If your child is sick, injured, has surgery, or has another medical procedure, he’s likely to feel some pain. It’s almost impossible to avoid. But a lot can be done to help your child feel better and heal well. This booklet will help you understand what you and your child may experience. It will show you ways you can work with your child’s healthcare providers to manage your child’s pain.

**How can I help?**

While your child is recovering, his healthcare providers will do everything possible to control his pain and to make him feel safe and comfortable. You can do a lot to help, too. You are an important member of your child’s healthcare team. While you are at your child’s side, you may be the first one to notice changes. You can recognize your child’s unique ways of showing pain and discomfort. You and your child’s healthcare providers need to share information about what’s happening. Here are some ways to work together.

**What you can expect from your child’s healthcare providers**

- **Do everything possible** to manage your child’s pain and keep side effects to a minimum.
- **Explain what kind of pain is involved** when your child has a test or procedure, and explain how the pain will be treated.
- **Explain the risks, benefits, and side effects** of your child’s pain medications.
- **Listen** when you or your child report pain.
- **Assess your child’s pain regularly, and respond quickly** when you or your child report pain.
- ** Remain committed** to managing your child’s pain.

**How you can help**

- **Stay near your child when possible.** If you can’t be there, ask someone your child knows to stay with them.
- **Talk with your child’s healthcare providers** about the treatments your child is receiving and what he may experience. Ask about the options.
- **Look for signals** that your child’s pain may be returning, changing, or not improving. Look for changes in your child’s behavior or appearance.
- **Speak up.** Don’t worry about being a bother. Ask about anything that doesn’t seem right to you. Don’t get behind on your child’s pain medication.
- **Help us understand your child.** Since we may not be able to get rid of all the pain, tell us how your child normally finds comfort. For example, if he sucks his right thumb, ask if his IV can be done on his other arm. If he likes to be rocked, ask if equipment can be moved near a chair.
WHAT ELSE MAY BE UPSETTING MY CHILD?

In addition to physical pain, your child may feel emotional stresses. These can include:

- Fear about current and future pain, and whether she’ll get better. Some children may fear the medical equipment in the room.
- Stress caused by trying to be brave, or by worrying about family members.
- Confusion about being away from home, in a strange place, and with unfamiliar people.
- Too much stimulation from the lights, sounds, smells, and activity of a hospital.

When possible, talk to your child about these feelings. Try to keep the room calm and quiet and the lights dim.

What makes it hurt?

Your child’s pain can be caused by a number of things, including:

- The condition she’s being treated for
- Injury
- Bruising
- Trauma
- Stress or anxiety
- A surgical cut
- Muscle spasms or cramps
- Tubes inserted into the body during or after the procedure
- Muscle pain from lying in a certain position during the procedure, or from lying in bed for a long time afterward
- Air or blood in the stomach or chest
- Constipation and gas

As your child’s body begins to heal, her pain should decrease. How quickly it decreases depends in part on how well the pain is managed. Your child’s general health and other medical conditions may also influence the speed of her recovery.
How will my child respond to pain?

A child’s age and understanding of what causes pain can affect their behavior and sense of well-being. Here are some things to consider at each age:

**Newborns, 0 to 3 months**, may cry a lot, even when being comforted. A newborn may grunt or groan, hiccup, clench her fists, or spread her fingers wide apart. She may put her hands near her mouth. She may have trouble sleeping or trouble staying awake. She may startle easily, and resist being touched by making jerky movements or arching her back when being held.

**Infants and toddlers, 1 to 3 years old**, may want to be held all the time, and fear separation from you. A strong sign of pain is that your toddler may not be interested in toys or activities she usually enjoys. Under extreme pain, she may show behaviors such as hitting herself or thrashing around. Although she can only use a few words to describe the pain, she may be able to point to the place that hurts.

**Preschoolers, 3 to 5 years old**, often struggle to understand why they hurt and when the pain will stop. A preschooler may think her pain is punishment for bad behavior. She may create pretend reasons for why she’s in pain. When she plays, she may want to repeat themes of illness, injury, or the hospital. This can help her make sense of what is happening to her.

