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

Amanda Roudebush, CCLS and Regina Yocum, CCLS
Certified Child Life Specialists
Pediatric Emergency Department
American Family Children’s Hospital at University of Wisconsin
A Certified Child Life Specialist (CCLS) is a member of the healthcare team who focuses on the
• 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 (i.e., social work) to provide support to parents and families
- Advocate and encourage pain management, family-centered care, developmentally-appropriate care
- Provide education and serve as a resource for ED/Trauma staff for developmental, psychosocial, family-centered 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 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
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

<table>
<thead>
<tr>
<th>Developmental Milestones</th>
<th>Trauma Stressors</th>
<th>Coping Behaviors</th>
<th>Interventions</th>
<th>Comforting Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Startle reflex when moved quickly or hears loud noises</td>
<td>• Startles to loud noises and sudden movements</td>
<td>• Crying</td>
<td>• Encourage parent presence and participation in care</td>
<td>• Light-up toys</td>
</tr>
<tr>
<td>• Sucking reflex – sucks on anything placed in mouth</td>
<td>• Blinks in response to bright light</td>
<td>• Sucking</td>
<td>• Show parent how to touch or hold infant if connected to unfamiliar medical equipment</td>
<td>• Soft music</td>
</tr>
<tr>
<td>• Rooting reflex – opens mouth and turns head toward side where cheek is stroked</td>
<td>• Impaired basic needs</td>
<td>• Calms to soft music, singing, talking, or cuddling</td>
<td>• Decrease noise levels and bright lights</td>
<td>• Soothing tone of voice (8-12 inches away)</td>
</tr>
<tr>
<td>• Grasps anything placed in hand, then just lets go</td>
<td>• A lot of stimulation</td>
<td></td>
<td>• Avoid hunger</td>
<td>• Singing</td>
</tr>
<tr>
<td>• Focuses on objects 8-12 inches away</td>
<td></td>
<td></td>
<td>• Maintain warm room temperature</td>
<td>• Swaddling</td>
</tr>
<tr>
<td>• Hearing is fully mature</td>
<td></td>
<td></td>
<td></td>
<td>• Breast feeding</td>
</tr>
<tr>
<td>• Moves head from side to side while lying on stomach</td>
<td></td>
<td></td>
<td></td>
<td>• Pacifier</td>
</tr>
<tr>
<td>• Begin to gurgle, coo and grunt</td>
<td></td>
<td></td>
<td></td>
<td>• Comfort positioning</td>
</tr>
</tbody>
</table>
## Working with Children at their Developmental Level

### Infant 0-12 months

<table>
<thead>
<tr>
<th>Developmental Milestones</th>
<th>Trauma Stressors</th>
<th>Coping Behaviors</th>
<th>Interventions</th>
<th>Comforting Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Learns through senses</td>
<td>• Loud noises and sudden movements</td>
<td>• Crying, fussing</td>
<td>• Parental presence and participation in care</td>
<td>• Light-up toys</td>
</tr>
<tr>
<td>• Trust Development</td>
<td>• Bright light</td>
<td>• Calms to soft music, singing or talking</td>
<td>• Talk before touching</td>
<td>• Rattles</td>
</tr>
<tr>
<td>• Attachment to primary caretaker</td>
<td>• Impaired basic needs</td>
<td>• Hand – mouth activity</td>
<td>• Maintain adequate room temperature</td>
<td>• Soft music</td>
</tr>
<tr>
<td>• Minimal language</td>
<td>• Over stimulation</td>
<td></td>
<td>• Provide age appropriate play</td>
<td>• Soothing tone of voice</td>
</tr>
<tr>
<td>• Practicing motor skills</td>
<td></td>
<td></td>
<td>• Let child play until you are ready</td>
<td>• Singing</td>
</tr>
</tbody>
</table>

