STOP THE KNOWLEDGE TRANSLATION GAP TO ACHIEVE GOOD PEDIATRIC PAIN MANAGEMENT: A SINGLE INTERVENTION IS NOT ENOUGH

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INTRODUCTION / AIM

Pediatric pain management (PPM) is still described as sub-optimal. This fact is explained by multiple barriers such as the reluctance to change methods of pain assessment. In our unit, no scale was used for pain assessment in toddlers, it relied on nurses’ clinical judgment.

To evaluate nurses satisfaction and confidence in the use of an observational pain scale prior to implementation of an algorithm for PPM.

METHODS

Focus groups were conducted after nursing staff were trained with the EVENDOL observational pain scale for toddlers. Small groups of nurses (2-5) were met for about 15 minutes’ sessions until data saturation.

RESULTS

Nurses work experience varied from to 0,5 to 36 years (n=42). Global satisfaction with the scale use was 6.7/10. Ease of use was rated at 9.3/10. Nurses with less than a year of experience rated their confidence in the scale’s use at 10/10. Amongst experienced ones, 22/27 scored at 0/10 regarding their confidence in using such a scale: I know how a child is behaving when he is in pain, even if he is sleeping. Without the necessity of a pain score for the use of the algorithm, the experienced nurses would not have changed their habit of pain assessment.

DISCUSSION / CONCLUSIONS

Nurses were globally satisfied using the EVENDOL pain scale. Experimented nurses showed more reluctance using the observational pain scale. This fact demonstrated that education alone is not enough. A combination of interventions have to be put in place to stop the KT gap to achieve good PPM.

OTHER AUTHORS

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