

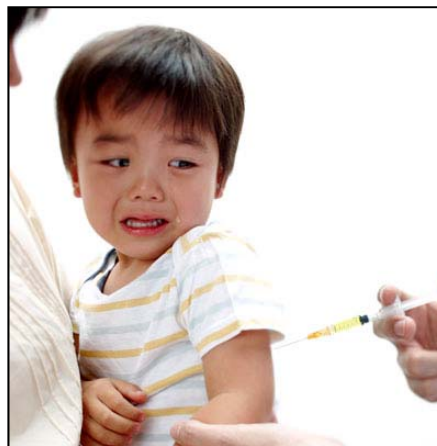


# Helping Children and Families Cope with Needle Sticks

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# Objectives

- Introduce strategies to reduce children's distress during needle sticks/venous access
  - Preparation: Timing, Choosing appropriate language, and environmental considerations
  - Utilizing coping skills
  - Managing behavior (stalling and aggression)
  - Managing parent distress
- Discuss how to discriminate between normative distress and needle phobia
- Provide additional resources for providers, patients, and families



# Background

- Needle sticks are a necessary and frequent procedure used in pediatric practices to diagnose illness, prevent disease, and administer treatment
- Many children exhibit anxiety in anticipation of and during these procedures
- This distress can contribute to avoidance of medical visits, disruption of proper execution of the procedure, and stressful and even traumatic experiences for patients, parents, and medical providers
- Fortunately, research supports a number of behavioral strategies that help to mitigate anxiety about needles and needle-related pain

## Preparation: Telling and Timing

FAQ #1: "Do I have to tell a child that he or she is going to get a needle stick?"

- YES!!



FAQ #2: "When do I tell a child that he/she is going to be getting a needle stick?"

- Ideally, parents should inform the child the morning of the visit
- If this does not happen, inform the child at the start of the visit
- Too much time can increase anxiety, but so too can not enough

# Preparation: Choosing Appropriate Language

FAQ #3: "What should I say and what should I avoid saying?"

- Provide information about sensory and procedural expectations
- Use concrete and simple terms
- Provide specific, rather than vague, descriptions
- Encourage use of coping strategies like distraction
- Provide praise
  
- **Avoid** emotive language/ focusing on the negative
- **Avoid** giving too much control
- **Avoid** over-reassurance
- **Avoid** criticism

## What to Say

- Sensory/procedural information
  - It might feel like a pinch
  - First, the nurse will clean your arm, you will feel the cold alcohol pad, and next...
  - The procedure will be shorter than <television program or other familiar time for child>
  - Some children say they feel a warm feeling
- Coping strategies/distraction
  - When I count to 3, blow the feeling away from your body
  - What did you do in school today? (distraction)
  - Let's get your mind off of it; tell me about that movie... (distraction)
- Praise and encouragement
  - You are being very brave
  - That was hard; I am proud of you
  - You did a great job doing the deep breathing, holding still...

## What NOT to Say

- You will be ok; there is nothing to worry about (reassurance)
- This is going to hurt/this won't hurt (vague; negative focus)
- The nurse is going to draw your blood (vague information)
- It will feel like a bee sting (negative focus)
- The medicine will burn (negative focus)
- Don't cry (negative focus)
- Tell me when you are ready (too much control)
- You are acting like a baby (criticism)
- I am sorry (apologizing)



## Preparation: Environmental considerations

FAQ#1: What can I do to make the environment less anxiety provoking for my patient?

- Don't have the needle out during the whole visit
- Don't drag it out...proceed quickly
- Have distracting items available





# Coping Skills

FAQ #1: "I only have a short time to spend with my patients. How can I teach them to cope better?"

- Encourage them to bring familiar, comforting, or distracting items to the visit
- Coach patients to use distraction and diaphragmatic breathing
- Educate families about effective coping strategies to practice at home
- Provide referrals and resources

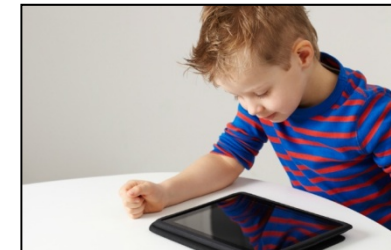
FAQ #2: "I taught my patient to do deep breathing but he is still hysterical. Why?"

