Pediatric Phlebotomy with Pain Management
Creating an Optimal Experience

Ryan Halda
Laboratory Services Assistant Supervisor
Mayo Clinic
Rochester, Minnesota

Disclosures

Relevant Financial Relationship(s):
Nothing to Disclose

Off Label Usage:
Nothing to Disclose
Learning Objectives

Upon completion of this presentation participants should be able to…

• Differentiate behavioral considerations amongst the various age groups within the pediatric population
• Recall products and techniques used for pain management.
• Incorporate the skills learned into your daily work to provide the best care possible.

Children’s Fears: “Top 10”

Children fear many things, such as:

• Darkness
• Strangers
• Being alone
• Hospitals (blood)
• Doctors - Dentists
• Angry people
• Disapproval
• Failure
• Unknown
• Making Mistakes
Two Primary Areas of Concern

Successful pediatric phlebotomy consists of two skill-sets:
• Recognizing the needs of the patient, the parent, and being able to fulfill those needs

&
• An understanding of pain management products and techniques that allows the phlebotomist to collect the best possible sample with minimum distress

Considerations with Neonates

• Bonding. Separation from the parents is traumatizing for both the neonate and the parents.
• Total dependence on parents/adults
• Speak softly!
• Handle the neonate gently
• Acknowledge the parents!
Considerations with Infants

- Social interaction – bonding, reinforced
- Trust is being built daily
- Infant is still easily startled
- **Be kind, speak softly and handle gently**
- If the child has “bonded” to an inanimate object, such as a pacifier, incorporate that into the procedure
- Encourage the parents to assist in comforting the child, providing necessary distraction

Considerations with Toddlers

- Early stages, still a bit self-centered but rapidly becomes more independent and trusting
- Later stages becomes more self-assured, begins to take on responsibilities.
- Communication becomes important
- Begin explaining procedures. Use gentle, honest language and watch out for words like “poke”, “stick” or “sting”. These mean OUCH. (Use instead – “1,2,3.., here we go”)
- Involve the parent with the procedure and encourage their cooperation and support
- Distractions to ease anxiety – games, books, I-pad, Child Life and music therapy
- Do a “wrap-up”. Praise the child. Offer rewards. (stickers, ducks)
Considerations with School-Age Children

- Very social individuals at this time
- Do not like failure, nor criticism
- Strong need to feel liked and accepted
- Begin to show independence, often times negatively, showing bad behavior or being rebellious
- Lots of questions as well as opinions
- Be prepared to offer honest answers to numerous questions
- Use distractions to get the job done
- Offer praise, regardless of the outcome. A rewarding experience will set the stage for future successes

Considerations with Adolescents

- The most important needs is that of autonomy – the real need to maintain privacy and intimacy
- Begin experimenting with social roles
- Looking for leadership and guidance
- Fully developed communication skills
- Sexual identity develops
- Reaches decisions on needs for themselves
- Hold conversations at an adult level
- Allow the patient to make choices in the procedure (do they want parents involved?)
- Answer all questions completely and honestly
Consideration with Parents...

Depending on severity of illness, parent’s emotions run high and may include:

- Fear loss (what news has the doctor shared)
- Blaming self (what could I/we have done differently)
- Dismay & shock

They may exhibit behaviors in dealing with this, such as:

- Denial (this isn’t happening)
- Anger (anyone and everything)
- Bargaining (let this be me)
- Depression
- Acceptance

...Consideration with Parents Continued

- Find time for the parents (take the 1st-step to initiate conversation – proactive versus reactive)

- Include the parents in the procedure (ask for history, explain comfort holds and seek their involvement)

- You are a healthcare worker - a professional - and they look to you for answers, support and guidance

- Explain the procedure and your understanding and recognition of the distress associated with it – both for the child – and for them!
Dealing with the Angry Parent

• Recognize you are an easy “target”
• Communication is paramount. Be proactive
• Assure the parents
• Give them an “Out”.., you might be surprised
• You may have to ask them to leave
• Involve the nurse and/or physician
• Most importantly, find it in your heart to forgive the angry parent

Phlebotomist’s Role in the Outpatient Care Setting

• Working as a team
• Acknowledging the parents
• Assessing the parents tolerance and taking appropriate action
• Communicating with one another without causing concern or alarm to the parents or the infant/child
Outpatient Environment

Bright, cheery rooms filled with distractions!!!

Distraction: Painless Intervention

- Child-life
- Music Therapy
- i-Pad
- Magic Box
- “Buzzy the Bee”
- Eye Spy
- Individual Techniques
Child-life and Music Therapy

• Work together as a team

• Allows phlebotomist to focus on the draw

• Motto: “One Voice”

Anesthetics: Painless Intervention

Advantages:
• Psychological
• Physiological

Disadvantages:
• Incorrectly placed
• Messy
• Time consuming
Topical Cream

• Topical cream applied to site
• Used on ages 30 days and older
• Delayed collection time (30+ min.)
• Allergies to topical anesthetics

Joint effort initiative with nursing / desk

* January of 2017 we offered topical cream to all patients
Painless Intervention – Oral Sucrose

- 24% Sucrose – delivered via pacifier or syringe
- Used primarily on infants/newborns up to 6 months of age
- Classified as a food product
- Portion of dose administered 2-minutes prior to procedure
  - Remainder of dose administered intermittently throughout the procedure (example: venipuncture)
  - Administered by parent/guardian

Patient Safety

- Work in teams when performing collections (holding and collecting)
- Involve the parent
  - If the parent is comfortable in this role
  - Eases anxiety in both the parent & the patient
Comfort Holds for Infants

• “Swaddled” is the term used to describe this hold, because the infant is wrapped in a blanket to immobilize

Comfort Holds for Toddlers

• This hold is great for involving the parent. The child feels safe and secure with the parent while body-movements are kept to a minimum, allowing the technicians to focus on immobilizing the limb
Comfort Holds for School-Age

- This hold also allows for parental involvement, providing the child with comfort and security, while letting the phlebotomists focus on immobilizing the limb.

Difficult Collections – Advance Techniques

- When site collection is difficult, apply the “H.E.A.T.” philosophy:
  - **Hear** the patient/parent suggestions
  - **Examine** all possible collection sites (arm-hand-foot)
  - **Apply** heat to site
  - **Team-up** with a coworker
Difficult Collections – Advance Techniques

- Warm the site. (Use a commercial warmer – never, ever a “wet warm towel”)

Venipuncture Equipment Choices

- Think “small”.
- Matching the needle size to the vein is critical in maintaining the integrity of the vein. For infants, especially “preemies”, a 23-gauge needle is recommended. As the child gets older and the weight increases (and veins get larger), the phlebotomist may move up to a 21-gauge needle.
- Correct equipment choices + correct technique = success!!!
Patient Satisfaction

• Surveys (paper/Press Ganey)
  • Paper survey’s completed ever quarter
  • Press Ganey continuous – I-pad, cards to website

• Comments:
  “Love the music therapy/prizes! Staff were great.”

Questions & Discussion
Next Upcoming Webinar

Pre-analytic Variables

Brad Karon, M.D., Ph.D.
August 28, 2019