Preparing Children for Procedures

OVERVIEW

Preparing children for procedures facilitates cooperation, decreases anxiety, enhances mastery of experiencing a potentially stressful event, and supports or helps children develop new coping skills. Most strategies used in preparing children/families for painful procedures are done informally and individually. Although general principles and specific guidelines based on the child’s developmental level are listed below, the nurse also needs to consider the child’s previous experiences with the procedure, temperament and current methods of coping with stressful events, and attention span and interest level.

Physical preparation of the procedural site rarely involves more than just cleansing the area with an appropriate agent. Occasionally, however, a local anesthetic agent (EMLA cream, Numby Stuff, lidocaine) is used when an injection is necessary (e.g., bone marrow aspirate).

Support during the procedure is important and often is a factor in obtaining the child’s cooperation. Most procedures are carried out in a treatment room instead of the child’s hospital room, and if possible the nurse responsible for preparing the child should also be the nurse responsible for supporting the child during the actual procedure. Involving the child in some aspect of the procedure (opening bandages, removing old dressings) provides him/her with some sense of control and encourages cooperation. Distraction or diversion (telling a story, counting to ten, squeezing someone’s finger) is also useful. Finally, children need to be allowed to express their feelings (crying, being angry or afraid) about the procedure/treatment, as long as the expression does not harm themselves or others.

Support after the procedure is also important, as the child often needs reassurance that he/she handled the experience as well as could be expected and still is accepted and loved. Encouraging constructive expression of feelings about the experience and praising the child for doing the best he/she could during the procedure, are critical.

General Principles
1. Confirm the details of the procedure to be carried out.
2. Involve parents/guardians in teaching if appropriate and if parents are comfortable with involvement.
3. If parents/guardians are involved in the procedure, explain how they can help (comfort child, stand so child can see parent/guardian).
4. Preparation should be age or developmentally appropriate. Consider all aspects of development—cognitive, psychosocial, and physical.
5. Preparation is best done by the staff member who has been working with the child and family.
6. The younger the child, the less time there should be between the preparation and the procedure.
7. The nature of the procedure influences timing, e.g., preparation for surgery should occur further in advance than preparation for a blood draw.
8. Stress the benefits of undergoing the procedure.
9. Prepare children for procedures using sensory information, i.e., tell them what they will see, hear, feel, taste, and smell.
10. Explain any words that are not familiar to the child/family.
11. Use concrete terms (developmentally appropriate) and visual aids (such as drawings or dolls) to describe procedure.
12. Allow children, especially toddlers and preschoolers, to handle equipment. Seeing and doing are more effective ways to learn. For example, the child may want to handle the stethoscope and listen to his or her own heart or that of a caregiver, nurse, or doll.
13. Provide information in sequential fashion, i.e., tell children what to expect in the order it will occur.
14. Use minimally threatening or soft language, e.g., “You may feel sore” rather than “This part will hurt.” Or “make a small opening” rather than “cut.”
15. Stress that no other body part will be involved other than the one undergoing the procedure.
16. Avoid potentially ambiguous words. Some examples:
   a. “Stool collection” (why do they want to collect little chairs?); use child’s familiar term.
   b. “The doctor will give you some dye” (to make me die?); use “medicine that will help the doctor see your __________ more clearly.”
17. Be truthful.
18. Allow choices when possible.
19. Tell children how they can help. State directions positively, e.g., “Hold your arm still” rather than “Don’t move your arm.”
20. Review the parents’ and child’s current level of understanding, and allow time for child/parent questions to be answered/discussed.

Preparation for Procedures: Infant
1. Most preparation is directed to the primary caregivers, including how they can participate and support their infant. Reduces anxiety, which can be conveyed to the infant. Helps caregivers provide effective support to their infant.
2. When possible, encourage caregivers to be present during procedures. Be sensitive to their needs and allow them to make the choice. Some caregivers are uncomfortable being present for procedures, especially potentially painful procedures.
3. Provide comfort after procedure is completed, e.g., hold, cuddle. Pleasurable sensory stimuli provide comfort and help trust develop.
4. Allow infant to have favorite toy, blanket, etc. Promotes a sense of security.
5. Use sensory soothing measures during procedure (pacifier, gentle stroking). Promotes comfort.

