Strategies to Support and De-Escalate Pediatric Patients and Families

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Objectives

- Increase awareness of developmental needs and strategies to support pediatric patients
- Enhance consideration of mental and behavioral health factors in patient and family interactions
- Identify key concepts of de-escalation

Developmental Considerations & Approaches

Supporting Pediatric Patients

CHILDREN ARE

NOT

MINIATURE ADULTS

- JEAN PIAGET

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ONE VOICE

One voice should be heard during procedure
Need parental involvement
Educate the patient before the procedure

Validate child with your words
Offer comfort position and pain management
Individualize your game plan
Choose appropriate distraction to be used
Eliminate unnecessary people not actively involved

https://onevoice4kids.com/

Initial Assessment

- Ask direct questions of the child (and/or caregiver):
  - *"What typically helps when you are/your child is scared?"*
    - Ex: music/singing, distraction/watching a video, holding parent's hand, etc.
  - *"How does your child learn and communicate best?"*
    - Ex: explaining verbally, showing/demonstrating, etc.
    - Ex: verbal speech, through pointing/gestures or sign, communication device, etc.
  - *"What is making you the most nervous right now?"*

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Basics of Pediatric Communication

- Use **simple**, **honest**, and **clear** wording
- If you do not know something, just say so!
  - If there is high anxiety, employ a one step at a time approach:

    "I'm not sure what the plan will be. Let's focus on what we do know…"

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Developmentally Appropriate Soft Language

- Change your language based on the developmental age of the child
- Eliminate threatening and confusing language

Confusing/Threatening	Easier to Understand/Less Threatening
"Do you have any pain?" "What level is your pain?"	"Do you have any owies? Where does it hurt?" "How bad does it hurt?" (give real life examples)
"We are going to put an IV in your arm."	"We are going to give your arm a straw so we can give you water and medicine."
"We are going to give you a poke or shot."	"We are going to get a few drops of blood/give you some medicine, it will feel like a small pinch."

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Phrases to Avoid

- Making threats, especially empty ones
  - “You need to cooperate or you’re not leaving this room.”
  - “If you don’t let me do this I’m going to give you a shot.”
- Asking yes/no questions when no is not an option
  - “Is it ok if I tie the tourniquet around your arm?”
- Avoid words using phrases that imply assumptions
  - “It’s okay…/You’re okay…”
    - Try validating phrases like, *“I know this is hard/scary.”*

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“First… Then…” Concept

- Not knowing what to expect can be the scariest part for children
- Setting expectations can be key

  “First we are going to put on the tight rubber band, then I’m going to clean.”

  “First we have to squeeze your arm and listen to your heart, then I will stop touching.”

- Remember to respect the amount of information that is appropriate and/or desired by the patient

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Opportunities for Control

- Patients do not have control over their medical care, which can cause stress and resistance
- Provide opportunities for patients to make choices to give back that sense of control and increase compliance
  - Would you like me to squeeze this arm or this arm?
  - Do you want to hold mom or dad's hand?
  - Should I listen to your heart first or take your temperature?

Distraction and Redirection

- For nonverbal children
  - Give them a toy, ball, pinwheel or have them follow an action
    - “Can you see if you can blow and make mom’s hair move?”
    - “Can you look around and point to something red?”

  *Remember to talk directly to nonverbal patients, not only to family
- For verbal children
  - Ask them about their favorite things, see if they can recite the alphabet or count, sing a song, or play I Spy around the room
- Kids also love to be right and feel like the expert!
  - Try being purposely wrong about something, and have them correct you to redirect their attention.
    - “Who is that? It’s Elsa right?” (while pointing to Anna)
    - “Oh I know all about Minecraft, that’s the one with the hedgehog that rolls around!”

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Positive Reinforcement & Redirecting Negative Behaviors

- Use positive reinforcement with descriptive feedback.
  - Focus on what the child is doing *right* instead of wrong. Be specific!

"You did a great job of squeezing your stress ball instead of hitting!"

"Wow! That was a really good deep breath, let's do it again!"

