

INTRODUCTION

- Most pediatric patients who are admitted to the hospital will undergo at least one painful procedure including IV starts, injections, sutures, or lumbar punctures (Leahy, 2008).
- Parents and children rank needle sticks and other painful procedures as the leading cause of pain with hospitalization (Sparks, Setlik, & Luhman, 2007).
- 46% of children have reported that intravenous (IV) access was the source of their worst pain. (Duff, 2003)
- Less than 30% of pediatric patients in the United States are offered any type of premedication or distraction during these procedures.

PICOT

In nurses on an inpatient general pediatrics service (P), does education on the purpose and benefits of Poke Plans (I), as opposed to no educational program (C), increase the use and documentation of Poke Plan forms for children with anticipated needle sticks (O), over a six week time period (T)?

Objectives

As a result of education regarding Poke Plans the following practice changes will occur:

1. 90% participation in educational offerings by nursing staff with job titles of RN, Charge RN, and PCT.
2. 90% of all eligible patients will have a Poke Plan posted.

Additional data collected will include:

1. Patient Demographics
2. Interventions selected
3. Nursing compliance with use of chosen interventions



MATERIALS AND METHODS

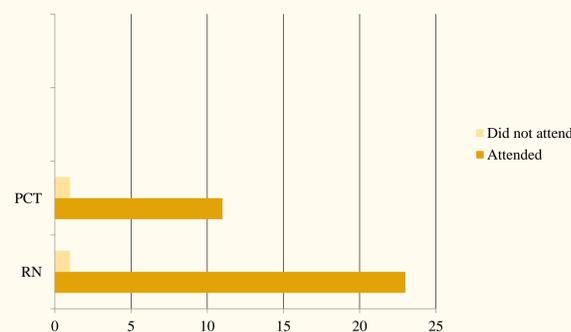
Policy was implemented setting the expectation that all patients meeting the criteria would have a Poke Plan developed with the family and documented within 12 hours of admission.

Nursing Staff Education:

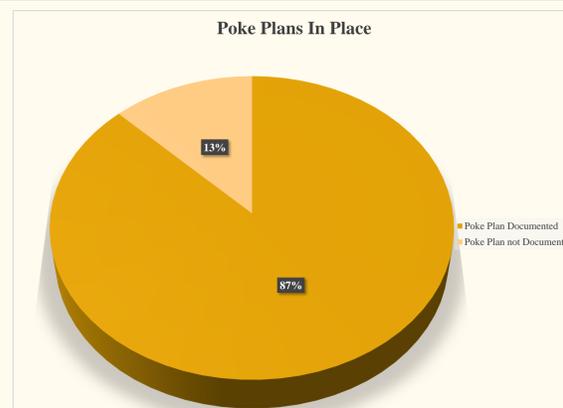
- Attended by RN's and Patient Care Technician's
- Instructional meeting presented by child life specialists and the project manager.
- Included education on process, Poke Plan documentation and utilization/availability of interventions including:
 - J Tip® intradermal lidocaine system
 - Buzzy®
 - Comfort hold techniques
 - Age appropriate distraction materials

Data Collection:

- Retrospective chart review
- Included demographic information such as age, gender, ethnicity, and admitting diagnosis.
- Documentation reviewed for Poke Plan form completed/not completed, and interventions chosen.
- 28 medical records were reviewed.
- Patient identifiers and nurse identifiers were removed from all data collected and stored on a password-protected computer.
- A one-sample t-test was performed to determine any relationship between frequency of interventions and patient age and gender.



Staff Attendance at Poke Plan Education

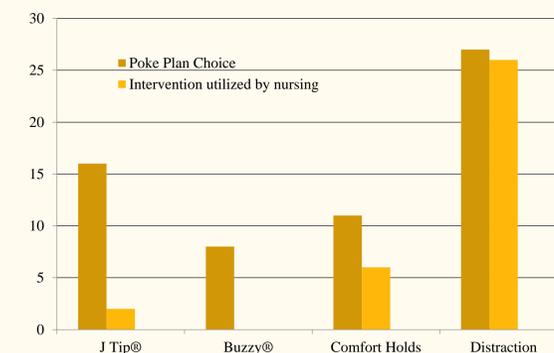


RESULTS

- Staff attendance at educational offerings was excellent with 94% (n=34 of 36) of the pediatric staff attending, with one RN and one PCT not attending due to leave of absences.
- A retrospective chart review identified 87.5% of patients (n=28 of 32) had a Poke Plan in place during their admission.
- Of the 28 patients with Poke Plans, in place 57.1% (n=16 of 28) were completed with families by a child life specialist upon admission.
- In patients with Poke Plans in place, at least one intervention selected was documented as being performed 71.4% (n=20 of 28).
- Patients and families chose J Tip® 50% (n=16 of 28), comfort holds 34.4% (n=11 of 28), Buzzy® 25% (n=8 of 28) and distraction 96.4% (n=27 of 28).

CONCLUSIONS

- Educational objective was met.
- Staff report being comfortable with the use of distraction techniques.
- Staff less likely to choose the J Tip®, Buzzy® or comfort holds as interventions
- Limitation of the use of J Tip® may be due to buffered lidocaine back order after two weeks of data collection.
- Further education is needed on comfort holds, J Tip® and Buzzy as these areas as they were frequently chosen by parents, but were not utilized in conjunction by staff
- Data suggests that child life specialists were major champions in the successful implementation of this project. Child life specialists completed most of the Poke Plans and were relied on heavily to provide distraction to patients during procedures.



Intervention choice on Poke Plan versus utilized by nursing staff

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