



Child Life, Coping, and Comfort for Pediatric Patients & Families during Emergency/Trauma Care

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Child Life



- Psychosocial
- Emotional, and
- Developmental needs of infants, children, and adolescents in the healthcare setting

A Child Life Specialist utilizes

- Play
- Procedure preparation
- Education and other interventions

Seeks to

- reduce the stress and anxiety associated with the healthcare experience
- enabling patients and families to cope more effectively.



Child Life's role in traumas at AFCH

For pediatric patients:

- Often meet patient upon arrival (on helipad or ambulance entrance) to provide very quick prep before going into trauma room; at head of bed during trauma assessment/exam
- Provided developmentally-appropriate explanations of exam/procedures/tests (One-Voice!)
- Provide comfort and coping techniques to reduce pt stress and anxiety
- Utilize comfort/coping techniques to help calm pt and enhance cooperation with trauma team to obtain more accurate physical assessment



Child Life's role in traumas at AFCH

For families and staff:

- Provide education/support/processing to siblings and other children
- Work with other staff (ie: social work) to provide support to parents and families
- Advocate and encourage pain management, familycentered care, developmentally-appropriate care
- Provide education and serve as a resource for ED/Trauma staff for developmental, psychosocial, familycentered care and related topics/issues
- Assist in providing support and processing opportunities for staff



Providing support to pediatric patients during emergency situations or in trauma bay

- Speak to the pt as if they can hear even if eyes are closed or level of consciousness/mental status is questionable
- Use the pt's name ask the pt or family member what name they prefer
- Remember the "one voice rule" one person at a time talking to/asking questions of the pt
- Utilize Child Life Specialist or person near pt's head as the key communicator to the pt
- Offer continual reassurance and encouragement, emphasize that pt is now safe and we are here to help take care of them
- Listen and respond to pt's questions, concerns, comments
- Orient pt to the experience where they are, why all these people are here (staff), what's happening, what is going to happen, why we (staff) are asking them to do certain things (ie: keep head still, wiggle toes, etc)



Providing support to pediatric patients during emergency situations or in trauma bay

- 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 like the trauma bay
- Prepare pt 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 pts (warm blankets, hold pt's hand, rub hair/forehead, pacifier, etc)
- **Provide distraction** use materials in distraction/coping kits
- Invite parents/family to bedside as soon as possible encourage them in supporting/comforting their child (ie: holding hands, talking, etc)



The Power of Diversion

- Diversion is a therapeutic intervention process to take a child's mind/attention off of invasive procedures and decrease anxiety.
- Tools to help with diversion are:
 - I-spy books
 - Bubbles
 - Sensory soother
 - Music
 - Guided Imagery





Coaching For Comfort

What is it?

 Placing a child in a comforting position for an invasive procedure that will decrease the child's stress.

• Why use it?

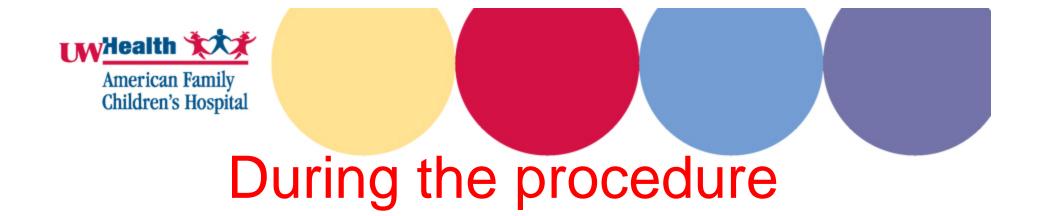
- Child feels safer and a increases sense of control.
- Can use with children of all ages.
- Fewer staff are needed.
- Gives parent or caregiver a comforting role in procedure.
- Isolates the part of the body needed to complete the procedure safely.
- Can give the child a sense of accomplishment!





Before the procedure...

- Provide appropriate preparation for the patient and/or family, including reason for procedure
- Set up a coping plan with the patient and/or family
- Appoint a support person to support and distract the child during the procedure



- Support family member involvement if possible.
- Limit the talking in the room. The support person should be the one reassuring the child.
- Allow child to be involved in the procedure if they want.
- Have comfort item and distraction items on hand.



After the procedure

- Provide child with positive reinforcement and praise for desired behavior.
- Reinforce to child and parent what worked well.



Pain Management

- IN medications
- Numbing for IV start
 - J-tip, Saline Wheel, LMX
- Sweet ease
 - -for infants under 6 months
- Buzzy w/ice (gate control theory of pain)
- Coping/comfort techniques to address pain and anxiety (ie: deep breathing, distraction, etc)



Working with children at their developmental level

- Developmental milestones
- Trauma stressors
- Coping behaviors
- Interventions
- Comforting techniques



Working with Children at their Developmental Level Neonates 0-30 days

Developmental Milestones	Trauma Stressors	Coping Behaviors	Interventions	Comforting Techniques
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	•Startles to loud noises and sudden movements •Blinks in response to bright light •Impaired basic needs •A lot of stimulation	•Crying •Sucking •Calms to soft music, singing, talking, or cuddling	•Encourage parent 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	 Light-up toys Soft music Soothing tone of voice (8-12 inches away) Singing Swaddling Breast feeding Pacifier Comfort positioning
•Begin to gurgle, coo and arunt				



Working with Children at their Developmental Level Infant 0-12 months

Developmental Milestones	Trauma Stressors	Coping Behaviors	Interventions	Comforting Techniques
 Learns through senses Trust Development Attachment to primary caretaker Minimal language Practicing motor skills 	•Loud noises and sudden movements •Bright light •Impaired basic needs •Over stimulation	•Crying, fussing •Calms to soft music, singing or talking •Hand – mouth activity	 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 	•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

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Developmental	Trauma Stressors	Coping	Interventions	Comforting
Milestones		Behaviors		Techniques
•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	Separation from parent Heightened Fears —Pain —Strangers —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	•Regression •Temper tantrum •Aggression and anger •Guilt fantasy	 Parental presence and participation in care Encourage child participation in 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 	•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
 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 	•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	•Guilt •Acting out •Regression •Depression •Withdrawal •Cognitive mastery	 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 	•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
•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 -Withdrawl -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



Things to consider...

- Children with developmental delays
 - It is crucial to discuss with parents what developmental level these patients operate on, 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..., (continued)

- 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



Things to consider..., (continued)

- 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





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