



COMFORT TIPS:

Techniques for Keeping Children's Hospital Experiences Positive

There are simple measures—from positioning to distraction, environment to word choice—that can work together to keep a hospital experience positive.¹ These techniques are often referred to as *Comfort Measures* by child life specialists.

Distraction

What you don't notice may not hurt.

Give children something else to focus on. When the distraction involves deep breathing (such as blowing bubbles or singing), it may be even more effective. Just be sure it is age-appropriate, so the child stays engaged.

Techniques

Toddlers

- Interactive Toys
- Blowing Bubbles
- Light Wands
- Singing

School-age Children

- Deep Breathing
- Blowing Bubbles
- TV/Video Games
- Books
- Counting
- Singing

Teenagers

- Deep Breathing
- TV/Video Games
- Music
- Book

Excerpted from Ellis and Zempsky et al, 2004, and Ellis et al, 2004.^{1,2}

Environmental Measures

Keep it friendly.

People young and old respond to their environments. From paint color to location, environment can play a critical factor in a child's sense of security—and perception of pain.

- Bright colors and cheery paintings
- Age-appropriate books and toys
- Block noise from other patients that may contribute to anxiety
- Limit procedures to a treatment room, so the patient's bed remains a safe place

Positioning the Child for a Comfortable IV Start

A sense of control — and comfort.

When a child lies on his back, he feels vulnerable. When he sits in his parent's lap, he feels comforted and relaxed. That is the simple logic behind the following set of positioning recommendations.¹

Positioning Techniques

Toddlers	School-age Children	Teenagers
Family/Caregiver Lap	Sitting on chair or parent lap	Offer Choice of Positions
Hugging and hand-holding	Hand-holding with parent	Hand-holding with parent if requested

Simple Language for Child-Friendly Explanations

Better ways to phrase.

What you say and what children hear may be two entirely different things. For children of any age, the wrong choice of words can have a dramatically negative impact and potentially long-lasting effects. It's important to remember, things people don't understand can be particularly scary, and few children have a strong medical vocabulary.

Avoid using these words or phrases	Possible Implications to the Child	Try these Words or Phrases Instead
Give you a shot	Are you mad at me? Why are you going to shoot me? Why do you want to hurt me? Fear of guns.	I need to give you some medicine using a small needle.
IV Intravenous	Ivy? The plant? Unknown word.	A way to give medicine through a very small plastic straw.
Flush your IV	Flush it down the toilet?	Explain how liquid helps keep the IV clear so that it is ready for the next time you need some medicine.

*Excerpted from Psychosocial Care of Children in Hospitals: A Clinical Practice Manual from the ACCH Child Life Research Project.*³

This document was adapted from material originally developed as part of the Hospital 411: Tips Every Parent Should Know educational campaign, sponsored by Anesiva, Inc.

Words or phrases that are helpful to one child may be threatening to another. Healthcare providers should listen carefully and be sensitive to the child's use and response to language.⁴ Child life specialists suggest asking children to describe their experience, rather than telling them what they will feel.

Instead of Saying:	Say:
This feels like a bee sting.	Tell me how it feels.
The medicine will burn.	Some children say they feel a warm feeling. How did it feel to you?
The medicine will smell bad.	The medicine will smell different than anything else you have smelled before. After you take it you can tell me how it was for you.
Sorry.	Other kids tell me it feels like...
Be a big girl/boy.	When I count to three, blow the feeling away from your body.
Don't cry.	That was hard.

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References

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2. Zempsky WT, Cravero JP; American Academy of Pediatrics Committee on Pediatric Emergency Medicine and Section on Anesthesiology and Pain Medicine. Relief of pain and anxiety in pediatric patients in emergency medical systems. *Pediatrics*. 2004;114(5):1348-1356.
3. Gaynard L, Wolfer J, Goldberger J, Thompson R, Redburn L, Laidley L. *Psychosocial Care of Children in Hospitals: A Clinical Practice Manual From the ACCH Child Life Research Project*. Rockville, MD: Child Life Council; 1998.
4. Zempsky WT, Cravero JP; American Academy of Pediatrics Committee on Pediatric Emergency Medicine and Section on Anesthesiology and Pain Medicine. Relief of pain and anxiety in pediatric patients in emergency medical systems. *Pediatrics*. 2004;114(5):1348-1356.

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