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REFLECTIVE ANALYSIS ARTICLE

# ASSESSMENT OF PAIN IN CHILDREN AND THE ROLE OF NURSING CARE

## AVALIAÇÃO DA DOR EM CRIANÇA E O PAPEL DA ASSISTÊNCIA DE ENFERMAGEM

## EVALUACIÓN DEL DOLOR EN LOS NIÑOS Y EL PAPEL DE LA ATENCIÓN DE ENFERMERÍA

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**ABSTRACT**

***Objectives:*** to reflect on the main forms of pain evaluation used in children and portraying the role of nursing by the child with pain. ***Method*:** reflective study based on literature review. The search occurred in journals indexed in the database LILACS (Latin American literature and the Caribbean and of the health sciences), ducts and guidelines from the Ministry of health. ***Results*:** the effective evaluation of pain in Pediatrics has been a challenge for health professionals, since para nursing staff evaluate and quantify the pain in children is important to the understanding of the characteristics of infant behavior and development. Therefore, understanding the child with pain, find means to help her will be the strategy to optimize the form of treatment. ***Conclusion:*** the nursing staff must be prepared to use alternative activities to treatment in order to minimize the suffering of the child, helping also to assimilate better the process of hospitalization. ***Descriptors:*** Pain; Child; Nursing.

**RESUMO**

***Objetivos:*** refletir sobre as principais formas de avaliação da dor utilizadas em crianças e retratar o papel da enfermagem junto à criança com dor. ***Método*:** estudo reflexivo baseado em revisão de literatura. A busca ocorreu em periódicos eletrônicos indexados na base de dados do LILACS (Literatura Latino-Americana e do Caribe e das Ciências da Saúde), condutas e diretrizes do Ministério da saúde. ***Resultados*:** a avaliação efetiva da dor em pediatria tem sido um desafio para os profissionais da saúde, haja vista que para a equipe de enfermagem avaliar e quantificar a dor na criança é importante à compreensão das características do desenvolvimento e comportamento infantil. Portanto, entender a criança com dor, encontrar meio para ajudá-la será a estratégia para otimizar a forma de tratamento. ***Conclusão:*** a equipe de enfermagem deve estar preparada para utilizar atividades alternativas ao tratamento a fim de minimizar o sofrimento na criança, ajudando-a também a assimilar melhor o processo de hospitalização. ***Descritores:*** Dor; Criança; Enfermagem.

**RESUMEN**

***Objetivos:*** reflexionar sobre las formas principales de la evaluación del dolor utilizado en niños y representando el papel de la enfermería por el niño con dolor. ***Método:*** reflexivo estudio basado en la revisión de literatura. La búsqueda se produjo en revistas indexadas en la base de datos LILACS (literatura latinoamericana y del Caribe y de Ciencias de la salud), los conductos y las directrices del Ministerio de salud. ***Resultados:*** la evaluación efectiva de dolor en pediatría ha sido un reto para los profesionales de la salud, desde para amamantamiento personal evaluar y cuantificar el dolor en los niños es importante para la comprensión de las características del comportamiento infantil y el desarrollo. Por lo tanto, entender al niño con dolor, encontrar los medios para ayudarla a será la estrategia para optimizar la forma de tratamiento. ***Conclusión:*** el personal de enfermería debe estar preparado para utilizar las actividades alternativas al tratamiento con el fin de minimizar el sufrimiento del niño, ayudando también a asimilar mejor el proceso de hospitalización. ***Descriptores:*** Dolor; Niño; Enfermería.

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## INTRODUCTION

Pain is one of the biggest problems faced in hospitals, and this directly linked to recovery and adhesion of the child to treatment. The pain can considered one of the main reasons for the demand for medical care, i.e. due to the pain that people are looking for a hospital unit. As soon as the pain has an important role in the discovery of pathologies, but also can be considered a pathology, when it becomes chronic.

The care of the child in their experience of pain require specific skills of the nursing staff, taking into account the subjectivity of how pain felt by the patient. In this sense, the pain relief will allow the child to recover properly, which refers to the principles of humanity and ethics that should permeate nursing care.[1]

Despite the holistic discourse, the assistance provided by the team of health, sometimes ends up being fragmented, privileging only the physical and the biological. Perhaps due to the lack of resources to carry out the technique or the workload of these professionals, directly affecting the quality of care.[2]

## OBJECTIVES

- Reflecting on the main forms of pain evaluation used in children.
- Portraying the role of nursing by the child with pain.

