

Needle Poke Pain: How to *play your best hand*



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Declarations

Land acknowledgement:

The University of Toronto acknowledges that the land on which it operates has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit.



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AboutKidsHealth.ca





Learning objectives

- 1. Identify the consequences of poorly managed needle pain
- 2. Describe evidence-based strategies to reduce needle pain
- 3. Apply evidence-based strategies to reduce needle pain

1. Consequences of needle pain

- Needles are ubiquitous in health care: vaccinations are the most common needle procedure
- Pain is the most common adverse event following needle procedures
- 2/3 children and 1/4 adults are afraid of needles.
- Fear can fuel pain and lead to other stress-related responses (dizziness, headache, nausea, fainting)
- Negative experiences contribute to non-compliance with needle procedures









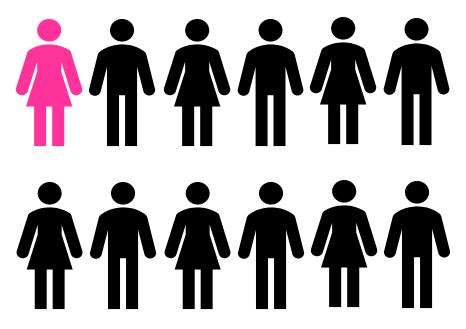






Non-compliance with childhood vaccination - systematic review

1 out of 12 people have refused vaccination due to needle fear



Taddio, et al., Vaccine 2022

Vaccine hesitancy



Delay in acceptance or refusal of vaccines despite the availability of vaccination services

- complex and context specific, varying across time, place and vaccine
- influenced by such factors as confidence, convenience, and complacency

Fact or Fiction?

People's experiences of pain from a needle injection are the same because the pain stimulus is the same.

Fiction: Pain is an inherently subjective experience which is influenced by biological, psychological, and social factors and does **not** simply reflect the amount of tissue damage.



2. Evidence for reducing needle pain



In 2015, we created a Canadian clinical practice guideline (CPG) – it has been incorporated into the Canadian Immunization Guide and adopted by the World Health Organization.

The CPG includes evidence-based recommendations for reducing pain, fear and fainting. There are 5 domains of recommendations (5Ps):



