A5-5: Translating Research Into Practice: Decreasing Children’s Needlestick Pain

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Abstract:
**Introduction:** Needlestick pain is a significant source of trauma for children in health care settings. Parents may also be secondarily traumatized by watching their child undergo needlesticks. Though the literature describes multiple evidence-based pharmacologic and non-pharmacologic interventions, practice is inconsistent. Therefore, the Quality Management Committee at a pediatric tertiary care facility developed and implemented an evidence-based practice program, Soft on Sticks (SOS), to decrease needlestick pain. The purpose of this project was to evaluate the impact of the SOS program on 1) frequency of use of pharmacologic interventions, 2) children’s pain with needlesticks, and 3) parent’s satisfaction with care.

**Method(s):** Prior to and post implementation of the SOS program, committee representatives collected data from a convenience sample of children, parents, and nurses on each of the inpatient areas. The target for each area and each data collection period was 10 children (capable of using the Wong Faces Scale), 10 parents, and nurses who were willing to participate. The SOS program included multi-disciplinary education, an order on admission for the Needlestick Pain Prevention Protocol (NPPP), and a nurse driven NPPP. The NPPP allowed nurses to select developmentally appropriate pharmacologic (ethyl chloride spray and topical anesthetic cream) and non-pharmacologic measures (distraction and sucrose) and request their availability on the inpatient unit.
**Results:** Pre data were collected from 106 children, 126 parents, and 340 nurses. Post data were collected from 27 children, 60 parents, and 108 nurses. From pre to post SOS, children who rated pain with their most recent needlestick as severe decreased from 51% to 19%, parent satisfaction with the team’s efforts to manage needlestick pain increased from 62% to 80%, and use of pharmacologic agents, by nurse report, increased from 25 to 50%.

**Discussion & Conclusions:** Evaluation data demonstrated improvements in children’s pain, use of pharmacologic agents, and parent satisfaction. However, additional interventions are needed to continue to diffuse the practice change across the organization such as booster education and identification of barriers.

**Abstract History:**
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

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