



FoNS Improvement Insights

Developing and Implementing a Distressing Procedures Tool for Use in Paediatrics

Project team: Carley Gibbens, Paediatric Practice Development Nurse; Meryl Gunstone, Clinical Nurse Specialist for Paediatric Pain; Cambridge University Hospitals NHS Foundation Trust

Duration of project: October 2009 - November 2010

Keywords: Distressing procedures tool, procedural distress criteria (paediatrics), risk assessment, pain management, stakeholder engagement, shared vision, collaborative working, family centred care

Project background

Procedural distress is a significant problem for children, their carers and healthcare professionals. It refers to a combination of fear, anxiety and pain which will vary depending on the child, their cognitive ability and the preparation they receive prior to the procedure. Healthcare professionals have the dual challenge of providing necessary treatment whilst attempting to prevent any unnecessary discomfort. Children's distress behaviours even during minor procedures can be sufficiently severe to cause interference, delay or even abandonment of the diagnostic investigation. The use of restraint or sedation can also lead to further distress for the child, family and healthcare professionals involved. A literature review revealed that whilst there was information supporting the need to adequately prepare children and families for distressing procedures, there were no published tools assessing the potential for distress in children.

Aim and objectives of the project

The project aimed to identify children and young people at risk of procedural distress and attempt to reduce the distress levels by:

- Working with children and young people to develop a tool that can accurately assess the likelihood of distress prior to a procedure
- Identifying and outlining pathways for accessing appropriate information and support prior to procedures
- Developing written information about the procedure that is appropriate for the child and young person's cognitive ability

Key activities and outcomes from the project

Following consultation with key stakeholders, including children and young people, hospital play specialists and psychology teams, a draft distressing procedures assessment tool was developed and trialled on in-patient paediatric wards.

The five month trial of the tool was undertaken involving children and young people undergoing elective MRI scans, as these can

lead to cancellation due to the distress the procedure may cause. Running parallel with the trial of the tool was a six month survey using an experience based design questionnaire developed by the hospital R&D team, intended to compare the experiences of children and young people who received prior information and preparation for MRI with those who had not. Both methods yielded no feedback or responses despite the best efforts of the project team. However a number of key learning points were identified to inform future project work.

Despite the setbacks, the project group and stakeholders implemented the distressing procedures tool for children in the theatre admissions unit. The purpose was to assess and prioritise which children presented with higher levels of distress. Feedback was obtained through discussion with children on their theatre experience. The tool is now used as part of the pre-operative preparation of the child. Staff can identify children at a higher risk of distress during procedures. Additionally, there is now a mechanism and pathways of referral for support and intervention where necessary prior to theatre procedures. Further work is to be undertaken to assess the effectiveness of the distressing procedures tool for children in the acute hospital.

Implications for practice:

- The distressing procedures tool can ensure that children receive the appropriate level and type of support to prepare them for procedures
- It is important to engage key stakeholders throughout the whole process not just when their involvement is needed in a specific activity
- Clear information about the purpose of the tools to be used need to be given to those responsible for their implementation
- A robust system of questionnaire distribution and guidelines for completion can enhance the response rate
- Learning from project setbacks can be gained and enable the use of new approaches to meet project objectives

A full project report including references can be accessed from: <http://www.fons.org/library/report-details.aspx?nstdid=6663>

This project was supported by the FoNS Patients First Programme in partnership with The Burdett Trust for Nursing.