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PLAY IS THE WAY!

Child Life Techniques for Supporting Pediatric Surgery Patients



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 Identify pediatric patients' developmental stages, and common fears & misconceptions surrounding the surgery experience.

 Describe play-based interventions for supporting pediatric patients before surgery.

 Describe play-based interventions for supporting pediatric patients after surgery.

CHILD LIFE IS . . .

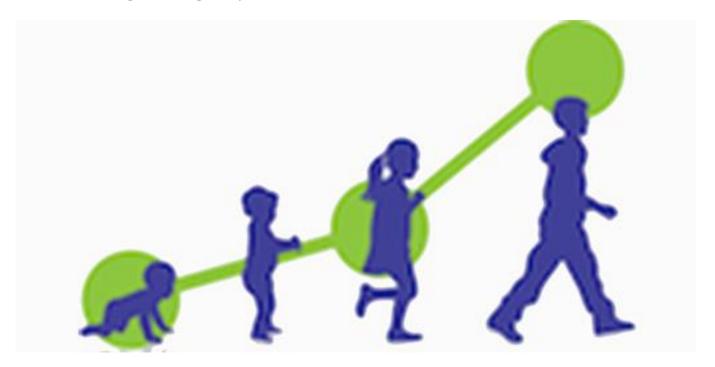
The psycho-social-developmental side of pediatric care.

Provided by a Certified Child Life Specialist.

- Developmental, normalizing, medical, and therapeutic play
- Procedural preparation and support
- Diagnosis teaching
- Sibling and family services

OBJECTIVE ONE (OF THREE)

Identify the five developmental stages of pediatric patients, and common fears & misconceptions surrounding surgery.



INFANTS (BIRTH TO 12 MONTHS)

The developmental work of an infant is building trust and attachments.

INFANTS (BIRTH TO 12 MONTHS)

Separation

• Lack of gentle touch

TODDLERS (12 - 36 MONTHS)

The developmental work of a toddler is gaining control of their own body.

TODDLERS (12 - 36 MONTHS)

• Loss of body control

Separation

NPO

PRESCHOOLERS (3 - 5 YEARS)

The developmental work of a preschooler is learning to control their environment.

PRESCHOOLERS (3 - 5 YEARS)

- Loss of environmental
 & body control
- Medical misconceptions (procedures = punishments)
- Anticipatory fear with needles
- NPO

SCHOOL AGE CHILDREN (6 - 12 YEARS)

The developmental work of a school aged child is developing self-confidence and self-worth.

SCHOOL AGE CHILDREN (6 - 12 YEARS)

Anticipatory fear

Anesthesia

Bodily mutilation

ADOLESCENTS (13+ YEARS)

The developmental work of an adolescent is developing a unique personal identity.

ADOLESCENTS (13+ YEARS)

• Loss of self/identity

- Body image
- Sexuality
- Peer opinion
- Fear of death

OBJECTIVE TWO (OF THREE)

Describe play-based interventions for supporting pediatric patients <u>before</u> surgery.

INFANTS (BIRTH TO 12 MONTHS)

Support infants before surgery by encouraging caregivers to hold them, and provide positive touch.

SOOTHING FUSSY INFANTS

Swaddle

Suck

 (sucrose for needle procedures)

 Side

Sway

Shush

TODDLERS (12 - 36 MONTHS)

Support toddlers before surgery by helping them to feel in control.

Give them a mask to explore.

Consider a "pre-wrap" on their hand.

Provide opportunities to play.

Pre-teach parents about the "waking up angry" phenomena.

PRESCHOOLERS (3 - 5 YEARS)

Support preschoolers before surgery by using concrete language, and watching out for medical misconceptions.

Let them explore the induction mask, and explain the IV ahead of time.

Provide opportunities to play.

GENTLE, YET HONEST, LANGUAGE

Instead of this . . .

- Pinch, sting.
- This will hurt, or, this won't hurt.
- The procedure takes about 20 minutes.
- We'll run IV fluids to hydrate you.
- Bigger than, longer than, more than.
- Cut, slice, open you up.

Try this . . .

- Poke.
- Some kids tell me that this part hurts a little. Afterward, you can tell me how it felt for you.
- We'll be done in less time than it takes to watch an episode of Dora.
- We will give you water through a little straw in your arm. That will help you feel better.
- Smaller than, shorter than, less than.
- The doctor will make a small opening.

GENTLE, YET HONEST, LANGUAGE

Instead of this . . .

Try this . . .

Special medicine to put you in a *deep medicalsleep*.

