

急性疼痛

预防和减轻手术或医疗程序引起的疼痛

我们与您的孩子合作，尽可能完全地预防和缓解疼痛。

急性疼痛是短暂的疼痛，通常会随着时间的推移好转。以下信息描述如何改善您的孩子在手术、受伤、程序或治疗副作用后可能感到的疼痛。当疼痛根本未得到治疗或治疗不足时，可能会产生短期和长期的后果。有效的疼痛控制将帮助您的孩子更快好转。

我的孩子在疼痛时会如何表现？

每个孩子对疼痛的反应都不一样。孩子可能会很安静和不太活泼，或烦躁不安和容易感到烦乱。他们可能会失去食欲或改变睡眠模式。

我们会定期使用与您的孩子发育水平相匹配的疼痛量表来衡量疼痛的强度。如需更多信息，请查阅我们的传单“评估儿童的疼痛”：

seattlechildrens.org/pdf/PE952SC.pdf。

最好让孩子报告自己的疼痛。我们要求他们描述疼痛部位、疼痛程度、哪些情况会使疼痛好转或更糟糕以及他们的感受。

可以做些什么来预防和缓解疼痛？

我们的目标是在可能的情况下预防疼痛。询问是否会出现疼痛以及如何预防疼痛。当疼痛无法预防时，应在疼痛变得更严重之前尽早作出回应。尽早缓解疼痛会使您的孩子感到更舒适，增加活动量和力量，并促进愈合。此外，早期治疗疼痛会导致总体减少止痛药的用量。

我们使用药物和其他策略来治疗疼痛。由于疼痛是复杂的，每个人的反应都不同，通常最好同时使用一种以上方法。

药物

如果使用得当，止痛药是安全有效的。止痛药的用量取决于您的孩子的体重、疼痛类型和健康状况。最常用的轻度疼痛药物是口服药。对乙酰氨基酚（Tylenol）或布洛芬（Advil 或 Motrin）通常用于治疗此类疼痛。它们可以很好地控制疼痛，甚至控制术后疼痛。

如需了解更多详情

- 星期一至星期五上午 8 时至下午 5 时，请与您的外科医生办公室联系。
- 下午 5 时之后以及星期六和星期日，请电洽 206-987-2000，要求与您的外科医生的应召服务提供者通话。

免费口译员服务

- 在医院内，向您的护士询问。
- 在医院外，拨打免费家庭口译专线电话 1-866-583-1527。告诉口译员您需要通话的人的姓名或分机号码。



对于中度或重度疼痛，我们可能会开具更强类型的止痛药，例如吗啡或羟考酮。我们可能通过静脉注射给药或直接在传递疼痛信息的神经附近给药。

如需了解有关通过静脉注射给药的更多信息，请阅读刊载在以下网站上的传单“PCA：患者控制镇痛”：seattlechildrens.org/pdf/PE371.pdf。

如需了解有关直接在传递疼痛信息的神经附近给药的更多信息，请阅读以下传单：

- “局部镇痛”
seattlechildrens.org/pdf/PE1133.pdf
- “外周神经导管”
seattlechildrens.org/pdf/PE781.pdf
- “硬膜外导管”
seattlechildrens.org/pdf/PE337.pdf

药物组合通常用于预防和治疗疼痛。

请务必与您的护理团队合作，讨论最适合您的孩子的止痛药。必须小心，因为即使是常见的非处方药，例如对乙酰氨基酚或布洛芬，也会与某些处方药或病症产生相互作用。在让您的孩子服用任何类型的药物之前，请先咨询您的医疗保健提供者。

预防和治疗疼痛的方法举例：

- 对于持续疼痛，最好定期服用止痛药。手术后，通常会开具止痛药，每隔几小时服用一次。该时间表可能会在您的孩子回家后持续 3 到 4 天，具体取决于手术和您的孩子的经历。
- 对于静脉注射、血液测试、注射和端口接入，可提前在皮肤上涂抹麻木霜（LMX-4），帮助减轻针头插入时造成的疼痛。另一种局麻剂是 J-tip，这是一种无需使用针头即可通过皮肤快速输送麻药的系统。
- 对于某些手术，可能会建议使用镇静剂和镇痛剂。请与您的孩子的护理团队交谈。

我的孩子会止痛药成瘾吗？

如果用药适当，儿童不会对止痛药成瘾。我们的目标是使用尽可能少的阿片类药物充分治疗您的孩子的疼痛。在儿童需要长期疼痛控制的罕见情况下，他们的身体可能会习惯药物（变得耐受），并需要更高剂量的止痛药才能获得同样的疼痛缓解效果。耐受性与成瘾或心理依赖不同。因为身体已经习惯这些药物，当疼痛减轻时，剂量会慢慢减少，以防戒断带来的不适。

其他策略

除药物外，还有其他重要的缓解疼痛的方法。

应对方式：了解您的孩子的应对方式并制定计划。有些孩子喜爱观看并参与这个过程，以便对痛苦的情形有所控制。另一些孩子会在注意力分散的情况下感觉更好。确保您注重您的孩子的应对方式，孩子的应对方式可能与您的不同。

