IMPROVING PEDIATRIC EXPERIENCE OF PAIN DURING PAINFUL PROCEDURES AT THE NORTH BAY NURSE PRACTITIONER LED CLINIC

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INTRODUCTION/AIM
To reduce procedural pain in children aged 0-16 years attending the NBNPLC by 50% (pain scale score) at 0 minutes (at procedure) by March 4, 2016

METHODS
Quality Improvement Project- Primary health care setting.

Tools learned at Improving and Driving Excellence Across Sectors (IDEAS) were implemented to improve pediatric experience of pain during painful procedures. Plan, do, study act (PDSA) cycles were analysed, as the clinical team translated knowledge from clinical practice guidelines to improve pain. A standardized pain assessment tool to track pain scores were implemented. Evidence based pain mitigation strategies were implemented, Clinical practice guideline: Reducing pain during vaccination (CMAJ, August 24, 2015),

Cost analysis of stocking emla cream, toot sweet (standardized sucrose water) were complete.

Ethics Review at Queen's University is pending.

RESULTS
The NBNPLC gives on average 9-10 immunizations per week. Data from pain scores continues to be analyzed. The use of toot sweet has had a positive impact on pediatric pain (age 0-2 years) during immunization. The cost of emla is prohibitive to continue stocking. Ongoing encouragement of parents to purchase their own emla will continue. Parents have given us positive feedback on how we approach pain during immunization and painful procedures such as wart treatment.

DISCUSSION / CONCLUSIONS

Quality improvement is based in real world analysis of clinical practice data "the noise of practice" with patients centred in the flow of care. It is well known fact that it takes 15 to 17 years for research to permeate into practice. There are very good clinical practice guidelines that address assessment and mitigation of procedural pain in the pediatric population, especially during vaccine injections.

Most clinicians will acknowledge they implement some best practices to mitigate pain during painful procedures when they see their pediatric patients. Quality improvement tools and adaptive leadership skills that were learned at Health Quality Ontario IDEAS (Improving and
Driving Excellence Across Sectors) will be presented on the poster in the context of improving pediatric experience of pain during painful procedures. An exploration of the value of pain prevention in the pediatric population will be touched on in the context of our cultural expectations of pain.