A TOOLKIT TO PREVENT AND MINIMIZE PAIN IN INFANTS
7 STEPS TO CHANGING PAIN PRACTICES
7 Steps To Changing Pain Practices

1. Reflect on your unit’s readiness for change
2. Create a change team on your unit
3. Look at your unit’s current practices
4. Identify a pain practice change, review evidence, and define your aim(s)
5. Plan and carry out pain practice change
6. Evaluate your unit’s pain practice change
7. Plan your unit’s next steps

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7 Steps To Changing Pain Practices

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Step 1: Reflect On Your Unit’s Readiness For Change

Feedback Process

Leadership

Culture

Resources

Communication

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### EXPLAIN AND HAVE CHANGE TEAM COMPLETE TOGETHER THIS FORM (Refer to Appendix 1)

| Step 1: Reflect On Your Unit’s Readiness For Change |
|---------------------------------|----|-----|
| **1. Feedback:**                |    |     |
| • Are there mechanisms in place to monitor practice (e.g. routine chart audits)? |   |     |
| • Is there a system in place to provide feedback to staff about the benefits and progress of the initiative and to initiate new action? |   |     |
| **2. Culture:**                |    |     |
| • Is there a training and development infrastructure to identify gaps in skills and knowledge and provide staff with training to undertake change? |   |     |
| • Do staff share common goals regarding patient care? |   |     |
| • Do staff feel empowered to make small changes on their own? |   |     |
| **3. Communication:**         |    |     |
| • Are there opportunities in your organization/unit to communicate with leaders both formally and informally? |   |     |
| **4. Resources:**             |    |     |
| • Does your organization/unit have resources available for this initiative? |   |     |
| **5. Leadership:**            |    |     |
| • Are the senior and/or clinical leaders respected by their peers and can they influence others to support changes in practice? |   |     |
| • Will senior and/or clinical leaders invest their time and resources to help ensure the change initiative is successful? |   |     |
| • Is clinical practice improvement important to the organization and its leadership? |   |     |

Rate your unit’s readiness for change. Not everything has to be in place for you to start, but the better prepared you are the better your chance of success.

If you answer “Yes” to **5 questions or more**: Congratulations! Your unit is ready to make change.

If you answer “Yes” to **less than 5 questions**, preparation is advised before you start. Note which areas need improvement and build on your unit’s strengths in other areas to strengthen your readiness.

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Step 2: Create A Change Team On Your Unit

**Activity:** Consult unit leaders to help identify those best suited to be part of the team

**Activity:** Chose individuals in a position to influence practice on the unit (e.g. clinical leaders) and invite them to join the team

**Activity:** Recruit 1-2 members (you can always invite more later on)

**Implementation Team Members:**
- include members from different professions
- at least 1 member has a direct role in patient care
- members are in a position to influence practice change on the unit

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Step 2: Create A Change Team On Your Unit

A. EXPLAIN AND HAVE CHANGE TEAM COMPLETE TOGETHER THIS FORM (Refer to Appendix 2 and 2a)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Complete</th>
<th>In progress</th>
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</tr>
<tr>
<td>3. Recruit 4-6 members (consider starting with 4 members and add additional members once practice change is chosen)</td>
<td></td>
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</tr>
</tbody>
</table>

B. IMPLEMENTATION

| 1. Include members from different professions                           | Yes      | No          |
| 2. At least 1 member has a direct role in patient care                  |          |             |
| 3. Members are in a position to influence practice change on the unit   |          |             |
| 4. Members can dedicate time to leading pain practice changes          |          |             |

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Step 3: Look At Your Unit’s Current Pain Practices

EXPLAIN AND REVIEW

Conduct an audit of your unit’s pain assessment and management practices using a Chart Audit Tool

Share results of the audit with your implementation team

List pain practices that need improvement

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Step 3: Look At Your Unit’s Current Pain Practices

**EXPLAIN AND REVIEW**

**Conduct an audit** of your unit’s pain assessment and management practices using a *Chart Audit Tool* (Refer to Appendix 3 and 3a)

**Share results** of the audit with your implementation team

**List pain practices** that need improvement

---

**Audit Results - Frequency and Types of painful procedures**

Frequency of painful procedures: Example: Of the 30 infant charts reviewed, there was a total of 60 painful procedures with a mean of 2 procedures per infant

Types of painful procedures: e.g. 30 infants had 25 heel lances, 10 IV starts; 25 suctioning