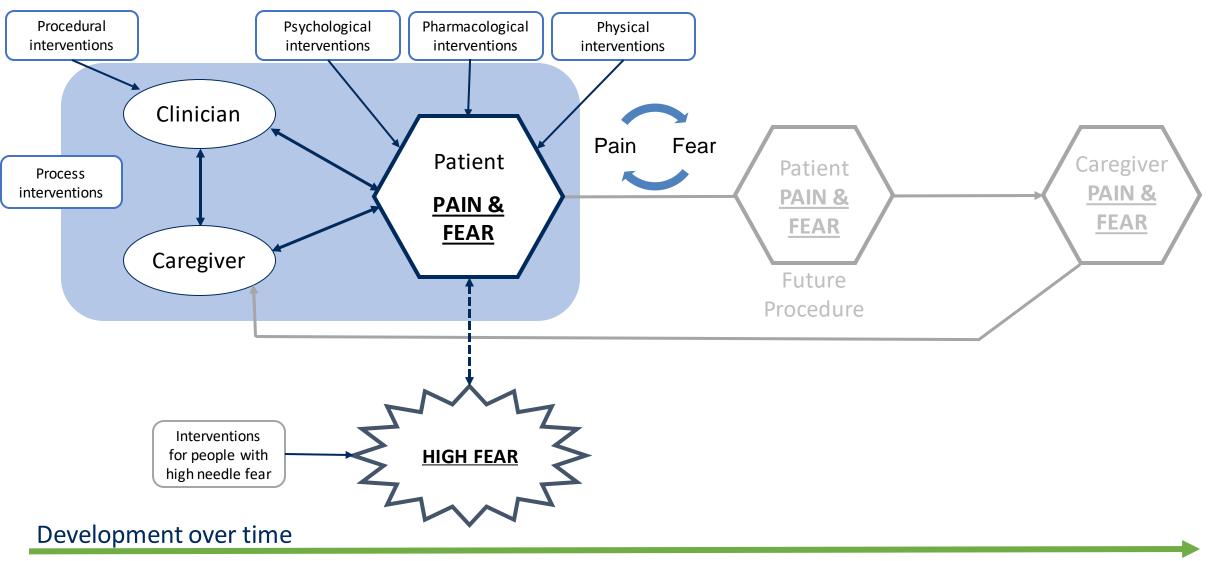




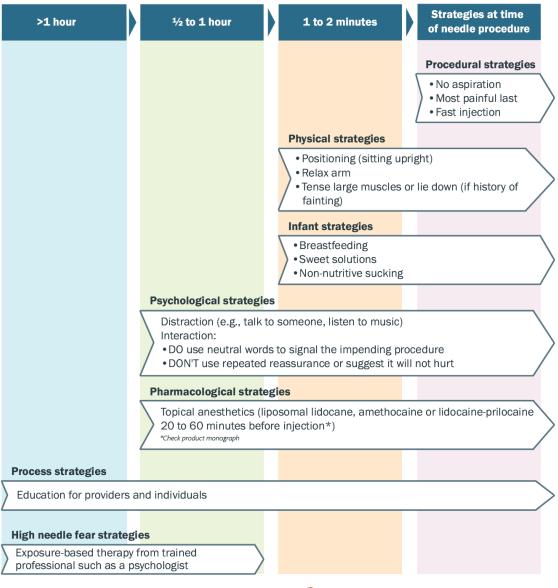




The 5 P's target the cycle of pain and fear



Algorithm of the research



















Good practice recommendations



Minimize fear-inducing stimuli



Minimize waiting time



Provide privacy and comfort



Be observant and responsive

'Uptake' of Clinical Practice Guideline (CPG)



Courtesy of Immunize Canada, 2021

BCCDC:

http://www.bccdc.ca/resource-

gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Appendix D RIIP.pdf

AHS:

https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ipsm-standard-administration-immunization-06-100.pdf

Manitoba, Winnipeg Regional Health Authority:

https://professionals.wrha.mb.ca/old/professionals/immunization/contents.php

Ontario:

https://www.health.gov.on.ca/en/common/ministry/publications/reports/immunization_2020/immunization_2020_report.pdf

Quebec:

https://www.msss.gouv.qc.ca/professionnels/vaccination/protocole-d-immunisation-du-quebec-piq/

Nova Scotia:

https://novascotia.ca/dhw/cdpc/documents/Immunization-Manual.pdf

New Brunswick:

https://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc/NBImmunizationGuide.html

Newfoundland:

https://www.gov.nl.ca/hcs/files/publichealth-cdc-im-section4.pdf

Nunavut:

https://www.gov.nu.ca/sites/default/files/immunization_manual.pdf

Yukon (part of immunization competencies):

https://yukon.ca/sites/yukon.ca/files/section_1_-

yukon immunization competencies 2021 final july 2021.pdf



Practice review Clinical Care Gaps



NATIONAL PERSPECTIVE, 2017

Fear is worst part of vaccination 59% Pain is worst part of vaccination 35% **Know how to reduce pain/fear** 50% Prepared ahead of time 17%



ONTARIO PUBLIC HEALTH UNITS, 2021

Policies on pain/fear	58%
Formal training on program delivery	74%
Formal training on pain/fear	50%
Incorporate coping preferences	30%
Document stress-related responses*	0%

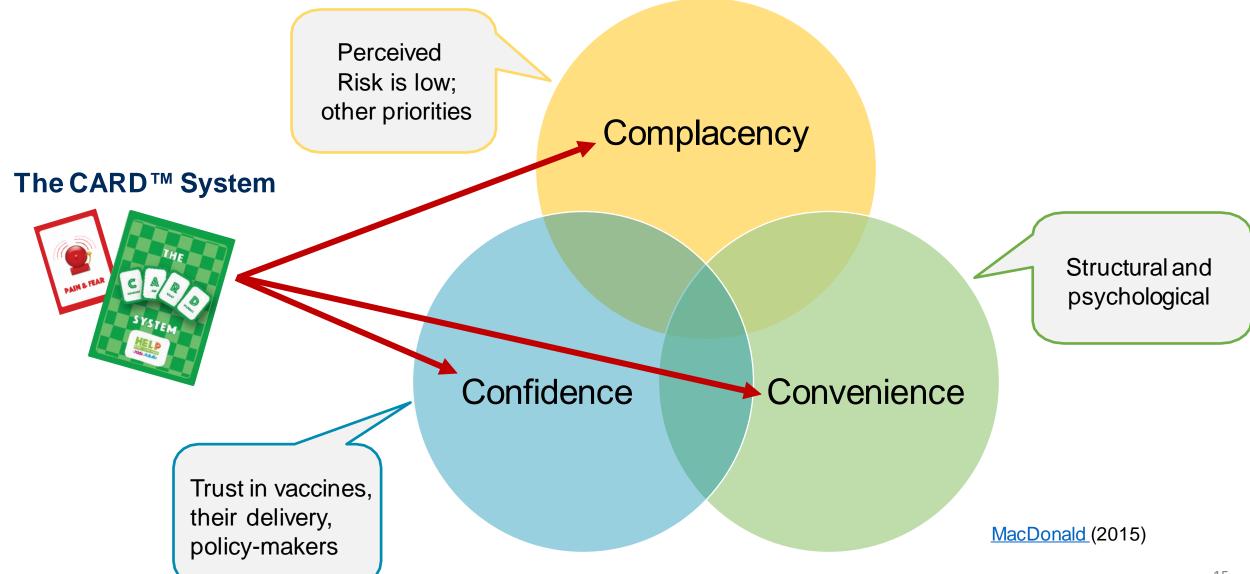
^{*} Pain/fear/dizziness; Fainting monitored in 83%

