

# E1 Ocean Ward Pain Information Booklet



for children and  
parents



**“Children have a right to have their pain assessed and controlled by well trained staff. You should be able to discuss with the staff what more they could do to help your child if he/she is in pain.”**

**Department of Health  
Standards For Children in Hospital  
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**This booklet aims to give you information about the management of pain for your child after their operation. It talks about the options available and how you can be involved in your child's pain management.**

## **Before the operation**

The staff on the ward will talk with you about the best pain relief for your child. The choices available will depend on your child's age and understanding and on the type of surgery to be carried out.

We also have a Pain Team in the hospital, which is a team of nurses who specialise in pain management and will help the ward nurses and doctors manage your child's pain. The team gives advice on various methods of pain relief. They will visit you most days.



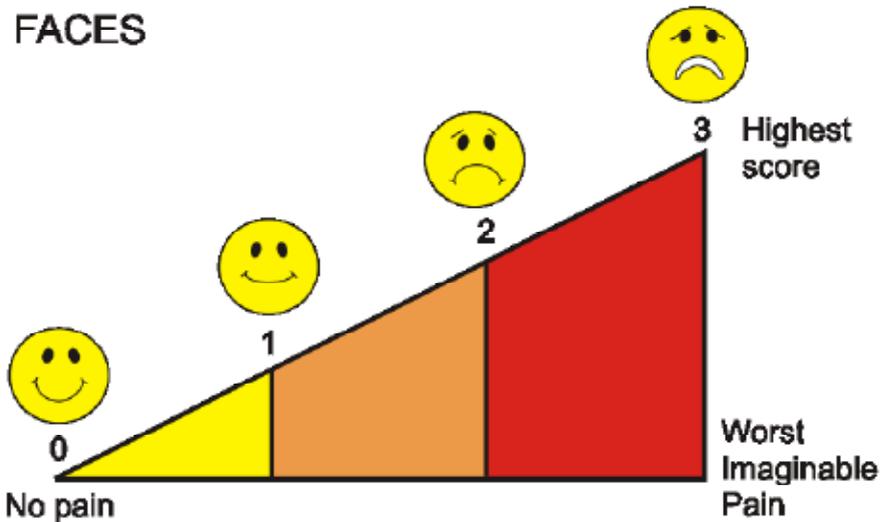
# How will we know how your child is feeling?



When you come to the ward your nurse and/or the Play Specialist will show you the charts we use to help measure any pain you feel after your operation.

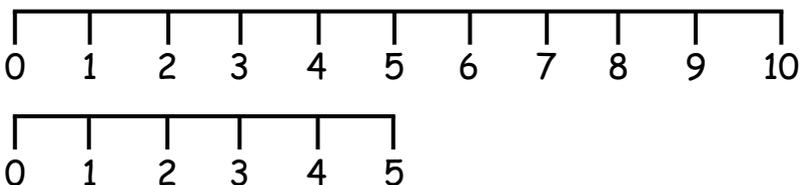
## Pain Assessment Chart

### FACES



If you would prefer to use your own method of describing your pain then just let the nurses know. These may be scoring your pain on a scale of 0-5 or 0-10 or on a method you may use at home.

### Linear scale





# Topical Local Anaesthetic Creams and Gels

Before blood is taken or a 'cannula' (a small plastic tube in the vein) put in, a numbing cream or gel can be put over the place where this will happen. We use Ametop gel or Emla cream. These are also known as 'magic cream'.



A blob of Ametop or Emla is put on your child's skin where we hope to take blood or a drip will be put in.

This is then covered with a clear plastic dressing for 30 mins to 45 mins. After this time the dressing is taken off and any remaining cream/gel wiped away. This area of skin will then be numb for about 6 hours. Sometimes the area may be a little red.

If the cream/gel becomes sore at any time please let us know and we will remove it straight away.



We can also use a numbing spray known as 'cold spray' instead of cream if you would prefer it.

# What are the most common ways of giving pain relief?

## Tablets

These are usually for older children as younger children may find them difficult to swallow.

Please remind the nursing staff if your child prefers tablets. Some tablets can be crushed/ dissolved and put with water.



## Liquids

There are many medicines, which come as a liquid. They come in lots of different colours and flavours. Please let us know if your child does not like the medicine that we are giving, we **MAY** be able to try a different one. Small amounts of liquid are usually measured out using a syringe. Please let us know if your child would prefer the medicine from a spoon or pot.



## Suppositories

For some children who cannot drink or who feel sick, pain-relieving medicine can be given as a small suppository up the bottom. The suppository is small, waxy and bullet shape. It dissolves in the bottom and the medicine is absorbed from there into the bloodstream and passed around the body. Putting the suppository up the bottom can be a little uncomfortable, so we only use them when really necessary.

# Types of Pain Relief



The following medicines can be given regularly.

## Paracetamol (Calpol)

You may have used this common pain relieving medicine at home. It helps to relieve many types of pain and can also be used with other medicines for more severe pain. It can also be used to bring down temperatures.