Pain assessments: 0/30 (0%) infants had a pain assessment done over a 24 hour period

Pain management: bundling and breastfeeding was used 5% of the time over a 24 hour period

**List of Pain Practices that need improving:**

e.g. need to bundle while administering a heel lance

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Step 4: Identify A Pain Practice Change, Review Evidence, And Define Your Aim(s)

- **Review** research evidence to support the pain practice change

- **Choose a pain practice** to focus on from the list you created in Step 3

- **Define your aim(s)** for change and create an aim statement

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Step 4: Identify A Pain Practice Change, Review Evidence, And Define Your Aim(s)

**Review** research evidence to support the pain practice change

**Choose a pain practice** to focus on from the list you created in Step 3

**Define your aim(s)** for change and create an aim statement

- Do you think the practice will be simple to use on your unit?
- What do you need to use this practice? For example: Do mothers have to be present?
- Will you need new tools?

If the evidence shows that it would be difficult to use the practice on your unit, go back to your list from Step 3 to choose a different pain practice

The pain practices that we chose to focus on are: 

- Bundling/Facilitated Tucking
- Breastfeeding
- Sink to Skin Contact/Kangaroo Mother Care
- Sweet Solution

The change team will develop an aim statement for the first 3 month cycle:

e.g. from the chart audit, bundling and breastfeeding was used to manage pain during procedures only 5% of the time

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<table>
<thead>
<tr>
<th>Behaviour (Select one)</th>
<th>Score</th>
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<tr>
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© Stevens, 2015
### MODIFIED BEHAVIOURAL PAIN SCALE* (Refer to Appendix 4)

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# Example Of Pain Assessment

**Pain Assessment Tool - Modified Behavioural Pain Scale**

## Section 1

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# Example Of Pain Assessment

## Pain Assessment Tool - Modified Behavioural Pain Scale*

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## Example Of Pain Assessment
### Pain Assessment Tool - Modified Behavioural Pain Scale*

### Section 2 & 3

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# Example Of Pain Assessment

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#### 2. Cry (Select one)

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**TOTAL SCORE (0-10)**

| TOTAL SCORE (0-10) | /10 |

Examples Of Pain Management Strategies To Reduce Pain

Breastfeeding

Skin to Skin Contact/Kangaroo Mother Care

Bundling/Facilitated Tucking

Sucrose or Other Sweet Solutions (e.g. Glucose or Dextrose)

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Examples Of Pain Management Strategies To Reduce Pain

Breastfeeding

Skin to Skin Contact/ Kangaroo Mother Care

Bundling/Facilitated Tucking

Sucrose or Other Sweet Solutions (e.g. Glucose or Dextrose)

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Pain Management Strategy 1: Breastfeeding
Pain Management Strategy 1: Breastfeeding

**What is the evidence?**
The closeness to the mother, sucking on the breast, and the sweet taste of breast milk all help to decrease procedural pain

**Background and educational advice**
Breastfed babies show lower pain responses

*Shah et al., 2012*

**TIPS**
- Start breastfeeding before the painful procedure
- Make sure the baby has latched on well and sucking before the procedure
- If the baby is crying, try and restore the latch
- Continue breast feeding during the procedure and afterward

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Pain Management Strategy 2:
Bundling/Facilitated Tucking
Pain Management Strategy 2: Bundling/Facilitated Tucking

**Bundling** is simply tucking the baby’s arms and legs and swaddling in a blanket.

**Facilitated Tucking** is when a care provider uses their hands to provide containment and a supportive boundary for the baby during a painful procedure.

**What is the evidence?**
Both methods have been shown to reduce pain during procedures.

**TIPS**
- Both parents and caregivers can do it.
- Don’t tuck the limb that is designated for bloodwork.
- A hand can be place on the baby’s trunk instead of the feet, if the heel is being used for bloodwork.
- Babies can be side-lying, supine or prone position.