3. The CARD framework

- 'Systems level' approach to address the identified clinical care gap
 - Targets all groups involved (patients and providers)
- Turns the evidence into 'action' and uses a user-friendly and intuitive tool
 - Each group "plays their CARDs"
- Interventions implemented "ahead of time" and "on needle procedure day"

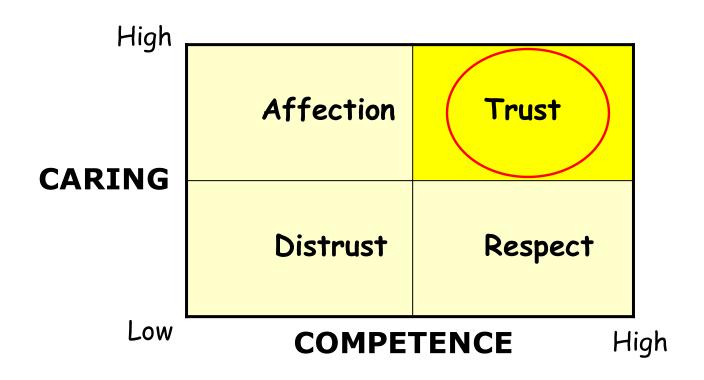


WHO 3C Model of Vaccine Hesitancy



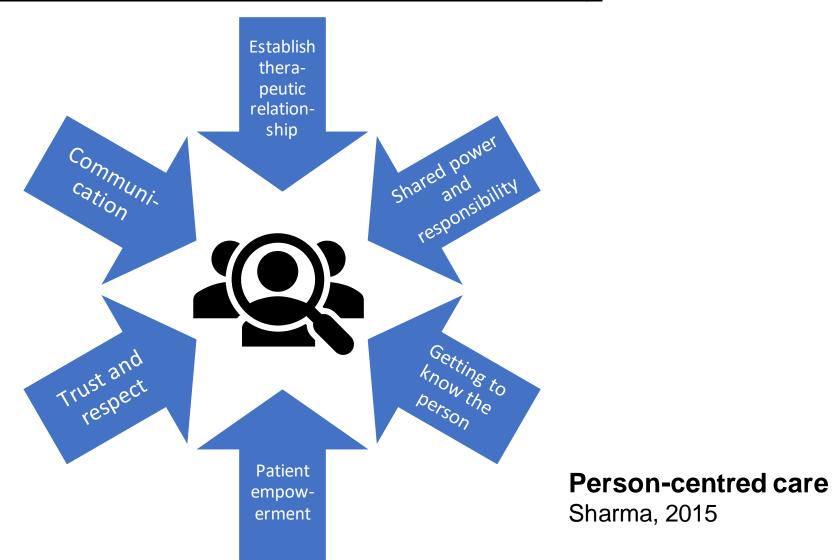
Satisfaction and Trust

Promotion of Trust = Competence + Caring



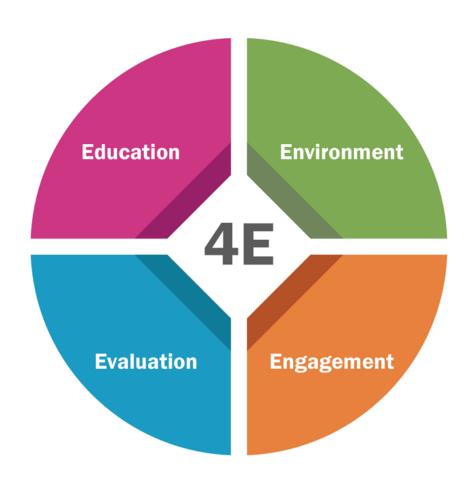
Quality Care

Alignment with Models of Care Delivery



How CARD works – The 4E Model

- Health care providers
- Vaccine clients
- Parents/caregivers
- School staff
- Ahead of time
- Vaccination day
- Vaccine clients
- Health care providers
- Parents/caregivers



- Separate all clinic areas
- Seating available
- Distractions
- Space for support person
- Privacy
- Minimize fear cues (visual and auditory)
- Be calm, positive, promote coping
- Assess symptoms (fear, pain, fainting)
- Invite participation, answer questions
- Support CARD (coping) choices
- Minimize injection pain

CARD improves:





Knowledge





Experiences

Taddio et al. (2019)
Taddio et al. (2022)
Tetui et al. (2022)
Taddio et al. (2022)

