



Acute Pain

Pain relief for a surgery or medical procedure

In partnership with you and your child, we are committed to the *prevention* and *relief* of pain as completely as possible.

Acute pain is short-lasting and usually gets better over time. The following information describes how to improve the pain your child may feel after a surgery, injury, procedure, or side effects of treatment. There can be short- and long-term consequences when pain is not treated at all, or not treated enough. Effective pain control will help your child get better faster.

How will my child show pain?

Every child reacts to pain differently. Children may be quiet and less active, or restless and easily upset. They may lose their appetite or change sleep patterns.

We regularly measure the intensity of pain by using a pain scale that matches the developmental level of your child. For more information see [Assessing Children's Pain](#) handout.

It is best for children to report their own pain. We ask them to describe where it hurts, how much it hurts, what makes it better or worse, and what it feels like to them.

What can be done to relieve pain?

Our goal is to prevent pain when possible. Ask if pain is to be expected and what will be done to prevent it. When pain is not prevented, it should be responded to early before it becomes more severe. Relieving pain early will make your child more comfortable, increase activity and strength, and promote healing. In addition, treating pain early leads to less use of pain medicines overall.

We will use medicine and other strategies to treat pain. Because pain is complex and each person's response is different, it may be best to use more than one method at the same time.

Medicines

When used appropriately, pain medicines are safe and effective. The amount of pain medicine depends on your child's weight, type of pain and health. Medicine for mild pain is most often given by mouth. Acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) are often used for this type of pain. They work very well to control pain, even pain after surgery.

For moderate or severe pain, we may prescribe a stronger type of pain medicine such as morphine or oxycodone. We may give medicines through an IV (see [PCA: Patient Controlled Analgesia](#) handout) or directly near the nerves that carry the pain messages (see [Regional Analgesia](#), [Peripheral Nerve Continuous Infusion](#) or [Epidural Catheters](#) handouts).

You know your child best. We encourage you to take an active part in your child's recovery. Talk with your care team about how your child shows pain and what works to comfort your child.

A combination of medicines is often used to prevent and treat pain. It is important to work with your care team to discuss pain medicines that will work best for your child. Care must be taken, as even common over-the-counter medicines, such as acetaminophen or ibuprofen, can interact with certain prescriptions or medical conditions.

Examples of methods for preventing and treating pain:

- For pain that is ongoing, it is best to give pain medicine regularly. After surgery, pain medicine often is ordered every few hours. This schedule may continue for 3 or 4 days after your child goes home, depending on the procedure and your child's needs.
- For IV starts, blood tests, injections, and port access, numbing cream (LMX-4) can be put on the skin ahead of time to help reduce needle pain. Another topical anesthetic is J-tip, which is a system for quickly delivering numbing medicine through the skin without the use of needles.
- Sedation may be recommended for some procedures. Talk with your child's care team.

Will my child become addicted to pain medicine?

When given appropriately, children do not become addicted to pain medicine. When children need long-term pain control their bodies may get used to the medicine (become tolerant) and need a higher dose of pain medicine to get the same pain relief. Because the body becomes used to having these medicines, when the pain improves, the dose is slowly reduced to prevent discomfort from withdrawal.

Other strategies

In addition to medicine, there are other ways to relieve pain.

- **Coping style:** Learn your child's coping style and develop a plan to respond to their fears. Some children prefer to watch and be a part of the process in order to have some control over painful situations. Other children do better with being distracted away from the situation. For these children, breathing or imagery may be useful. Make sure you focus on your child's style of coping and not just your own, recognizing that these may be different.
- **Swaddling:** Infants may be comforted by being wrapped snugly in a blanket to help them feel calm and secure.
- **Sugar water (sucrose):** Young infants may be given sugar water before a painful procedure to reduce pain.
- **Positioning:** Toddlers may be held during painful procedures to help with comfort. Ask about supportive positioning such as "chest to chest" for the specific procedure being done.
- **Therapeutic play and art therapies:** These therapies rely less on language and can provide distraction as well as promote coping.

To Learn More

- Monday through Friday, 8 a.m. to 5 p.m., please contact your surgeon's office.
- After 5 p.m. and on Saturday and Sunday, please call 206-987-2000 and ask for your surgeon's on-call provider.

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers 206-987-2280 (TTY)

How can I help my child with pain?

Support your child: be a coach, provide comfort and help discover what works best to give your child relief.

- Know that the job of pain control belongs to everyone caring for your child. Talk your healthcare team about how your child shows pain and what seems to help.
- Believe that your child is hurting and respond right away.
- Emphasize the positive ways your child can become more relaxed. Support your child's efforts to cope with distressing procedures and pain; tell what others are doing to relieve their pain.
- Keep in mind that your child may sense your anxiety.
- Know that you may choose to leave the room during a painful procedure. If you choose to stay, you may ask for ways to participate in supporting your child.

What are some additional resources?

If your child has unrelieved pain or pain continues longer than expected, contact your child's doctor. In addition, talk to your child's care team for information about other resources. These may include:

- Pain Medicine Team 206-987-2704
- Child Life Specialists 206-987-2037
- Family Resource Center 206-987-2201

Questions?

All team members are committed to partner with you and your child to improve pain. Let your care team know if you have questions or feedback at any time.

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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