### Interventions
- • 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

### Comforting Techniques
- • 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

<table>
<thead>
<tr>
<th>Developmental Milestones</th>
<th>Trauma Stressors</th>
<th>Coping Behaviors</th>
<th>Interventions</th>
<th>Comforting Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Egocentric</td>
<td>• Separation from parent</td>
<td>• Regression</td>
<td>• Parental presence and participation in care</td>
<td>• Light-up toys</td>
</tr>
<tr>
<td>• Increased, yet limited language skills</td>
<td>• Heightened Fears – Pain</td>
<td>• Temper tantrum</td>
<td>• Encourage child participation in care</td>
<td>• Encouraging statements</td>
</tr>
<tr>
<td>• Fantasy and magical thinking</td>
<td>• Heightened Fears – Strangers</td>
<td>• Aggression and anger</td>
<td>• Offer appropriate choices</td>
<td>• Music</td>
</tr>
<tr>
<td>• Unable to distinguish between fantasy and reality</td>
<td>• Heightened Fears – Medical equipment</td>
<td>• Guilt fantasy</td>
<td>• Reinforce that labs are not punishment</td>
<td>• Comfort item</td>
</tr>
<tr>
<td>• Fear of the dark</td>
<td>• Feels loss of protection and sense of abandonment</td>
<td>• Loss of competence and initiative in developmental tasks</td>
<td>• Allow expression of feelings through play and verbalization</td>
<td>• Singing</td>
</tr>
<tr>
<td>• Limited concept of time</td>
<td>• Misconceptions develop from lack of understanding</td>
<td>• View hospitalization and illness as a punishment</td>
<td>• Allow for manipulation of equipment</td>
<td>• Videos</td>
</tr>
<tr>
<td>• Learn best by doing</td>
<td>• Loss of competence and initiative in developmental tasks</td>
<td></td>
<td>• Explain in concrete terms (touch, sound, sight, smell)</td>
<td>• Comfort Positioning</td>
</tr>
<tr>
<td></td>
<td>• View hospitalization and illness as a punishment</td>
<td></td>
<td>• Avoid words that provoke fantasies: cut, bleed</td>
<td>• Familiar toys</td>
</tr>
</tbody>
</table>
## Working with Children at their Developmental Level

### School-Age 5-12 years

<table>
<thead>
<tr>
<th>Developmental Milestones</th>
<th>Trauma Stressors</th>
<th>Coping Behaviors</th>
<th>Interventions</th>
<th>Comforting Techniques</th>
</tr>
</thead>
</table>
| • 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

<table>
<thead>
<tr>
<th>Developmental Milestones</th>
<th>Trauma Stressors</th>
<th>Coping Behaviors</th>
<th>Interventions</th>
<th>Comforting Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use of deductive reasoning and abstract thought</td>
<td>• Lack of trust</td>
<td>• Defense mechanisms</td>
<td>• Respect and maintain privacy</td>
<td>• Humor, jokes and talking</td>
</tr>
<tr>
<td>• Socialization is important</td>
<td>• Loss of independence and control</td>
<td>– Withdrawl</td>
<td>• Involve in care and decisions</td>
<td>• Music</td>
</tr>
<tr>
<td>• Rapidly changing body image</td>
<td>• Fear of pain</td>
<td>– anger</td>
<td>• Communicate honestly</td>
<td>• Encouraging statements</td>
</tr>
<tr>
<td>• Body image relates to self-esteem</td>
<td>• Threat of change in body image</td>
<td>• Intellectualization</td>
<td>• Offer appropriate choices</td>
<td>• Deep breathing</td>
</tr>
<tr>
<td>• Need for privacy</td>
<td>• Restriction of physical activities</td>
<td>• Conformity</td>
<td>• Teach coping strategies</td>
<td>• Video/DVD’s</td>
</tr>
<tr>
<td>• Increasing independence and responsibility</td>
<td>• Loss of peer acceptance and/or fear of rejection</td>
<td>• Uncooperative behavior</td>
<td>• Help child recognize aspects of effective coping</td>
<td>• Guided imagery</td>
</tr>
<tr>
<td>• Struggle to develop self-identity</td>
<td>• Fear of death</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
• 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
Questions?

Contact Information
Amanda Roudebusch, CCLS
aroudebusch@uwhealth.org

Regina Yocum, CCLS
ryocum@uwhealth.org
THANK YOU!
AMERICAN FAMILY CHILDREN’S HOSPITAL
AT THE UNIVERSITY OF WISCONSIN HOSPITAL AND CLINICS