

Managing your child's pain

This leaflet aims to provide information about pain relief for your child during and after their stay in hospital. It highlights the variety of options available, how and when they may be used.

Information for Parents

Parental Role

You 'the parent' play an important part in supporting your child throughout their stay in hospital. Relaxation, distraction, play and comforting all contribute to reducing your child's pain. Specialist play therapists are available to help children and parents.

Oral Pain Relief

Wherever possible we try to ensure a child receives their pain medicine via the mouth. Paracetamol (Calpol) and Brufen (Junifen) will be given at regular intervals throughout the day. This guarantees a level of drug is maintained in the bloodstream at all times. If your child requires a stronger painkiller such as Codeine or Morphine, this too can be given via the mouth. There are many combinations of pain medicine that can be used so it is vital for you, the parent, to inform the ward staff of any allergies or drugs that your child may be unable to take.

Intra-nasal Diamorphine

If your child is admitted via the Emergency Department they may require a strong painkiller called Diamorphine. This is delivered via a small syringe which is sprayed up the nose. It is not distressing and works very quickly.

Rectal Pain Relief

When a child is unable to take anything by mouth then we often give Paracetamol and Junifen type painkillers in the form of a small suppository via the child's back passage. If your child is having an operation, it is very important that you give permission to the doctors and nurses to use this route. The suppositories are not painful and are used routinely.

Entonox

Entonox is a mixture of nitrous oxide and oxygen that can be used to relieve pain during short procedures such as a dressing change or removal of a drain. The gas has a pleasant smell and is short acting – it may make your child feel sleepy.

Topical Preparations

There are a range of local anaesthetic creams, sprays and gels that can be used to numb small areas of skin prior to minor procedures e.g. putting in a drip or small suture.

Local Anaesthetics

At the end of an operation, the anaesthetist may numb the area with local anaesthetic. This is put in before the child is awake and can last 6 – 8 hours. It is very important that the child is given regular pain relief to take over when this numbness wears off.

Intramuscular Cannula

Sometimes a child may require Morphine regularly and is unable to take it by mouth. To avoid repeated injections a small tube is placed into the thigh to allow multiple access by the nurse.

Epidural Infusion

An epidural is a tiny soft plastic tube, which is placed into the back near the nerves that carry pain. It is put in whilst the child is asleep before the operation and allows the child to move around without discomfort after the operation

Patient Controlled Analgesia machine (PCA)

PCA is a pre-programmed machine that delivers a set amount of strong painkiller (Morphine) via the drip to a child when he or she presses the button. It is safe to use, non-addictive but only suitable for children aged 5 years or over. It may be used after an operation or if the child has a very painful condition.

Morphine Infusion

A morphine infusion via the drip may be used in babies and small children who are unable to use a PCA. This ensures a continuous infusion of a small dose of morphine to maintain the child's comfort.

The Acute Pain Service

This is a specialist team of doctors and nurses who work with the ward team to help manage children's pain. If your child has an Epidural or Patient Controlled Analgesia machine the Acute Pain Team will visit them on a daily basis.

Going Home

Prior to going home you will be given a combination of painkillers to give to your child. It is very important that they are given on a regular basis. If your child's pain is not well controlled you must contact the children's unit on 01225 824421 or your own GP.