分散注意力：通过讲故事或看电视或电影、吹泡泡和/或阅读最喜爱的书籍来引导孩子的想象力，从而将注意力从疼痛上转移开。

安慰性触摸：以最适合您的孩子的方式安慰他们。抱住、拥抱、用襁褓裹住、按摩或摇晃孩子。

冰敷或热敷：用布包裹的冰块可以缓解一些疾病和手术造成的疼痛。热敷对肌肉疼痛和全身放松很有用。使用在微波炉里加热的豆袋或热水袋热敷或洗温水浴。

放松技巧：使用稳定的深呼吸方法或请儿童生活专家、护士或其他保健专家教您的孩子放松技巧，帮助减轻焦虑、恶心和疼痛。

哺乳或喂糖水（蔗糖）：为了减轻手术过程的疼痛，应为一岁以下的婴儿在手术前和手术期间哺乳或喂糖水。

体位：切勿在不舒服或痛苦的手术过程中让孩子平躺，应当：

- 如果可能，抱住孩子并哺乳
- 让幼儿坐在您的腿上
- 让年龄较大的孩子自己选择体位

准备工作：使用诚实的语言，不要告诉孩子“不会痛”。治疗性游戏和艺术疗法较少依赖语言，可分散注意力，并促进疼痛应对。

我如何帮助孩子缓解疼痛？

支持孩子：成为一名辅导员，提供安慰并帮助发现最能帮助您的孩子缓解疼痛的方法。

- 与您的保健团队讨论您的孩子在疼痛时的表现以及哪些方法似乎有帮助。
- 相信您的孩子在经历疼痛，并立即作出回应。
- 强调可以帮助孩子变得更放松的积极方法。支持您的孩子努力应对令人痛苦的手术和疼痛；告诉孩子别人用哪些方法减轻疼痛。
- 请记住，您的孩子可能会感觉到您的焦虑。
- 您可以在痛苦的手术过程中离开手术间。如果您选择留下，可以询问参与支持孩子的方式。

您最了解您的孩子。我们鼓励您积极参与您的孩子的康复。与您的护理团队讨论您的孩子在疼痛时的表现以及如何安慰您的孩子。

还有哪些其他资源？

如果您的孩子疼痛无法得到缓解或疼痛持续时间超过预期，请联系您的孩子的医生。此外，请咨询您的孩子的护理团队，获取有关其他资源的信息。这些资源可能包括：

- 疼痛医学诊所
206-987-1520
- 儿童生活专家
206-987-2037

患者教育资源

- “家长们，畅所欲言谈论疼痛”视频
youtu.be/ICWLDEatTDg
- “手术当天在西雅图儿童医院外科中心预期会发生什么？”
seattlechildrens.org/patients-families/surgery/preparing-your-child
- “减少针头刺入的疼痛和焦虑”
seattlechildrens.org/pdf/PE1166.pdf

有问题吗？

所有团队成员都致力于与您和您的孩子合作改善疼痛。如果您有任何问题或反馈意见，请随时告知您的护理团队。

Acute Pain

Prevent and relieve pain from a surgery or medical procedure

We partner with you and your child to prevent and relieve pain as completely as possible.

Acute pain is short-lasting and usually gets better over time. The following information describes how to improve the pain your child may feel after a surgery, injury, procedure, or side effects of treatment. There can be short- and long-term consequences when pain is not treated at all, or not treated enough. Effective pain control will help your child get better faster.

How will my child show pain?

Every child reacts to pain differently. Children may be quiet and less active, or restless and easily upset. They may lose their appetite or change sleep patterns.

We regularly measure the intensity of pain by using a pain scale that matches the developmental level of your child. For more information read our handout “Assessing Children’s Pain” at seattlechildrens.org/pdf/PE952.pdf.

It is best for children to report their own pain. We ask them to describe where it hurts, how much it hurts. Seattle Children’s offers free interpreter services for patients, family members and legal representatives who are deaf or hard of hearing or speak a language other than English. Seattle Children’s will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201. This handout has been reviewed by clinical staff at Seattle Children’s. However, your needs are unique. Before you act or rely upon this information, please talk with your healthcare providers, what makes it better or worse, and what it feels like to them.

What can be done to prevent and relieve pain?

Our goal is to prevent pain when possible. Ask if pain is to be expected and what will be done to prevent it. When pain is not prevented, it should be responded to early before it becomes more severe. Relieving pain early will make your child more comfortable, increase activity and strength, and promote healing. In addition, treating pain early leads to less use of pain medicines overall.

We use medicine and other strategies to treat pain. Because pain is complex and each person’s response is different, it is often best to use more than one method at the same time.

Medicines

When used appropriately, pain medicines are safe and effective. The amount of pain medicine depends on your child’s weight, type of pain and health.

1 of 4

To Learn More

- Monday through Friday, 8 a.m. to 5 p.m., please contact your surgeon’s office.
- After 5 p.m. and on Saturday and Sunday, please call 206-987-2000 and ask for your surgeon’s on-call provider.

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.



