ASSESSING PARENTAL PAIN INFORMATION NEEDS RELATED TO THEIR CHILD'S SURGICAL PROCEDURE

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INTRODUCTION / AIM

Despite advances in pediatric pain assessment and treatment, significant numbers of hospitalized children continue to report moderate to severe pain. Pediatric surgical patients will inherently experience some degree of postoperative pain and are at obvious risk for inadequate pain management. Parents play a vital intermediary role between their child and health care staff but are often find it challenging to be involved with their childs postoperative pain management within the busy and unfamiliar hospital environment. A lack of parental pain knowledge contributes to the under management of pediatric pain. It is imperative that nurses adequately assess parental information needs prior to their childs surgical procedure to ensure essential pain information is provided during the preoperative and postoperative periods. The literature identifies a lack of consistent tools to assess parental information needs. The purpose of this study was to identify surgical pain information needs from a parental perspective.

METHODS

A quantitative, descriptive design was utilized to identify the types of pain information required by parents in addition to the perceived importance associated with each item; Inclusion criteria: parents whose child (aged 0-17 years) had undergone an elective surgical procedure (day or inpatient) at the Stollery Childrens Hospital, and who are fluent in English. A research assistant (MK) approached parents and explained the study, obtained consent, and provided the questionnaire. Data was collected via a survey (developed from existing literature) administered near the time of the children hospital discharge. Quantitative and qualitative analysis was carried out using SPSS and NVivo respectively.

RESULTS

82 parents were recruited and 59 completed the survey (72 % response rate): n=51 whose child had a day surgery procedure; n=8 whose child had an inpatient surgery procedures. Parents were generally satisfied with information they received regarding: pain assessment(73.6% agreed and 82.7% satisfied) ; actions to take if their child was in pain (94.9% agreed and 96.5% satisfied); types of pain medication (98.3% agreed and 96.5% satisfied);and frequency of pain medication (9.6% agreed and 98.3% satisfied). Parents expressed a desire for more information regarding: possible side effects (18.6% did not agree and 15.8% not satisfied); risks and benefits of pain medication( 22% did not agree and 13.6% not satisfied); and non-pharmacological pain management options (physical interventions36.2% did not agree and 20.4% not satisfied; psychological interventions 49.2% did not agree and 19.3% not satisfied).

DISCUSSION / CONCLUSIONS
This project was a pilot study, leading towards a future larger scale study to develop a tool for nurses to identify parental pain information needs. Addressing parental informational needs prior to pediatric surgery will enable parents to effectively participate in their child's postoperative pain management, and result in effective pain control for children and improved pediatric health care.

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