<td>Parental presence and participation in care</td>
<td>Light-up toys</td>
</tr>
<tr>
<td></td>
<td>Increased, yet limited language skills</td>
<td>Temper tantrum</td>
<td>Encourage child to participate in their care</td>
<td>Encouraging statements</td>
</tr>
<tr>
<td></td>
<td>Fantasy and magical thinking</td>
<td>Aggression and anger</td>
<td>Offer appropriate choices</td>
<td>Music</td>
</tr>
<tr>
<td></td>
<td>Unable to distinguish between fantasy and reality</td>
<td>Guilt fantasy</td>
<td>Reinforce that labs are not punishment</td>
<td>Comfort item</td>
</tr>
<tr>
<td></td>
<td>Fear of the dark</td>
<td></td>
<td>Allow expression of feelings through play and verbalization</td>
<td>Singing</td>
</tr>
<tr>
<td></td>
<td>Limited concept of time</td>
<td></td>
<td>Allow for manipulation of equipment</td>
<td>Videos</td>
</tr>
<tr>
<td></td>
<td>Learn best by doing</td>
<td></td>
<td>Explain in concrete terms (touch, sound, sight, smell)</td>
<td>Comfort positioning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Avoid words that provoke fantasies: cut, bleed</td>
<td>Familiar toys</td>
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</tbody>
</table>
# Working with Children at their Developmental Level

## School Age 5-12 years

<table>
<thead>
<tr>
<th>Developmental Milestones</th>
<th>Trauma Stressors</th>
<th>Coping Behaviors</th>
<th>Interventions</th>
<th>Comforting Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Developing concrete thinking</td>
<td>• Loss of control</td>
<td>• Guilt</td>
<td>• Parental presence and participation in care</td>
<td>• Humor/jokes</td>
</tr>
<tr>
<td>• Active learners</td>
<td>• Fears pain</td>
<td>• Acting out</td>
<td>• Offer appropriate choices</td>
<td>• Music</td>
</tr>
<tr>
<td>• Increased participation in self-care</td>
<td>• Decrease independence</td>
<td>• Regression</td>
<td>• Teach coping strategies that encourage mastery</td>
<td>• Encouraging statements</td>
</tr>
<tr>
<td>• Well-developed language skills and concept of time</td>
<td>• Loss of competence</td>
<td>• Depression</td>
<td>• Identify and correct misconceptions</td>
<td>• Deep breathing</td>
</tr>
<tr>
<td>• Concerns about body image</td>
<td>• Fears body mutilation and deformities</td>
<td>• Withdrawal</td>
<td>• Encourage child’s participation in care</td>
<td>• Favorite object</td>
</tr>
<tr>
<td>• Peers becoming important</td>
<td>• Fears death</td>
<td>• Cognitive mastery</td>
<td>• Help child recognize aspects of effective coping</td>
<td>• Singing</td>
</tr>
<tr>
<td></td>
<td>• Fears anesthesia</td>
<td></td>
<td>• Give child tasks to help with care</td>
<td>• Videos</td>
</tr>
<tr>
<td></td>
<td>• Fears loss of bodily functions and/or body parts</td>
<td></td>
<td></td>
<td>• Comfort positioning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Familiar toys, games, or activities</td>
</tr>
</tbody>
</table>
## Working with Children at their Developmental Level
### Adolescents 13-18 Years

<table>
<thead>
<tr>
<th>Developmental Milestones</th>
<th>Trauma Stressors</th>
<th>Coping Behaviors</th>
<th>Interventions</th>
<th>Comforting Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of deductive reasoning and abstract thought</td>
<td>Lack of trust</td>
<td>Defense mechanisms can be withdrawal or anger</td>
<td>Respect and maintain privacy</td>
<td>Humor, jokes, and talking</td>
</tr>
<tr>
<td>Socialization is important</td>
<td>Loss of independence and control</td>
<td>Intellectualization</td>
<td>Involve in care and decisions</td>
<td>Music</td>
</tr>
<tr>
<td>Rapidly changing body image</td>
<td>Fear of pain</td>
<td>Conformity</td>
<td>Communicate honestly</td>
<td>Encouraging statements</td>
</tr>
<tr>
<td>Body image relates to self-esteem</td>
<td>Threat of change in body image</td>
<td>Uncooperative behavior</td>
<td>Offer appropriate choices</td>
<td>Deep breathing</td>
</tr>
<tr>
<td>Need for privacy</td>
<td>Restriction of physical activities</td>
<td></td>
<td>Teach coping strategies</td>
<td>Video/DVD’s</td>
</tr>
<tr>
<td>Increasing independence and responsibility</td>
<td>Loss of peer acceptance and/or fear of rejection</td>
<td></td>
<td>Help child recognize aspects of effective coping</td>
<td>Guided imagery</td>
</tr>
<tr>
<td>Struggle to develop self-identity</td>
<td>Fear of death</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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
- 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
- Defense mechanisms can be withdrawal or anger
- Intellectualization
- Conformity
- Uncooperative behavior
- Respect and maintain privacy
- Involve in care and decisions
- Communicate honestly
- Offer appropriate choices
- Teach coping strategies
- Help child recognize aspects of effective coping
- Humor, jokes, and talking
- Music
- Encouraging statements
- Deep breathing
- Video/DVD’s
- Guided imagery