- It is best to ignore or redirect negative behaviors instead of scolding or giving them attention
  - Example: If a patient is hitting or grabbing, try saying,

"You are really strong, let's see how hard you can squeeze this ball/mom's hand."

Simple Breathing Techniques

- **Snake breath**

  - Breathe in through your nose and blow out through your teeth, making a snake hiss sound
  - Slows down breathing

- **Blow out the candles**

  - "How many candles will you have on your next birthday cake? Do you think you can blow that many out? Let me see your biggest blow!"
  - Gets them to take big breath and release breath if they are holding it
  - Can hold up your hand like candles to give a visual

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Setting Boundaries

- Patients often stall and caregivers may have a difficult time progressing procedure when a patient is anxious
- After preparation and creating a coping plan, you may need to set limits to continue
  - Validate feelings
  - Remind patient of coping plan
  - Set realistic and concrete boundary, then progress as discussed

"I know this is scary for you. Remember that you are going to watch Paw Patrol on mom's phone and hold her hand. I am going to count to 10 and then I'm going to put the tight band on."

"I would love for you to be able to give me your arm all by yourself, but if you can't right now, I will need to get a helper to hold you tight to keep everyone safe."

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Positions for comfort

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Why use a comfort position?

A comfort position helps keep everyone safe during a procedure or exam as the child is held in an embrace or hug instead of a scary, overpowering position. They limit the number of adults needed to help keep the child still and encourages comfort and involvement from caregivers.

Back to chest

- Child sits on adult's lap facing forward
- Adult hugs around one or both of child's arms
- Adult wraps legs around child's legs

Best used for:
- IVs
- Blood draws
- Vaccines and shots
- Stitches
- NG tube insertion
- Nose and throat swabs
- Port access

Frog hold or lap laying

- Adult sits with legs out in front
- Child lays in adult's lap facing adult
- Child's legs should be on either side of adult
- Adult holds child's hands for extra comfort and help holding still

Best used for:
- Stitches
- Mouth and eye exams
- Nose and throat swabs
- Dental cleanings and exams
- EEG or sleep study hook-up

Side laying

- Adult lays next to child on the bed
- Adult places leg over child's legs
- Adult places arm over child's chest and arm for extra help holding still

Best used for:
- Stitches
- Mouth and eye exams
- Blood draws
- IVs
- Leg injections
- EEG or sleep study hook-up

Chest to chest

- Child sits on adult's lap facing adult
- Child's legs should be on either side of adult
- Adult hugs child snugly to chest with adult's arms over one or both of child's arms

Best used for:
- Ear and eye exams
- Vaccines and shots
- Stitches
- Nose and throat swabs
- Dressing changes
- Vitals

Side sitting

- Adult sits next to child
- Adult wraps arms around child's shoulders, chest and arms

Best used for:
- Vital Signs
- Exams
- Blood draws
- Vaccines and shots
- Stitches
- Throat swabs

Hug from behind

- Adult stands behind child sitting in chair or wheelchair
- Adult hugs child snugly with arms over one or both of child's arms

Best used for:
- IVs
- Blood draws
- Vital signs
- Vaccines and shots

Tips for a successful comfort position

- Stay calm and speak in a gentle voice.
- Provide extra comfort by rubbing child's back or head or singing.
- Do not be afraid to hold tightly to keep your child still and safe.
- Practice positions at home if your child has frequent medical visits or often needs extra support.
- If one position is not working, pause and start over or try a different position.
- Positions can be adapted to different ages as children grow. Side sitting or laying and hugging from behind are great positions for older kids and teens!

Comfort Positioning

- Avoid supine positioning if possible
- Involve caregivers
- Provide choices

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Mental & Behavioral Health Factors

What is MBH?

