



# Module 1:

## Theory material 3:

### Preparing a child and her/his family for a procedure

# Content

Preparing a child and their parent for procedures or examinations is important because the procedure's success depends on it.

The essential components of thorough preparation are:

- Child assessment
- Timing
- Information delivery
- Family involvement
- Team readiness
- Techniques and tools for distraction





# First assess

- Child's exact age
- Child's developmental stage
- Previous medical experiences (positive or negative)
- Current anxiety signs (crying, withdrawal, aggression)

Lack of preparation may result in a failed procedure/examination, an unpleasant experience, and fear of new procedures.



# Child's developmental stage (1)

## Infants:

- afraid of strangers
- react to their parents' fear
- express fear, pain and anxiety with loud crying
- Inform and notify **especially the parents** so they would be ready to support their child

# Child's developmental stage (2)

## Toddlers and preschoolers are afraid

- unfamiliar environments
- separation from parents
- needles
- pain
- loud sounds
- dark rooms
- large machines

The presence of parents and routine activities add security for preschoolers. To reduce fear, the presence of parents, play, routine activities, familiar songs, and pictures are important.



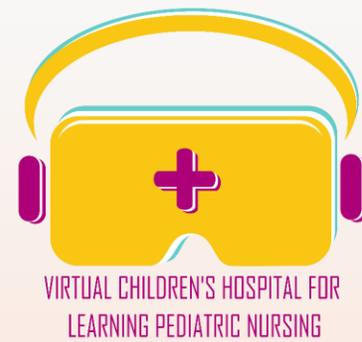


# Child's developmental stage (3)

## Schoolage and adolescents are afraid

- violation of their body integrity (wounds, scars)
- disruption of body functions
- loss of self-control
- loss of independence and privacy

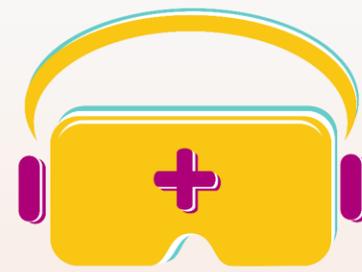
It's important to ensure privacy, involve them in decision-making, allow them to communicate with friends, allow them to play games, read various media publications, listen to music



# Timing guideline

- **Age 0-1:** Prepare parents, so they would be ready to support their child
- **Ages 2-3:** prepare 1-2 days before procedure/studies
- **Ages 4-7:** prepare 4-5 days before procedure procedure/studies
- **Ages 8+:** prepare 1-2 weeks before procedure/studies

NB! Studies and procedures cause fear and anxiety in children, and one of the important goals of preparation is to give the child **time to cope with fear and anxiety before you start.**



VIRTUAL CHILDREN'S HOSPITAL FOR  
LEARNING PEDIATRIC NURSING

# Building trust

Building trust and positive relationships is fundamental to children being valued, involved and able to make procedural choices.

Children are exceptionally good at spotting fake communication.

Meaningful choices will only happen when they trust.

Trust is easy to lose and hard to restore.

The promise must not be broken.

Choices must not be used coercively.



# Information delivery (1)

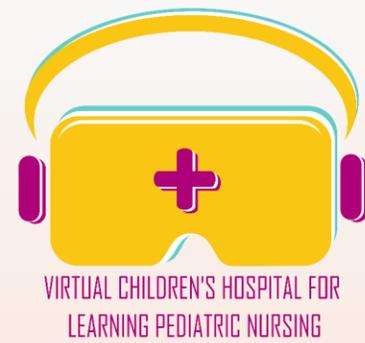
- Beware of what energy you take in the room, it's contagious.
- Take two minutes, before you make (real) contact.
- Mutual information sharing/communication.
- Include the child in the conversation.
- Use age-appropriate explanations.
- Use simple words (e.g., "special sleep" instead of „anaesthesia").
- Show equipment they will see (masks, monitors).
- First demonstrate on a doll/toy.



## Information delivery (2)

- Let them practice with safe medical equipment
- Sufficient time for questions
- Use the patient's name, it creates a more personal connection
- Establish eye contact
- Sit or stand at the same level as the patient

**If the information-sharing phase is skipped, the child's/parent's anxiety increases and they become unable to cooperate**



# What to say/What not to say

SAY	DON'T SAY
It's natural that you're afraid. You don't have to do this every day	Don't be afraid
Breathe deeply	Stay calm
Soon this part will be over. Just two more minutes	It's over
It's natural that you cry	Don't cry
This will hurt for a moment. You can close your eyes at the same time	This won't hurt/this isn't anything
Hold your mouth wide open like this	You're a big/brave child

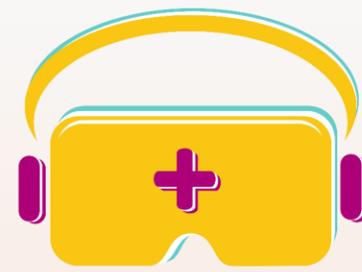


# Preparation (1)

**The child, family, environment, and the medical team performing the procedure must all be prepared for the procedure.**

## **Use playful elements:**

- Use toys for demonstration (e.g., playing doctor)
- Show procedure on stuffed animals
- Let the child "treat" their doll/teddy bear



