

“planting” the idea of pain.

- For example, instead of saying, “This is going to (or may) hurt,” say, “Sometimes this feels like pushing, sticking, or pinching, and sometimes it doesn't bother people. Tell me what it feels like to you.”
- Use “nonpain” descriptors when possible (e.g., “It feels like heat” rather than “It's a burning pain”). This allows for variation in sensory perception, avoids suggesting pain, and gives the child control in describing reactions.
- Avoid evaluative statements or descriptions (e.g., “This is a terrible procedure” or “It really will hurt a lot”).

Stay with child during a painful procedure.

Allow parents to stay with child if child and parent desire;
encourage parent to talk softly to child and to remain near child's head.

Involve parents in learning specific nonpharmacologic strategies and in assisting child with their use.

Educate child about the pain, especially when explanation may lessen anxiety (e.g., that pain may occur after surgery and does not indicate something is wrong); reassure the child that he or she is not responsible for the pain.

For long-term pain control, offer the child a doll, which represents “the patient,” and allow child to do everything to the doll that is done to them; emphasize pain control through the doll by stating, “Dolly feels better after the medicine.”

Teach procedures to child and family for later use.