- Needle sticks hurt; crying and resistance are natural responses to perceived threats
- We can help to reduce distress but it may not be possible to eliminate it completely
- Coping skills need to be practiced often and in situations that are not anxiety-provoking

# Coping Skills

FAQ#1: What coping skills should I be encouraging patients and parents to build at home?

- Relaxation
  - Deep breathing (bubbles, pinwheels)
  - Progressive muscle relaxation
  - Guided imagery
- Distraction
  - Toys, games, including technology
  - Music, songs, singing
- Normalization through medical play
  - Use of medical toys, doctor kits
  - Pretend play with dolls



# Managing Difficult Behaviors

FAQ#1: What should I do if my patient tries to stall?

- Do your best to complete the procedure quickly
- Set a short timer
- Reinforcement: Discuss rewards they will receive or activities in which they can engage immediately following a quick procedure
- Develop a structured but brief routine leading up to the needle stick

FAQ#2: How do I manage a patient who gets aggressive or combative?

- Maintain patient and staff safety
- Attempt to calm the patient
- Consider positions of comfort for younger children
  - <http://www.cdc.gov/vaccines/parents/tools/holds-factsheet.pdf>
- Re-attempt the procedure (do not allow patient to avoid the needle stick if it can be done safely)

# Managing Parent Anxiety

FAQ#1: My patient's parent seems even more worried than patient. Do I need to worry about that?

YES!!

FAQ#2: Then what do I do?

- Provide psychoeducation re: transfer of anxiety from parent to patient
- Enlist parents as coaches/ give them something to do!
  - Have them...
    - coach child to use skills
    - Model the skills
    - Hold child in position of comfort



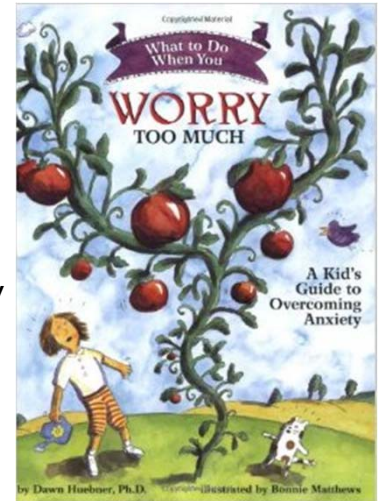
# Normative Distress vs. Clinical Anxiety

FAQ#1: I think my patient may have a real phobia of needles. How can I tell?

- There is a wide range of normative behavior (crying, yelling, stalling).
- Some distress is to be expected, even with the use of coping skills.
- Fears are quite common in young children and are usually transitory
  
- BUT, a child may have more significant anxiety or even a clinical phobia if:
  - Their reaction seems out of proportion for their age/developmental level
  - They cannot calm down after the needle stick in a reasonable amount of time or cannot be soothed/distracted
  - They avoid or become distressed when exposed to reminders of the needle stick procedures
  - They perseverate about needle sticks or have recurring nightmares

# Resources

- Cognitive behavioral therapy for specific phobias (exposure)
  - CNHS Child and Adolescent Anxiety Program; 202-476-5995
- What to do when you worry too much: A kid's guide to overcoming anxiety
- Mobile phone apps:
  - Healthy Star by Relax Kids (eBook with relaxation)
  - Gaze HD Beach Lite (calming beach scenes for imagery and relaxation)
  - Uzu (digital doodling app)
  - Interactive games



## Resources

- YouTube video: Sid, the Science Kid: Getting a Shot, You Can Do it!
- Medical play sets available on Amazon
- Buzzy: natural pain relief device that uses cold and vibration to confuse nerves  
[buzzy4shots.com](http://buzzy4shots.com)