## Non-steroidal anti-inflammatory drugs (NSAIDs)

These are a group of drugs, which provide both pain relief and also bring down temperatures. The most commonly used non-steroidal anti-inflammatory drugs used on the ward are Diclofenec and Ibuprofen.

## Codeine phosphate

This is one of the stronger pain relieving medicines that can be given in tablet or liquid form.

# Morphine Pain Relief

Morphine is the strongest pain relief used in hospitals or at home. If your child is uncomfortable we can increase the amount of morphine that is given.

There are many ways we can give morphine.  
The choice will be based on many factors

- whether your child can eat or drink normally
- what type of pain your child has
- how quickly we want the medicine to work
- if the pain relief is for short or long term use

## Tablets

- start working about 30 mins after they have been taken.

## Liquids

- for children who cannot take tablets liquid morphine can be given. Starts working about 30 mins after it has been taken.

## Intravenously (through a cannula)

- this is the fastest way of getting pain relief using morphine. We can give morphine continuously via a pump or as Patient Controlled Analgesic.

# Morphine Pain Relief



## Continuous intravenous morphine infusion

The morphine is given all the time through a cannula. A rate is prescribed based on your child's weight and this can be increased if your child is uncomfortable or decreased if your child seems more comfortable or is very sleepy.



# Morphine Pain Relief



## Patient Controlled Analgesic (PCA)

Not every child is willing to use a PCA.  
Some of the things that will affect this are:

- age
- ability to press the button
- understanding

Generally children below the age of 5 are unable to be in control of their own pain relief.

PCA allows you to have control over your pain. The system works by allowing you to give yourself extra medicine when it hurts. A special machine containing a syringe of medicine (usually morphine) is attached to a cannula (small plastic tube in the vein). A handset is attached to the machine which is programmed to deliver a safe dose of morphine (a bolus) when the button on the handset is pressed.



# Morphine Pain Relief

There is sometimes a small amount of morphine going in continuously. If you are sore you can press the button without having to ask your nurse. It takes about 5 to 10 minutes to work, and if you are still sore after this time you can press it again.

If you are about to move or have a line or drain removed, it is a good idea to press the button 2 - 3 times before this.

It is important that **ONLY YOU CAN PRESS THE BUTTON**. This is for safety reasons.

**The PCA will be stopped when you no longer need it.**

Sometimes the morphine can give your child side effects. This can happen no matter which way it is given. These may be:

- feeling sick
- being sick
- feeling itchy
- feeling drowsy
- having funny dreams and feeling 'spaced out'
- constipation

We can do things to make these side effects better. Please tell your nurse if any of these things occur.

# Local Anaesthetics

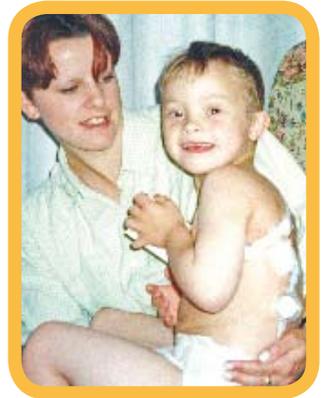


In hospital we can use local anaesthetics to numb parts of the body. After some operations a fine tube (cannula) is placed next to the operation site and a small dressing covers the area.

Local anaesthetic can be injected through this tube for a few days after the operation, to keep the area numb.

The injection doesn't hurt but may feel a little cold.

After a few days the tube can be taken out. This doesn't usually hurt but some children say that it feels a bit 'funny'. On E1 we usually use a medicine called Bupivacaine and this is generally used for operation sites on the side or round the back of the chest (mini thorocotomy).



## Entonox

Sometimes for older children who are going to have a procedure such as removal of a dressing or chest drain or pacing wires, we can use Entonox.

This is a colourless, tasteless type of air, which you can breathe through a mouthpiece. It is also known as laughing gas.

Every time you breathe in you give yourself the air which works very quickly, when you stop breathing the air it works out of your system very quickly. If the nurses think it would be a good idea to use Entonox they will talk about it with you.



## Common questions



### How long will my child need pain relief for?

Every child is different and the time for which pain relief is needed will depend on the type of surgery they have had.

### What can I do to help my child's pain?

You play a very important part in your child's pain management. You know your child best and so if you feel they are in pain please let a nurse know.

If your child has a PCA you can encourage them to press the button and also encourage them to take milder painkillers such as paracetamol. Talking to your child can often distract them from the pain, so can fun things like massage or play. Lots of cuddles also work wonders! The play specialists on the ward are also able to help with distraction.

### Will my child become addicted to morphine?

Your child will not become addicted to morphine. Most children only need morphine for 3 or 4 days following surgery.

### Will my child need pain-relieving medicine when we go home?

If the doctors think that your child needs pain relief when you go home they will prescribe it.

It is always a good idea to have some of the mild pain relieving medicine you use at home such as paracetamol or calpol just in case you need it.

You can contact the ward or pain team if you have any questions.



## Contact Details

E1 Ocean Ward  
Southampton General Hospital  
Tremona road  
Southampton  
SO16 6YD  
Tel: 023 8079 6470

Cardiac Liaison Nurses Tel: 023 8079 4659  
Childrens Pain Team Tel: 023 8079 5134