**School-age children, 5 to 12 years old**, can understand simple explanations of why they have pain and how long it will last. While a school-age child can usually tell you where and how much she hurts, she may try to be brave and pretend she’s not in pain. Or, she may exaggerate descriptions of her experience and the pain. She may also be afraid that medical treatments will change her body permanently.

**Teenagers, 12 to 18 years old**, may be afraid to lose control of what’s happening to them, or be worried that they could die from the pain. A teenager may try to be brave and pretend she’s not in pain. She may not want to describe the pain well because she may feel uncomfortable about her body. She may assume that other people know what she’s thinking, or may think that she is the only one who has ever felt the pain she feels.

YOUR CHILD’S RESPONSES TO PAIN

These are responses to pain you might see in a child of any age:

- **Increased demand for attention** and increased crying.
- **Regression.** Your child may return to behaviors of a younger child.
- **Sleep difficulties.** She may be afraid to sleep alone, be more afraid of the dark, or have nightmares or night terrors.
- **Anxiety.** Your child may be watching out all the time for something painful or scary to happen.
- **Fear of strangers** or distrust of people she doesn’t know, especially healthcare workers.
- **Nervous behaviors** such as scratching, picking, or nail biting.
- **Eating problems.** Your child may not want to eat.
- **Anger.** Your child may get angry about things that normally don’t bother her.
- **Concern about her body** and more fear or curiosity about death.
How much does it hurt?

To treat your child’s pain, healthcare providers need to know how much pain he is feeling. Several tools can be used to help your child express this. Your child’s ability to understand and communicate will help determine which tool is used.

- A behavioral scale, called the FLACC scale, can help rate the pain of a child who cannot speak. A healthcare provider will rate your child’s pain by watching your child’s face, legs, activity, crying, and how easily he can be consoled.

- With the Intermountain Pain Assessment Tool shown below, a child who is alert can say or point to the face that shows how much pain he is feeling and can and can rate his own pain on a scale from 0 to 10.

- If your child is able, his healthcare providers may also ask him to describe the pain. They’ll want to know these things about it:
  - Where does it hurt? “It hurts in my tummy, arm, knee. The pain moves around.”
  - When does it hurt? “It hurts just sometimes. It hurts all the time.”
  - What does it feel like? “It feels sharp like a knife. It’s pounding. It burns. It feels like pins and needles.”
  - What makes it feel worse? “Sitting up makes it feel worse. It hurts more when I’m talking or swallowing. It hurts more when my mom goes away or there are too many people in the room.”
  - What makes it feel better? “I feel better when I shut my eyes and hold my blankie. Playing a video game makes me feel better. I feel better when I’m watching TV.”

![Intermountain Pain Assessment Tool](image-url)
**What is a “pain management goal”?**

Successful pain management may not always take away all of your child’s pain. The goal of pain management is to reduce the pain enough that your child can rest and can do the activities that will help him recover. To help make the best plan for your child’s care, your child’s healthcare providers will set a “pain management goal.”

A pain management goal has three parts:

1 **Your child’s comfort.** Your child needs to have the things that normally make him comfortable. These can include staying warm and not throwing up. They also include your child’s unique ways of comforting himself, such as the ability to suck his thumb or a binky.

2 **Your child’s ability to function.** There are certain things your child needs to be able to do in order to get better. These can include walking, crawling, coughing, breathing deeply, or eating or sleeping better.

3 **Your child’s current pain score.** Healthcare providers will use one of the methods on page 4 to assess your child’s level of pain. At this level of pain, is your child able to do the things he needs to do to recover? For example, can he stop throwing up long enough to digest a meal? Can he walk and breathe deeply?

**Given the above, what would allow your child to do what he needs to do to recover?** Every child tolerates pain differently, and is comforted by different things. Many children can do what they need to do with a pain rating of 2, 3, or 4. **This is your child’s pain management goal.**

A pain management goal helps your child’s healthcare providers know if the pain treatments are working well enough. If your child is not comfortable enough to do what he needs to do to recover, the doctor may change his pain treatment.
What If My Child’s Pain Isn’t Controlled?

Many pain medications don’t get rid of all the pain, but can help reduce it to a more comfortable level. The goal is to find the most pain relief with the fewest side effects and risks.