Studies with CARD in the vaccination context

Study	Target	Setting	Design	Sample size	Impact
Freedman et al. (2019)	Providers, children 12 years, parents, educators	Schools	Controlled Clinical Trial	323	↓ fear, dizziness
Taddio et al. (2022)	Providers, children 12 years, parents, educators	Schools	Randomized Controlled Trial	1919	↓ fear, pain, fainting
Tetui et al. (2022)	Providers, patients <u>></u> 12 years	Mass vaccination clinics	Before and After Trial	2488	↓ fear, pain, dizziness
Taddio et al. (2022)	Providers, parents, children 5-11 years	Community pharmacies	Before and After Trial	153	↓ fear, pain
Taddio et al. (2023)	Providers, parents, children 12-14 years	Schools (urban)	Randomized Controlled Trial	8839	↓ fear
Gudzak et al. (in prep'n)	Providers, adults ≥18 years	University vaccination popup clinics	Before and After Trial	476	↓ fear, pain





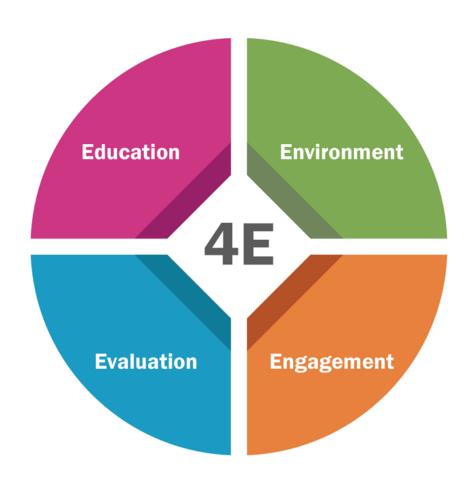
She is not vaccinated against COVID-19. She is very afraid of needles. The last time she got a needle, her dad held her down. It was very stressful for everyone.

What do you recommend?



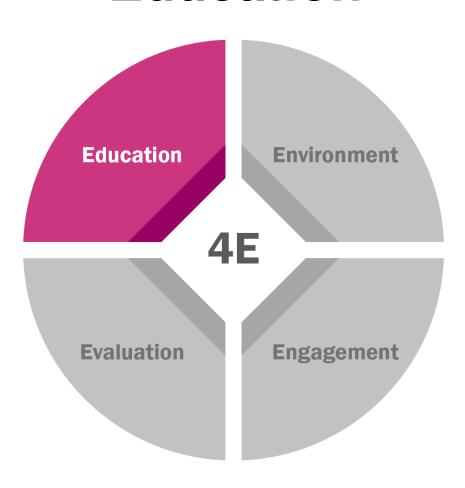
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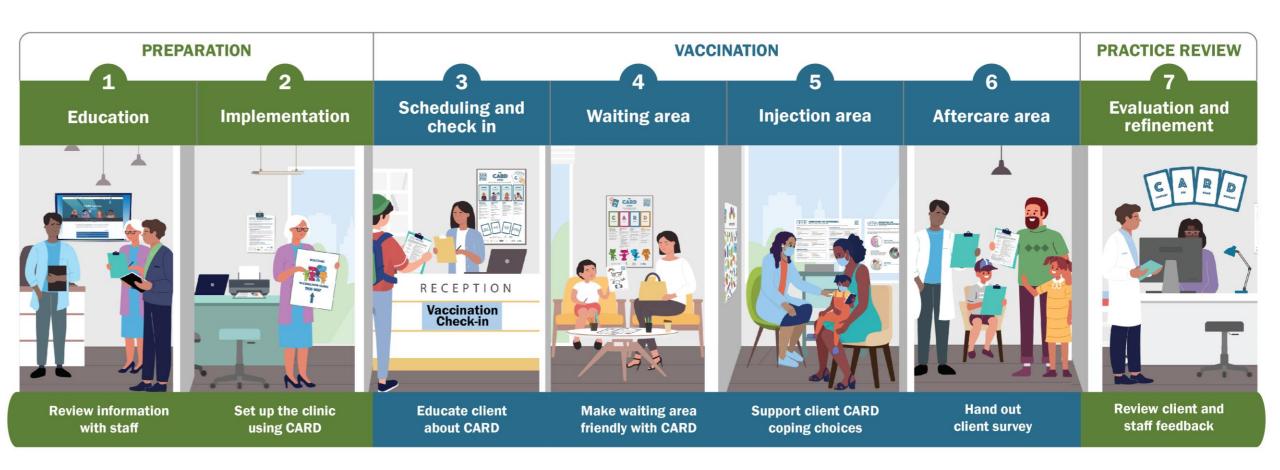