According to the Center for Disease Control (CDC):

"Mental health includes children's mental, emotional, and behavioral well-being. It affects how children think, feel, and act. It also plays a role in how children handle stress, relate to others, and make healthy choices.“

"Mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, causing distress and problems getting through the day"

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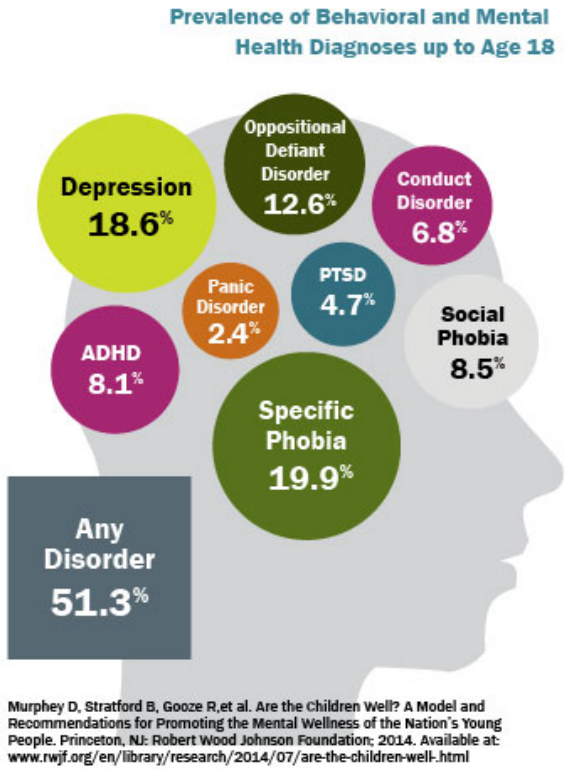
How prevalent is MBH in pediatrics?



Murphey D, Stratford B, Gooze R,et al. Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People. Princeton, NJ: Robert Wood Johnson Foundation; 2014. Available at: www.rwjf.org/en/library/research/2014/07/are-the-children-well-.html

1 in 6 children aged 2-8 years has a mental, behavioral, or developmental disorder.

*https://www.cdc.gov/childrensmentalhealth/data.html#ref (2016 study)

Looking at this data, there is a high likelihood that **half** of the patients and families you work with every day are living with a MBH concern. This can impact their anxiety, fears, behaviors, and compliance.

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Providing Compassionate Care

Remember:

- MBH isn't always visible.
- Be respectful.
- Be patient.
- Provide trauma informed care.

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Considerations for Patients with Autism

- Assess specifically for sensory factors
  - Does the patient have a particular trigger? (i.e. loud noises)
  - Is the patient sensory averse or sensory seeking?
- Don’t make assumptions, autism is a spectrum
- Caregivers are experts, use them!
- Use “tell, show, do” concept
  - Communicate in multiple ways
  - Say it out loud, show (on yourself, a caregiver, a stuffed animal), then do on patient
- If a patient is highly anxious or behavioral, only do what is absolutely necessary

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Key Concepts of De-Escalation

Pediatric & Adult

Common Causes of Aggression in Children

- Fear/anxiety
- Trauma history
- Overstimulation: number of people, lights, sounds, touch
- Unsure of what will happen next, out of routine
- Inability to communicate/ineffective communication
- Lack of control
- Gender (comfort, fears)

This can particularly affect children with brain-based disorders, such as autism or sensory processing disorder.

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Key Concepts

Nonverbal Communication:

Tone and volume of voice:

- 60% body language
- 30% tone of voice
- 10% actual words spoken

- Give patient space
- Appropriate eye contact

Latency Directive Cycle:

Allow at least 11 seconds to allow time to process the request

Verbal De-escalation: **REACT**

- **R**equest their Cooperation
- **E**xplain the Reason "why"
- **A**llow them Choices
- **C**heck their Decision
- **T**ake Appropriate Action

Continue to show **EMPATHY** at all times!

When in crisis, children are not typically on their best behavior. It may not be their usual behavior. Don't take it personally!

Behavioral Change Stairway

- **Active Listening -** Listen to their side and make them aware you're listening.
- **Empathy** - You get an understanding of where they're coming from and how they feel.
- **Rapport** - Empathy is what you feel. Rapport is when they feel it back. They start to trust you.
- **Influence** - Now that they trust you, you've earned the right to work on the problem solving with them and recommend a course of action.
- **Behavioral Change** - They act. (Patient allows the doctor to examine them. Patient consents to the blood draw.)

Climbing the stairs takes time…. Don't rush! Steps occur sequentially and cumulatively.

Questions?

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Kids deserve the best.