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Medicine for mild pain is most often given by mouth. Acetaminophen (Tylenol) or ibuprofen (Advil or Motrin) are often used for this type of pain. They work very well to control pain, even pain after surgery.

For moderate or severe pain, we may prescribe a stronger type of pain medicine such as morphine or oxycodone. We may give medicines through an IV or directly near the nerves that carry the pain messages.

For more information about getting medicines through an IV, read our handout “PCA: Patient Controlled Analgesia” at seattlechildrens.org/pdf/PE371.pdf.

For more information about getting medicines directly near the nerves that carry the pain messages, read our handouts below.

- “Regional Analgesia”
seattlechildrens.org/pdf/PE1133.pdf
- “Peripheral Nerve Catheters”
seattlechildrens.org/pdf/PE781.pdf
- “Epidural Catheters”
seattlechildrens.org/pdf/PE337.pdf

A combination of medicines is often used to prevent and treat pain.

It is important to work with your care team to discuss pain medicines that will work best for your child. Care must be taken, as even common over-the-counter medicines, such as acetaminophen or ibuprofen, can interact with certain prescriptions or medical conditions. Check with your healthcare provider first before giving any type of medicine to your child.

Examples of methods for preventing and treating pain:

- For pain that is ongoing, it is best to give pain medicine regularly. After surgery, pain medicine often is ordered every few hours. This schedule may continue for 3 or 4 days after your child goes home, depending on the procedure and your child’s experience.
- For IV starts, blood tests, injections, and port access, numbing cream (LMX-4) can be put on the skin ahead of time to help reduce needle pain. Another topical anesthetic is J-tip, which is a system for quickly delivering numbing medicine through the skin without the use of needles.
- Sedation, along with pain relief, may be recommended for some procedures. Talk with your child’s care team.

Will my child become addicted to pain medicine?

When given appropriately, children do not become addicted to pain medicine. Our goal is to adequately treat your child’s pain using as little opioid as possible. On the rare occasion when children need long-term pain control, their bodies may get used to the medicine (become tolerant) and need a higher dose of pain medicine to get the same pain relief. Tolerance is not the same thing as addiction, or psychological dependence. Because the body becomes used to having these medicines, when the pain improves, the dose is slowly reduced to prevent discomfort from withdrawal.

Other strategies

In addition to medicine, there are other important ways to relieve pain.

Coping style: Learn your child's coping style and develop a plan. Some children prefer to watch and be a part of the process in order to have some control over painful situations. Other children do better with being distracted away from the situation. Make sure you focus on your child's style of coping it may differ from yours.

Distraction: Take attention away from the pain by guiding your child's imagination through storytelling or by watching TV or movies, blowing bubbles, and/or reading a favorite book.

Comforting touch: Comfort your child in ways that work best for them. Hold, cuddle, swaddle, massage, or rock your child.

Ice or heat: Using ice wrapped in cloth may ease some disease and procedure pain. Heat is useful for muscle pain and general relaxation.

Use a warm heated microwave beanbag, hot water bottle or warm bath.

Relaxation techniques: Use deep and steady breathing or ask a Child Life Specialist, nurse, or other health professional to teach your child relaxation techniques to help reduce anxiety, nausea, and pain.

Breastfeeding or sugar water (sucrose): To reduce pain during a procedure, infants less than 1 year can breastfeed or be given sugar water before and during the event.

Positioning: Never hold a child flat on their back during an uncomfortable or painful procedure, instead:

- Cradle your baby and breastfeed, if possible
- Sit your toddler on your lap
- Let your older child choose the position

Preparation: Use honest language and do not tell your child "It won't hurt." Therapeutic play and art therapies rely less on language and can provide distraction as well as promote coping.

How can I help my child with pain?

Support your child; be a coach, provide comfort and help discover what works best to give your child relief.

- Talk your healthcare team about how your child shows pain and what seems to help.
- Believe that your child is hurting and respond right away.
- Emphasize the positive ways your child can become more relaxed. Support your child's efforts to cope with distressing procedures and pain; tell what others are doing to relieve their pain.
- Keep in mind that your child may sense your anxiety.
- It is OK to leave the room during a painful procedure. If you choose to stay, you may ask for ways to participate in supporting your child.

You know your child best. We encourage you to take an active part in your child's recovery. Talk with your care team about how your child shows pain and what works to comfort your child.

What are some other resources?

If your child has unrelieved pain or pain continues longer than expected, contact your child's doctor. In addition, talk to your child's care team for information about other resources. These may include:

- Pain Medicine Clinic
206-987-1520
- Child Life Specialists
206-987-2037

Patient education resources

- "Parents, Speak Up about Pain" video
youtu.be/ICWLDEatTDg
- "What to Expect on Your Surgery Day at Seattle Children's Surgery Center"
seattlechildrens.org/patients-families/surgery/preparing-your-child
- "Reducing the Pain and Anxiety of Needles"
seattlechildrens.org/pdf/PE1166.pdf

Questions?

All team members are committed to partner with you and your child to improve pain. Let your care team know if you have questions or feedback at any time.