VIRTUAL CHILDREN'S HOSPITAL FOR  
LEARNING PEDIATRIC NURSING

# Preparation (2)

## Creating security:

- Bring child's favourite toy
- Allow child to sit in parent's lap
- Maintain physical contact (hugs, petting)

## Distraction:

- Use bubble blower
- Sing familiar children's songs
- Show exciting toys
- Tell stories
- Look at a book together

# Preparation (3)



## Parent's role:

- Stay calm
- Speak with the child in a calm and confident voice
- Be positive and supportive
- Avoid lying („This won't hurt at all")
- The family knows their role (who stays, who holds the child, who plays with the child, the use of distraction elements)



# Preparation (4)

## Environment

Room preparation (toys available, equipment hidden when possible)

## Rewarding:

- Prepare a small surprise
- Praise the child for bravery
- Avoid rewarding with sweets



# Techniques and tools for distraction (1)

## Infants (0-12 months)

- Breastfeeding
- "Kangaroo care,,/ skin-to-skin contact
- Singing/humming
- Speaking in a quiet voice
- Soothing touch/stroking
- Wrapping in blanket/sheet
- Encouraging sucking (pacifier, finger) +30% glucose or sucrose
- Rattles

# Techniques and tools for distraction (2)

## Toddler/Young Child (1-3 years)

- Books/toys with light and sound
- Blowing bubbles
- Sensory toys (balls with different textures)
- Musical instruments (rattles, tambourines)
- Comfortable position
- Hand-holding
- Counting
- Talking about favourite activities
- Drawing



# Techniques and tools for distraction (3)



## Preschool age (4-6)

- Talking/reciting rhymes, alphabet/counting numbers
- Music, musical instruments
- Interactive books
- Electronic tablet games, applications
- Sensory toys
- Familiar cartoons
- Blowing bubbles
- Pinwheel
- Hand holding
- Soothing voice/touch

# Techniques and tools for distraction (4)



## School age 7-12

- VR glasses
- Electronic tablet games, applications
- Familiar movies/cartoons
- Fidget toys (spinners, pop-up)
- Puzzles
- Soothing touch
- Guided imagery
- Calming breathing
- Tasks (involvement), choice options
- Counting
- Stress balls



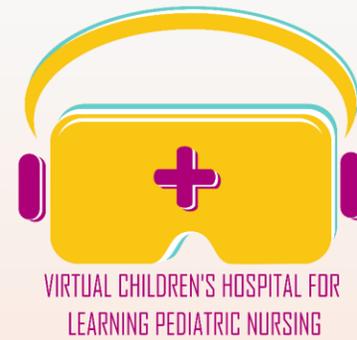


# Techniques and tools for distraction (5)

## Teenager/Adolescent

- VR glasses
- Involvement
- Electronic tablet games, applications
- Internet surfing, social media, online videos
- Talking/messaging with friends or family members
- Watching movies
- Age-appropriate conversation
- Calming breathing
- Guided imagery
- Stress balls

# References



- Boles, J. (2018). The powerful practice of distraction. *Pediatric Nursing*; 44 (5). • Erdei, C., Sunwoo, J., Cote Corriveau, G., Forde, M., El-Dib, M., Inder, T. (2024). Effect of music-based interventions on physiologic stability of hospitalized preterm infants. A pilot study. *Journal of Perinatology*. <https://www.nature.com/articles/s41372-024-01907-5>
- IASP Terminology (2017). International Association for the Study of Pain
- Krauss, B. A., Leroy, P. L., & Krauss, B. S. (2024). Establishing trust with children. *European journal of pediatrics*, 183(10), 4185–4193. <https://doi.org/10.1007/s00431-024-05704-2>
- Krauss, B.A., Calligaris, L., Green, S.M., Barbi, E. (2016). Current concepts in management of pain in children in the emergency department. *Lancet*; 387:83-92.
- Lerwick, J.L. (2016). Minimizing pediatric healthcare-induced anxiety and trauma. *World Journal of Clinical Pediatrics*; 5(2):143-150.
- Oliveira, N.C.A.C., Gaspardo, C.M., Linhares, M.B.M., Pain and distress outcomes in infants and children a systematic review. *Braz J Med Bio Res*. 2017; 50:(7) Hall & Anand 2014
- Shin H-J, Park J, Oh H-K and Kim N (2022) Comparison of Effects of Mothers' and Mozart's Lullabies on Physiological Responses, Feeding Volume, and Body Weight of Premature Infants in NICU. *Front. Public Health* 10:870740. doi: 10.3389/fpubh.2022.870740
- Trottier, E.D., Dore-Bergeron, M-J., Chauvin-Kimoff, L., Baerg, K., Ali, S. (2019). Managing pain and distress in children undergoing brief diagnostic and therapeutic procedures. *Paediatrics & Child Health*. 509-521.
- Williams, A., Ishimine, P. (2016). Non-pharmacologic management of pain and anxiety in the pediatric patient. *Current Emergency and Hospital Medical Reports*. 4:26-31 • Williams, S.E., Zahka, N. E. (2017). *Treating somatic symptoms in children and adolescent*. New York: The Guilford Press. 273 lk