## METHOD

Reflective study, based on literature review. The search occurred in journals indexed in the database LILACS (Latin American literature and the Caribbean and of the health sciences), ducts and guidelines from the Ministry of health. Used with inclusion criteria, open-access articles, in Portuguese language, keywords: Pain in Pediatrics, humanization in nursing, pediatric nursing, being found 86 that after reading and tab, we selected just 41 articles that addressed the proposed object in the research, four of which deal with Physiology and definition of pain, pain in children 14, five nursing's role by the patient with pain for humanization, their definitions, nine music therapy, their definitions and usage in Pediatrics, five playful in Pediatrics.

After reading and selection, the scientific articles consulted were submitted to scientific reading method, consisting of the following steps: syncretic vision, which consists of a reading of recognition, for the purpose of locating the subject in sources, providing the preliminary approach to the topic and a selective reading, in which the information is collected according to the purpose of the study; analytic vision, which corresponds to a critical-reflexive character reading of selected texts, accompanied by reflection in search of meanings and in the choice of the main ideas; and the synthetic vision, which is the last step of this method that is consolidated with the interpretative reading.[3]

Fulfilled such steps the data were grouped in four sections to meet the objectives of the study.

### ♦Ways to evaluate pain in children

The pain in Pediatrics is a challenge since few studies talk about the subject until 1960 few were the studies. In 1968 was published a study where only two children of a group of 60 received analgesics postoperatively, it was believed that children felt no pain.[4]

This belief led to painful procedures, even without any kind of sedation, analgesia or anesthesia. Similarly, postoperative periods, children were not sedated and did not receive painkillers (or received small doses and infrequent compared to adults), even after large surgeries, such as traumatic amputation of limbs, heminefrectomias, resection of cervical masses and repair of atrial septal defect.[5]

In the face of this reality, the International Association for the study of pain in 2005 in the global day against pain, brought as pain in child theme, drawing attention to a more humane and conscientious management of these patients.[4]

The perception of pain in the child passes through the complexity involved in the process of painful trauma. Features such as cognitive development, sex, previous experiences of pain, family background and cultural background influence the interpretation and counter the phenomenon painful.[6]

In adults evaluate the pain occurs more easily, due to the verbalization of the same, even when we are dealing with newborns or children it becomes a little more difficult, because many times they do not know how to express their pain, intensity or what caused it.[7]

Effective evaluation of pain in Pediatrics has been a challenge for health professionals, especially when it is provided with preverbal children who depend on the interpretation of Pro.[5] Is there a big problem for nursing try to identify pain in children through signs that it may present in facial expression or body, or

even cry.[7] Often the child presents subjective manifestations of pain, i.e. those that are not reported by verbal form, but which are observed through Behavioral responses such as facial expression, posture and verbalization.[8]

Facing a painful stimulus, the newborn presents rigidity of thorax, flexion and extension of the extremities and specific movements of the hands. Another parameter that is part of the Repertoire of expressions of pain in the neonatal period, and that mothers will no doubt use enough, is crying.[7]

Some physiological effects can observed in children with pain: increased heart rate, respiration and blood pressure, decreased oxygen saturation, decrease of gas exchange and carbon dioxide retention, increased sweating, skin flushing and shaking.[9]

On child care with pain some important considerations must be highlighted: the complaint of referred pain for the kid is the best indicator that should be evaluated; changes of behavior like crying, irritability, social isolation, sleep disorders and food are indicative of a pain; newborns and children unaccompanied minors are less sensitive to painful stimuli than older children and adults.[8]

Child development will help in the choice of which method to use in the evaluation of pain. Until two years of age, the assessment presents as behavioral aspects and physiological criteria. From this age, can be used the account of the child regarding your own experiences to evaluate the intensity or severity of the frame, making it possible to use other instruments suitable for that age.[10]

The use of rating scales of pain emerges as a very important instrument, because through it the professional can encode what the child is experiencing and not what the professional judge that she is feeling. In order to understand the process of pain, the professional must consider the reality of life of each child, observing both the physical mental development.[11]

The assessment and measurement of pain are extremely important, because it is through this process that will outline how best therapy for each case. The effectiveness of treatment should followed by an arduous surveillance of developments in the team picture, and thus whether the same is being effective.[10]