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Education



Infographic of how to integrate CARD





Education (Provider)

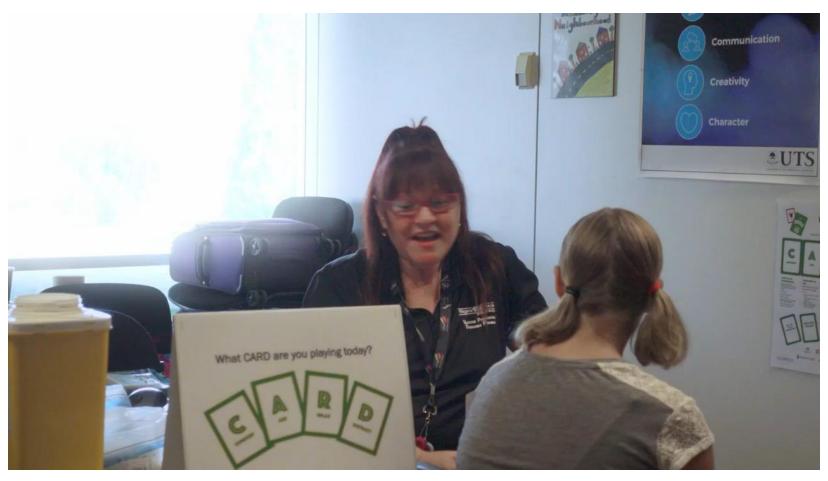


https://www.youtube.com/watch?v=tCV8UIOnpOY

"I have a lot more confidence"



CARD in action - gr. 7 school vaccinations

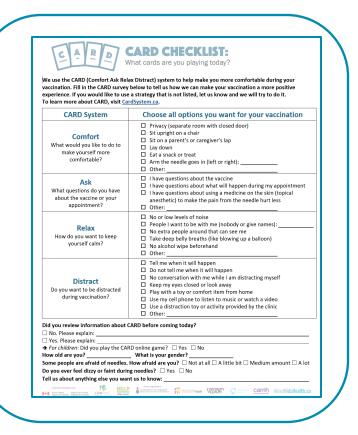


https://youtu.be/FXj6ELi4BVg

Education (Client)



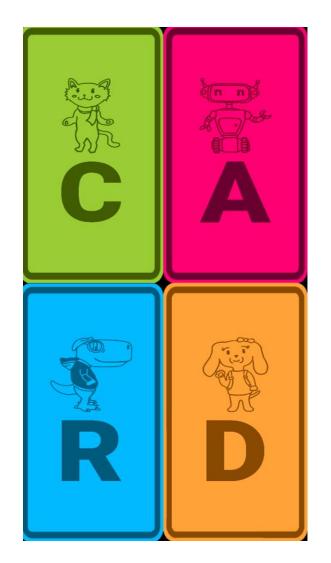




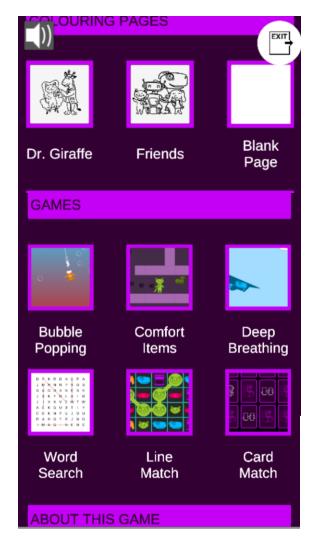
CARD checklist

CARD game

CARD game for children 5-12 years



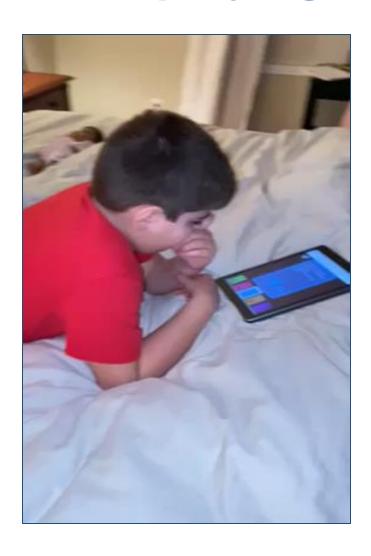
- Characters introduce CARD and then educate players about coping strategies in the different letter categories.
- Minigames (e.g., breathing game) are embedded for practice and reinforcement of learning. Players then play a variety of minigames in the arcade (e.g., line matching).



CARD in action – child playing breathing game









https://immunize.ca/card-game-kids

Child feedback about CARD game

I learned needles aren't as bad as they seem and it's easy to distract yourself.

I can tell my friends, "Hey, there's this game and it really helped me."

I liked the games because they were kind of simple but fun and really distracting.

It helped me be less afraid because you can just breathe in and out.