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Pain Management Strategy 3: Skin To Skin Contact/Kangaroo Mother Care
Skin to Skin Contact/Kangaroo Mother Care reduces pain in term and preterm babies and promotes maternal-infant bonding

What is the evidence?
Skin to Skin Contact promotes quiet sleep in babies that can help reduce pain as well as less crying, facial grimacing and lower heart rate increases

TIPS
- Babies should be wearing only a diaper and placed in an upright position on the mother’s bare chest and covered with a blanket
- Maintain Skin to Skin Contact 15-30 minutes before and throughout procedure

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Johnston et al., 2014
Pain Management Strategy 4: Sucrose or Other Sweet Solutions (e.g. Glucose or Dextrose)
Pain Management Strategy 4:
Sucrose or Other Sweet Solutions (e.g. Glucose or Dextrose)

What is the evidence?
Sucrose (24% solution) and glucose (20-30% solution) reduce pain scores and crying during single painful procedures such as heel lances and venepunctures

Stevens et al., 2012

Glucose solutions have analgesic effects and can be used as an alternative to sucrose for procedural pain

TIPS
✓ Give the solution on the anterior aspect of the tongue (where the taste buds are located)
✓ Give a few drops 2 minutes before the painful procedure

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Your aim should be **SMART**: Specific, Measurable, Achievable, Realistic, Time-bound.
Your aim should be **SMART**: 

**S**pecific: your aim(s) should be clear and focused. Example, “To increase the use of sweet solution for patients 0-18 months old for painful procedures”

**M**easurable: you should be able to measure your progress in reaching your aim(s). Example, “To increase the use of sweet solution to 50% for patients 0-18 months of age”

**A**chievable: your aim(s) should be practical – Do you have the time, materials and resources needed? Example, “To increase the use of sweet solution for all scheduled blood work to 50% for patients 0-18 months of age”

**R**ealistic: your aim(s) should focus on a specific problem and have realistic steps to get there. Example, “To increase the use of sweet solution for all scheduled blood work from 20 to 50% for patients 0-18 months old”

**T**ime-bound: your aim(s) should have a specific time limit. Example, “To increase the use of sweet solution for all scheduled blood work 20 to 50% for patients 0-18 months old in 6 months”

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Sample Template

The change team will develop an aim statement for the first 3 month cycle: e.g. from the chart audit, bundling and breastfeeding was used to manage pain during procedures only 5% of the time.

e.g. AIM: “We will improve the use of bundling and breastfeeding to 25% for babies undergoing painful procedures”
The change team will develop an aim statement for the first 3 month cycle: e.g. from the chart audit, bundling and breastfeeding was used to manage pain during procedures only 5% of the time.

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<td>Period of intervention</td>
<td>Start date:</td>
<td>End date:</td>
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Steps 5, 6, 7:
Plan-Implement-Evaluate Using KT Strategies

What are we trying to achieve?

How will we know a change is an advancement?

What change can we make that will result in progress?

Act
Plan
Study
Do

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**Steps 5, 6, 7:**
**Plan-Implement-Evaluate Using KT Strategies**

**PLAN:** This includes planning the strategies and tools that you will use to carry out change on your unit and meet your aim(s) (e.g. pain assessment using a valid pain assessment measure and/or evidence based pain management strategies (e.g. bundling))

**DO:** This includes implementing pain practice change on your unit using KT strategies and tools (e.g. educational outreach, educational materials, reminders, audit and feedback) on their own or in combination

**STUDY:** This includes evaluating the progress of your practice change. Has there been improvement in reaching your goal? Did the KT strategies and tools you used work well?

**ACT:** This includes discussion of the progress of the practice change and getting ready for the next cycle of change. Based on your evaluation what will you do next, what will you change?

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Step 5: Plan And Carry Out Pain Practice Change

Plan and chose KT tools (education, reminders, audit and feedback) to promote the change.

Introduce these strategies over 3 month cycles of change also known as **Plan-Do-Study-Act** cycles.

Keep track of any **feedback** you receive from your unit!

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Step 5: Plan And Carry Out Pain Practice Change

Plan and chose KT tools (education, reminders, audit and feedback) to promote the change

Introduce these strategies over 3 month cycles of change also known as **Plan-Do-Study-Act** cycles

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**DOCUMENT IN THIS SECTION OF THE PDSA FORM**

<table>
<thead>
<tr>
<th>PLAN (Refer to Appendix 6)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective of intervention</td>
<td></td>
</tr>
<tr>
<td>Prediction: what do you think will happen when the intervention is carried out?</td>
<td></td>
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<tr>
<td>How will the change idea or intervention be carried out?</td>
<td></td>
</tr>
<tr>
<td>What data will be collected to show we achieved the change objective? (i.e. who, what, when, where)</td>
<td>Measure 1:</td>
</tr>
<tr>
<td>Measure 2:</td>
<td>Measure 3:</td>
</tr>
<tr>
<td>Measure 4:</td>
<td></td>
</tr>
<tr>
<td>Observations: things observed that were not part of the plan</td>
<td></td>
</tr>
</tbody>
</table>