Preparation for Procedures: Toddler
1. Prepare nonverbal toddler just before the procedure. The verbal toddler can be prepared in advance of the procedure. Facilitates cooperation.
2. Use pictures and/or a doll to demonstrate what will be done. This is less threatening than pointing directly to the area on the child’s body.
3. Keep explanations simple and focused on what the child will experience. Toddlers are egocentric and need to know what they will experience; cognitive abilities are not mature enough for scientific explanations and rationale.
4. Tell child that it is acceptable to yell, cry, or express discomfort. Gives child permission to express feelings.
5. Give child one direction at a time. Simple, directed instructions are more easily understood.
6. If caregivers understand the procedure, have them explain it to the child. Even if toddlers do not understand explanation, it will help them to know that significant adults do.
7. When possible, encourage primary caregivers to be present during the procedure. Be sensitive to caregivers’ needs, and allow them to make the choice. Some caregivers may be uncomfortable being present for procedures, especially potentially painful procedures. Caregiver anxiety may be conveyed to the child and interfere with the caregiver’s ability to be supportive.
8. Provide comfort after a procedure, e.g., holding. Pleasurable sensory stimuli provide comfort and help maintain trust.

Preparation for Procedures: Preschooler
1. Prepare in advance and use simple terms. Facilitates cooperation.
2. Use body outline, doll, or other visual aid. This is less threatening.
3. Use play and the child’s imagination. Allow child to manipulate dolls, doll-size equipment, or actual equipment if appropriate. Preschoolers have an active imagination; provides a sense of control.
4. Be explicit about what body parts will not be involved and what will be done to the body parts that are involved. Preschoolers have anxiety related to castration and mutilation.
5. If caregivers understand the procedure, have them explain it to the child. Even if children do not understand the explanation, it will help them to know that significant adults do.
6. When possible, encourage primary caregivers to be present during the procedure. Be sensitive to their needs, and allow them to make the choice. Some caregivers are uncomfortable being present during procedures, especially potentially painful procedures.
7. Reassure child that the procedure is not punishment. Preschoolers may think cause of illness is magical or a consequence of breaking a rule, thus they may see procedures as punishment.

Preparation for Procedures: School-age Child
1. Prepare for procedures in advance. Use developmentally appropriate concrete terms, and allow time for questions and answers. Children are in Piaget’s concrete operations stage and can understand information presented ahead of time.
2. Use body outlines especially for explanation of anatomy and physiology and for visualization of postprocedure appearance. Helps child to know what to expect.
3. Use of a doll may be appropriate for some younger school-age children; allow child time to manipulate prop or equipment. Reduces fear and enhances understanding of procedure.
4. Use medical and scientific terminology. Teach scientific terminology for body parts and medical procedures after learning the child’s word for them. *School-age children are curious and want explanations regarding how things work and why.*

5. Suggest ways for child to manage feelings (counting, deep breathing). *Gives child some resources for controlling reactions.*


7. Allow child to choose if caregivers will be present during the procedure, if possible. *School-age children are developing increased independence from caregivers and may be very modest.*

**Preparation for Procedures: Adolescent**

1. Prepare for procedures in advance as with adults. *Adolescents are in Piaget’s formal operations stage.*

2. Teach adolescent separately from the caregivers. *Adolescents are striving for increased independence and should be recognized as individuals capable of understanding and participating in their own care.*

3. Encourage questions. *Fosters sense of involvement in treatment plan.*

4. Use body outlines and diagrams to give scientific explanation. *Formal operations allow for more scientific explanations.*

5. Provide rationale for procedures. *Formal operations allow adolescents to understand reason for procedures.*


7. Suggest ways for adolescent to manage feelings (deep breathing, relaxation techniques). *Gives resources for controlling reactions.*

**Estimated time to prepare a child for a procedure:**

10–15 minutes, depending on the procedure and age of child.