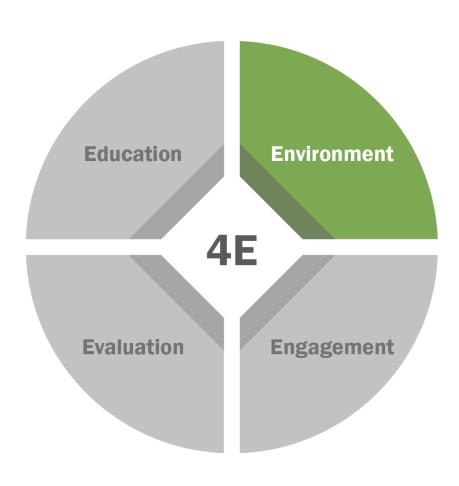
CARD checklist

The difference of having this piece of paper in front of me, prior to giving the vaccination - it gives me perspective already as to what this child would prefer.



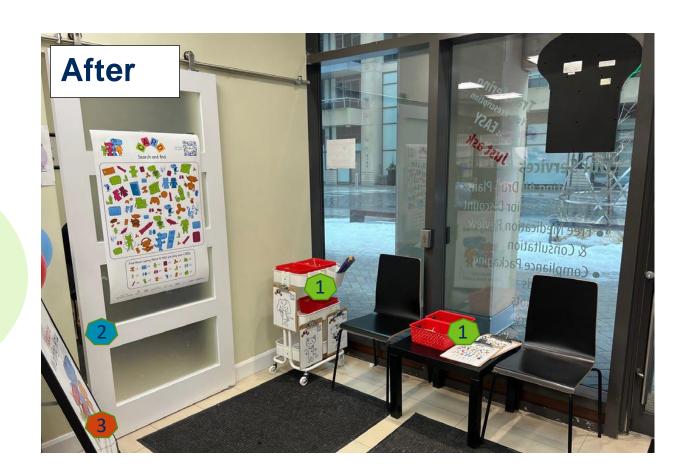
We use the CARD (Comfort Ask Relax Distract) system to help make you more comfortable during your vaccination. Fill in the CARD survey below to tell us how we can make your vaccination a more positive experience. If you would like to use a strategy that is not listed, let us know and we will try to do it. To learn more about CARD, visit CardSystem.ca.

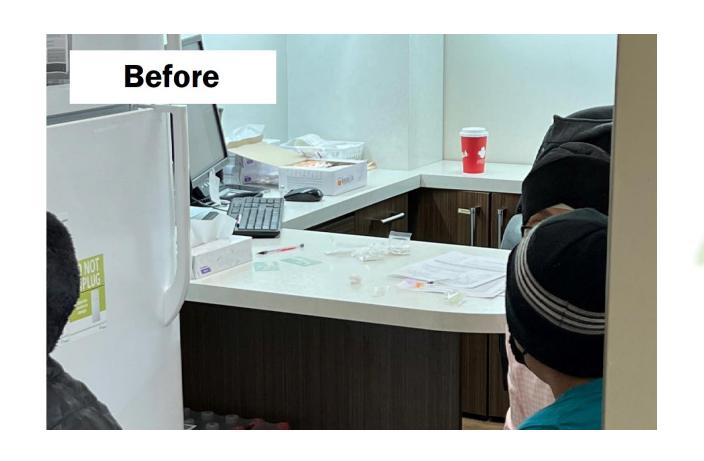
CARD System	Choose all options you want for your vaccination			
Comfort What would you like to do to make yourself more comfortable?	☐ Privacy (separate room with closed door) ☐ Sit upright on a chair ☐ Sit on a parent's or caregiver's lap ☐ Lay down ☐ Eat a snack or treat ☐ Arm the needle goes in (left or right): ☐ Other:			
Ask What questions do you have about the vaccine or your appointment?	 □ I have questions about the vaccine □ I have questions about what will happen during my appointment □ I have questions about using a medicine on the skin (topical anesthetic) to make the pain from the needle hurt less □ Other: 			
Relax How do you want to keep yourself calm?	 No or low levels of noise People I want to be with me (nobody or give names): No extra people around that can see me Take deep belly breaths (like blowing up a balloon) No alcohol wipe beforehand Other: 			
Distract Do you want to be distracted during vaccination?	☐ Tell me when it will happen ☐ Do not tell me when it will happen ☐ No conversation with me while I am distracting myself ☐ Keep my eyes closed or look away ☐ Play with a toy or comfort item from home ☐ Use my cell phone to listen to music or watch a video ☐ Use a distraction toy or activity provided by the clinic ☐ Other:			
Did you review information about CARD before coming today? No. Please explain: Yes. Please explain: For children: Did you play the CARD online game?				
Financial contribution from	Further organizations Lists about NEXT or Storm About Kids Health, Ca			