If the medication is not controlling your child’s pain, tell your healthcare provider. The doctor may try to find another method of pain management, or may ask for the advice of a pain specialist. If you feel your child’s needs are not being met, you can ask for the opinion of another doctor.

How will my child’s pain be treated?

When your child is in pain, it’s important to do everything possible to help. This includes both medical treatments, like giving medication, and non-medical comforts, like playing soft music or holding her hand. You and your child’s healthcare providers can work together to find the best pain management plan for your child.

Medications

Pain medications are designed to control the feelings of pain in all or part of your child’s body. Especially at the beginning, most pain medications may control some or most of the pain, but not all of it. With time, medications should be able to control more of the pain.

Your child may also be given medications to help control her fear and worry. Being able to relax will allow her body to focus more on healing physically.

How is pain medication given?

Your child’s pain medication can be delivered in the following ways:

- As a pill or a liquid
- As an injection
- Through an IV
- Through an inhaler or spray
- As a cream or a patch

Other kinds of pain medication are used for specific purposes. Your healthcare providers can tell you more about them.

Can my child get addicted?

When used for pain and under the care of a trained provider, there is very little risk of addiction to pain medications. Taking medications right on schedule is an important way to make sure they’re safe.
What else can comfort my child?
In addition to medications, your child needs love and understanding from you and other caregivers. Here are some things that might make your child feel better.

- **Talk with your child.** Be honest with your child and prepare her for what may be happening next. Let her make choices whenever possible.

- **Touch your child.** Rubbing your child’s back, arms, legs, or feet may take her mind off the pain. If your child is unable to move on her own, change her position from time to time. If medical equipment is in the way, ask if it can be moved.

- **Apply cold or heat.** Cold packs can reduce swelling and help with short-term pain. Warmth can soothe aching muscles and stiff joints. Ask your healthcare providers for direction before using cold or heat.

- **Help your child think about something else.** Ask your child to describe her favorite place, using all her senses. *What does it look like? What can you smell, hear, or taste there? How does it feel?*

- **Help your child relax.** Deep breathing and relaxation exercises can help your child relax and feel better. Your healthcare providers can give you ideas about this.

- **Distract your child with music or games.** Play your child’s favorite music. Sing to your child or have your child sing. Let her play a handheld electronic game.

**DON’T FORGET YOUR CHILD’S “BEST FRIEND”**
Does your child have a favorite blanket, stuffed animal, or toy? Does she have a hat from her favorite sports team or music she likes? Make sure you bring these things to the hospital (and put her name on them). Having these things nearby can help your child feel loved, understood, and connected with life outside the hospital.
What should I report to my doctor?

Once you’re home, your child should be starting to feel better. If he doesn’t, or if you see new symptoms, there may be something happening that your doctor needs to know about.

Call your doctor or nurse if your child:
• Has pain that does not get better, or gets worse
• Is too sleepy
• Is not making sense when he talks
• Is vomiting a lot
• Itches
• Has trouble urinating (peeing)
• Has any other symptoms that worry you

Where can I learn more?

If you’d like to learn more about managing your child’s pain, ask your nurse about these “Let’s Talk About...” Intermountain Healthcare publications:
• Emotional responses to injury and health care
• About Surgery: After care
• About Patient-controlled analgesia
• Patient-controlled epidural anesthesia

You can find these materials, as well as links to other helpful information at these websites:

intermountainhealthcare.org/services/pediatrics/services/pain-management/
intermountainhealthcare.org/health-information/health-library/patient-handouts/
kidshealth.org

WHAT ABOUT ME?

Taking care of a sick child is tiring, especially when you have other responsibilities at home. It’s important to take care of yourself so you’ll have the energy to take care of your child. Whenever possible, try to do these things:

• Keep your normal routine. Try to sleep, eat, and do other things at the times you normally do.
• Eat well. Even if your child can’t eat, you still need to. You just may not want to eat in front of him. Eat healthy foods that will build your strength.
• Find someone to help with other responsibilities. Ask a friend or family member to help cook, run errands, or do other things that may be hard to get to.
• Take a break now and then. Remember to get out of the house and do something for yourself now and then. It may help you feel stronger and more able to care for your child.