minutes prior to injection, 25% sucrose administered 2 minutes prior to injection, or a combination of skin-to-skin and 25% sucrose for routine hepatitis B vaccination. Infants in the skin-to-skin branch of the trial had lower pain scores (NIPS, Premature Infant Pain Profile [PIPP], and Neonatal Facial Coding System [NFCS]) and experienced procedural pain for a shorter time than the other infants. Infants receiving 25% dextrose had decreased pain duration but not decreased pain scores compared to the skin-to-skin group. The combination of 25% dextrose and skin-to-skin had stronger analgesic effects than either intervention alone.

Patient and Patient-Parent Interaction

- Caregiver or nurse-led distraction and coaching

- In a study conducted by Cohen, MacLaren, Fortson, et al (2006), 136 infants between 1 and 21 months old were randomized to either typical care (comfort, reassurance, and so on) or parent-led distraction (watching a DVD and redirected to the DVD by the parents) while receiving routine infant immunizations. Infants in the parent-led distraction group had lower observer-rated distress scores, particularly postinjection.

- In 2005, Cramer-Berness and Friedman (2005) conducted a randomized-controlled trial where 123 infants were randomized to routine care, comfort care (parents encouraged to employ their "usual" comfort measures), or distraction (verbal distraction, toys and/or videos, coaching "look at me" or "you are so brave"). Infants in the distraction/coaching group recovered more quickly compared to infants in the other two groups and