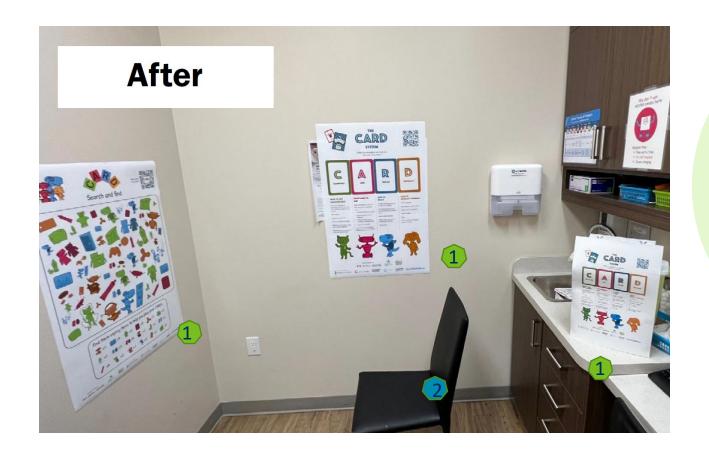


"Put up some posters, have toys that kids can play with, maybe colouring papers.
The added cost is not much.
Offer privacy..."





Environment



"So just reorienting
the room a little changing where
people are looking
and hiding things, like
needles - can keep
the fear much lower"

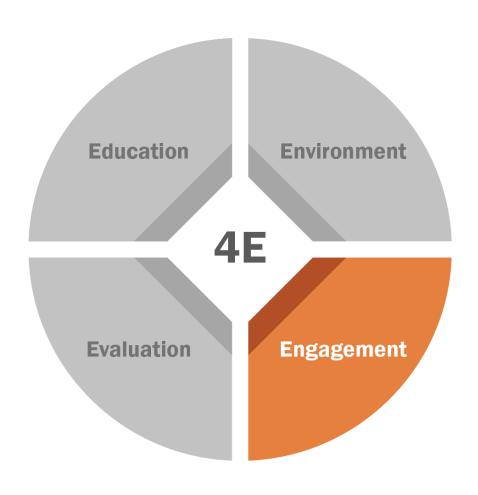
Environment



Coping interventions

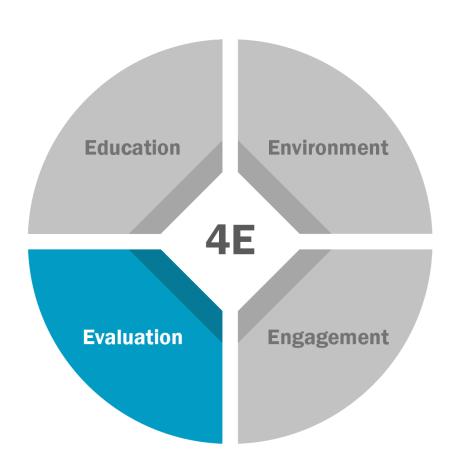
"And that positive experience with topical anesthetics will probably make their next vaccine much better too because they'll think about it much differently"

Engagement

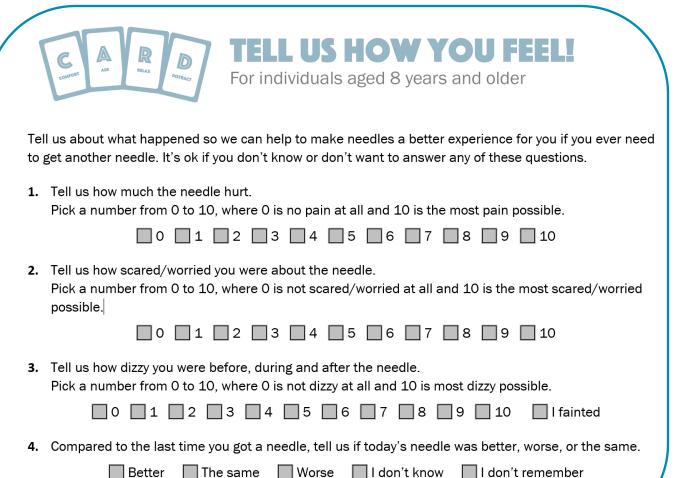




Evaluation



Evaluation (Clients)



"It made a big

difference!"

Please explain.

"I almost cried reading the CARD checklist because I felt so cared for. Thank you!"

Evaluation (Providers)

"Everything was just a little more strategic. It's just building on the skills we already have"

CARD made the entire process less stressful, for myself, as a vaccinator, for the child, and also the parents"

CARD staff debrief survey		
Clinic Date:	Location:	Time:
Who was present:		
other learn from their experience from vaccine clients when answer	es. Reflect on the vaccination program by u	ses and challenges and empower them to help each sing these questions as a guide. Include feedback cives are captured and considered. This will require
What went well and why?		
2. What didn't go well and why?		
3. Did the team work productive	ly together?	
4. What can we do differently to	make it even better next time?	