Between the available instruments for the assessment of pain in children are at undimmed and intensity scales as numerical verbal scale, whereby the pa aware suggests a number to represent the intensity of pain, and zero means absence of pain and 10 more intense pain possible. Can applied in children with more than seven years. Another instrument used to assess pain is the scale of faces, containing six faces, being that the first face is a smiley face, and expressions will be trans forming until you reach the last face and is very generally applicable in children between two and six years.[10]

We can cite the Neonatal Facial coding system scale (Neonatal Facial Coding System — NFCS), valid and reliable to quantify facial expressions associated with the pain. Can used in preterm newborn, term and up to four months of age. Your bookmarks are protruding forehead, eyelid slit narrowed, naso-labial groove depth, open mouth, mouth stretched (horizontal or vertical), tense language, protrusion of tongue, jaw tremor.[12]

There is also behavioral scale NIPS (Neona such Infant Pain Scale), composed of six indicators of pain, behavioral and physiological five, including facial expression, the crying, the movement of arms and legs, and alert sleep state and respiratory pattern. Has shown usefulness in the evaluation of pain in children from zero to two years of age, making it possible to differentiate painful stimuli not painful.[10]

The objective of Hannallah pain scale is practice and enables reliable evaluation, using five indicators of pain, behavioral and physiological four, including handling, verbalization (posture for younger children), crying, restlessness and systolic blood pressure. A score greater than or equal to six means important pain. Indicated to evaluate the acute pain in children with intubation and sedation, mostly in intensive care unit.[10]

During childhood and adolescence several painful diseases, which can affect the child and may be it acute or chronic evolution. Many factors modify the expression of pain in children, such as age, gender, cognitive level, namely, the perception that the child has pain.[13]

The pain may be associated with illnesses, surgeries or medical procedures for examination and treatment as lumbar puncture, aspiration, or even the application of vaccines.[14]

The professional who meet the child should be answer if the same besides the complaints presents some systemic change, such as tachycardia, sweating, among others, as this may help in the development of diagnostic and research possibilities to adopted in each case.[13]

### ♦The role of nursing by the child with pain

The hospital represents for the child a way to take her away from his familiar environment, of their friends from school and their personal effects, thus losing much of its references. Allied to that, there is the possibility to have her body subjected to painful and unpleasant process.[15]

The nursing staff is who, by greater proximity to the patient, identifies, evaluates and notifies the pain, pharmacological therapy prescribed program, prescribes some non-pharmacological measures and evaluates the analgesia. In practice, it is who organizes the management of pain.[16]

When we talk about Pediatrics, the nurse must be aware that, in the hospitals, the child loses its references for being away from home and all that is common in their daily routines, and the hospital generates fear and constraints linked to its pathology or just the rule of restriction to the hospital environment.[15]

The lack of appropriate tools, coupled with the difficulty of the child to express his pain, can considered one of the obstacles presented by nurses in relation to assessment of the child's pain.[11]

Nursing can use various scales to measure the intensity of the pain of the patient, each of which has its advantages and limitations. So, start questioning your pain intensity assessment, location and type of intervention may seem elementary, but demand the choice of scales to be used in accordance with the age, communication skills, physical and cognitive impairment of the patient.[16]

For the nursing staff to evaluate and quantify the pain in children is important for understanding the characteristics of infant behavior and development. The choice of an appropriate method for the measurement of pain must base on the child's behavioral development phase and on the type of pain or medical condition for which the method will used. The initial process of evaluation of the painful sensation should include the history and physical examination of the child, as well as psychosocial and family related aspects.[17]

The non-utilization of the pain assessment tools for professionals will contribute to the implementation of specific actions in caring for the patient. While there are diverse instruments such as the scales of assessment, its operation is virtually non-existent. This deficit stems from the absence of standards, routines and guiding ducts that allude to the need to establish the use of the instrument as a significant feature in the evaluation and treatment of pain.[18]

## CONCLUSION

The nursing staff must be prepared to use alternative activities to treatment in order to minimize the suffering of the child, helping also to assimilate better the process of hospitalization.

The nursing profession is characterized as the profession toward the "Full Care" and as such needs to launch a watchful eye and reflective of how is the quality of the care dispensed to the human being. The nursing care goes beyond simple administration of medicines, on achievement and maintenance of invasive procedures. She configures in realizing basic human needs of the individual and to the middle of systematization of nursing care, lay pipelines and therapies that had better support the proposed treatment.

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