**DO**

Describe what actually happened when you ran the cycle

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Keep track of any **feedback** you receive from your unit!
KT Tools: Reminders (Examples)

- BUNDLE BEFORE YOU PRICK
- ASSESS PAIN & DOCUMENT
- IF IT WAS NOT DOCUMENTED, IT WAS NOT DONE!
What are they?
Prompts for the health care provider to perform a clinical action

How to do it?
• Find out what your colleagues or patients need and want to know
• Pilot your reminder with small groups of people to get their feedback
• Make the information available for all users in different formats

What strategies could be used to prompt health care providers to take clinical action?
• Stickers on patient charts
• Posters/flyers at nursing station

What works for you?
• Short messages
• Colorful posters, stickers, buttons
• Where you care for infants
• Change the color and text regularly

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Pain Management for Infants

Why use skin-to-skin contact?
Skin-to-skin contact decreases pain during painful procedures

Why breastfeed?
Breastfeeding decreases pain during painful procedures

Why use bundling?
Bundling decreases pain during painful procedures

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Includes published or printed recommendations for clinical care such as clinical practice guidelines or handouts

**What works?**

- Concise and relevant information
- Eye-catching posters, pamphlets
- Information that is relevant to all unit staff
KT Tools: Educational Outreach

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Involves a trained individual who meets with health providers in their practice settings to provide information in an interactive way with the intent of changing the health provider’s practice. Sessions can be delivered in large groups, small groups and 1:1 meetings.

**What works?**
- Tailor sessions to a variety of learning styles (visual, auditory, kinesthetic)
- Create an interactive learning environment
- Ask for feedback from participants on the content and format of the sessions
- Provide recognition for participants for their time and effort

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GREAT job in using bundling to manage pain in babies!
We met our target!
Keep up the great work!

Percentage of Infants Bundled during Painful Procedures

- Baseline (n=30 patients): 2%
- End of Cycle 1 (n=30 patients): 15%

Our Target!
AUDIT

Any information or summary of clinical performance in health care over a specified period of time for the unit

What works?

• Audit should focus on the specific practice change
• Audit process should be simple
• Feedback should be communicated to staff in a timely way
• Feedback should be constructive
• Positive feedback is a good motivator to continue the practice change

FEEDBACK

Involves a trained individual who meets with health providers in their practice settings to provide information in an interactive mode with the intent of changing the health provider’s practice

Sessions can be delivered in large groups, small groups and 1:1 meetings

What works?

• Tailor sessions to a variety of learning styles (visual, auditory, kinesthetic)
• Create an interactive session
• Ask for feedback from participants on the content and format of the sessions
• Provide recognition for participants for their time and effort

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Step 6: Evaluate Your Unit’s Pain Practice Change

DOCUMENT IN THIS SECTION OF THE PDSA FORM

Evaluate how your practice change is progressing using the chart audit tool

Share results with the implementation team and staff on your unit

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**DOCUMENT IN THIS SECTION OF THE PDSA FORM**

**Evaluate** how your practice change is progressing using the chart audit tool

**Share results** with the implementation team and staff on your unit

<table>
<thead>
<tr>
<th><strong>STUDY</strong> (Refer to Appendix 6)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Analysis of data (attach the data as a separate sheet)</td>
<td>Describe the measured results and how they compared to the predictions</td>
</tr>
</tbody>
</table>
Step 7: Plan Your Unit’s Next Steps

Document in this section of the PDSA form

Discuss results of chart audit and feedback from staff and caregivers with the implementation team

Plan for your next cycle: What will you do the same, what will you do differently

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Step 7: Plan Your Unit’s Next Steps

**ACT (Refer to Appendix 6)**

| What will be your action considering the results of this intervention (tick appropriately and start the next cycle) | 1. Further intervention on proposed change idea | 2. Modify proposed change idea and implement | 3. Develop alternative change idea to text | 4. Drop proposed change idea from consideration | 5. Pain management practices has become a routine in the NICU and will maintain it |

**Discusses results** of chart audit and feedback from staff and caregivers with the implementation team.

**Plan for your next cycle:**
What will you do the same, what will you do differently

Complete the full chart audit data

Checklist on planning next steps: Go back to the PDSA cycle and complete this again

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References


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Acknowledgements

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