"All around positive reviews! I mean, you'd have to really be out of your mind as a parent or child to have a negative review about this, right?"

















Case

Back to Sarah...

What can you/your organization do differently?

Summary of CARD domains (4Es)

Education

- Website, webinars, e-module, videos
- CARD checklist
- Posters, pamphlets

Environment

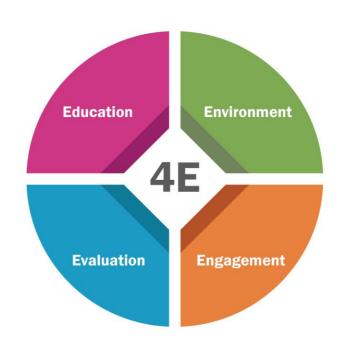
- Friendly/inviting (minimizes visual/auditory fear cues)
- Coping interventions available (distractions/activities)

Engagement

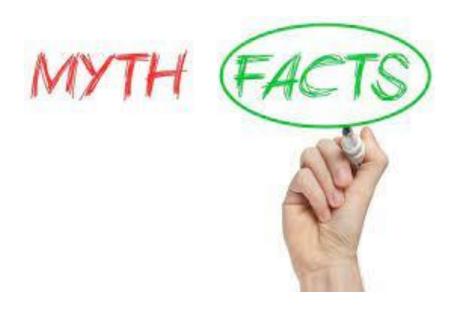
- Coping-promoting language and behaviour
- Address children directly
- Support coping choices

Evaluation

Client and staff feedback



Here are some questions we get about CARD...





#1: Don't we already do this? How is CARD different?



- CARD puts the patient first! It engages patients in their care and is aligned with organizational strategic plans, mission statements and values of patients.
- CARD is an <u>innovation</u>, like other innovations that we implement routinely in practice. It is an evidence-based framework/protocol for performing needle procedures that improves patient safety and patient, family and staff satisfaction, so everyone wins!
- CARD systematically integrates evidence about reducing pain, fear and fainting, and leads to equitable care.
- Like any new protocol, **CARD** is associated with some changes including more intentional and systematic ways of planning and performing needle procedures. We learn from research and are constantly changing and improving our care by implementing innovations like CARD.
- CARD builds life skills for patients. CARD educates and prepares children to cope with stressors and promotes coping and mental health.



#2: Will CARD will add time to the procedure?



- Providers report that CARD reduces needle procedure time!
- Skipping child preparation adds time because procedures are more complicated children are more afraid, and more resources are needed (additional time and staff).
- More complicated procedures lead to negative memories of the experience and impacts future experiences negatively.
- CARD embodies the child and family-centred care model which dictates the expected approach to providing care. CARD is aligned with professional and organizational goals, mission statements and values.



#3: Isn't it good enough to provide distractions to the patients who need them?



- To provide equitable care, distraction items must be offered to each patient.
 Patients do not know what they are not aware of.
- Children do not advocate for themselves they need to be invited to participate.
 Adults may not be aware of the preferences of children.
- Distraction carts are available all over the hospital with the intent they are offered to all.
- Distraction items serve multiple purposes even if patients do not want to handle them,
 they can serve as visual distractions and facilitate procedures.
- Distraction carts reduce fear cues by making the environment more child friendly ©



#4: Why do we need to use a CARD checklist when we can tell patients the coping options?



The **CARD** checklist is intended to be filled in by patients. It was developed this way to invite participation and promote patient autonomy.

Providers leading coping options is problematic:

- 1) Children have difficulty processing verbal instruction (it is too quick for child to understand and process options) and they are often rushed during the process
- 2) It inadvertently leads to missing some options to increase expediency (i.e., providers will skip options they think are not needed/important) which is not equitable
- 3) Children do not advocate for their preferences, which leads to them settling for interventions recommended by adults
- 4) Children are not prepared and are not using their preferred coping strategies.



#5: Can we just do one letter category/can we leave some parts of CARD out?



- Pain care involves multiple components. The **CARD protocol includes these components in the 4E model (4E's: Education, Environment, Engagement and Evaluation)**. All components contribute to better pain care and work better when they are integrated together. We need to follow the research evidence.
- We have moved away from a provider-led to **person-centred** approach.

Summary

- Pain and fear hurt everyone
- CARD integrates all we know about pain and fear
- Visit <u>www.cardsystem.ca</u> and start playing!



"I love my job, and this made it better"

Please complete our CARD survey



What's YOUR play?

"I love my job and this made it better"



www.helpkidspain.ca

www.cardsystem.ca