Anesthesia

You won't see anything, hear anything, feel anything, smell anything, or taste anything.

SCHOOL AGE CHILDREN (6 - 12 YEARS)

Support school age children before surgery by scaffolding success, and fostering a sense of accomplishment.

Explain the IV ahead of time.

Provide opportunities for rehearsal/reversal play.

ADOLESCENTS (13+ YEARS)

Support adolescents before surgery by respecting privacy, talking directly to them, and remain respectfully aware of the "personal myth" phenomena.

NORMALIZATION PLAY ON SURGERY DAY

• Infants: tummy time, snuggles, reading

- Toddlers: gross motor, banging, fill/dump, reading, coloring
- Preschoolers: make believe, sorting, reading, simple crafts, coloring
- School age: board games, video games, card games, puzzles, reading, homework, crafts, coloring
- Adolescents: social media, games, (board, card, video), puzzles, reading, homework, complex crafts, coloring

OBJECTIVE THREE (OF THREE)

Describe play-based interventions for supporting pediatric patients <u>after</u> surgery.

INFANTS (BIRTH TO 12 MONTHS)

Support infants after surgery by reuniting with caregivers ASAP, and encouraging positive touch.

SOOTHING FUSSY INFANTS

Swaddle

Suck

Side

Sway

Shush

TODDLERS (12 - 36 MONTHS)

Support toddlers after surgery by helping them to feel in control, and reuniting them with caregivers ASAP.

Provide opportunities to play.

Encourage PO with silly straws and modeling.

PRESCHOOLERS (3 - 5 YEARS)

Support preschoolers after surgery by reuniting with caregivers ASAP.

Let them practice IV removal on a stuffed animal or caregiver.

Provide opportunities to play.

Encourage PO with silly straws, stickers, modeling, incentive charts.

SCHOOL AGE CHILDREN (6 - 12 YEARS)

Support school age children after surgery by offering quiet play, comfort items, and reunion with caregivers ASAP.

> PO games are great for this age group. Try and engage the caregivers, too.

ADOLESCENTS (13+ YEARS)

Support adolescents after surgery by remembering the "personal myth," and be patient with the fluctuation between adult-like and child-like behavior.

PLAY IS THE WORK OF CHILDREN

Play is a child's first tool for learning.

It is how they interact with the world, and cope with difficult experiences.

REFERENCES

- American Academy of Pediatrics (2014). Child life policy updated. Pediatrics. 35 (16). {5a}.
- American Academy of Pediatrics Committee on Hospital Care. (2012). Family-centered care and the pediatrician's role. *Pediatrics*, 129(2), 394-404. doi: 10.1542/peds.2011-3084
- Brenner, M, Treacy MP, Drennan J, & Fealy, G. (2014). Nurses' perceptions of the practice of restricting a child for a clinical procedure. Qualitative Health Research. 24(8), 1080-1089.
- BrewerS, Gleditsch SL., SyblikD, Tietjens ME, Vacik HW. (2006). Pediatric anxiety: Child life intervention in day surgery. Journal of Pediatric Nursing. 21(1): 13-22.
- Cook, J. L., & Cook, G. (2010). Child development: Principles and perspectives. Boston: Pearson/A and B.
- Dumas, L., Lepage, M., Bystrova, K., Matthiesen, A., Welles-Nystrom, B., & Widstrom, A. (2013). Influence of skin-to-skin contact and rooming-in on early mother-infant interaction: a randomized controlled trial. *Clinical Nursing Research*, 22(2), 310-336. doi: 10.1177/1054773812468316
- Dyches, T. T., Smith, T. B., Korth, B. B., Roper, S. O., & Mandleco, B. (2012). Positive parenting of children with developmental disabilities: A meta-analysis. *Research in Developmental Disabilities*, 33(6), 2213-2220. doi: 10.1016/j.ridd.2012.06.015
- ENA (2012). Emergency Nursing Pediatric Course, 4th ed. Les Plaines, IL: Author.
- Ford, K, Courtney-Pratt, H, & Fitzgerald, M. (2012). Post-discharge experiences of children and their families following children's surgery. Journal of Child Healthcare, 16(4), 320-330.
- Foster, M. J., Whitehead, L., Maybee, P., & Cullens, V. (2013). The parents', hospitalized child's, and health care providers' perceptions and experiences of family centered care within a pediatric critical care setting: A metasynthesis of qualitative research. *Journal of Family Nursing*, 19(4), 431-468. doi: 10.1177/1074840713496317
- Ginsburg, K. R. (2007) The importance of play in promoting healthy child development and maintaining strong parent-child bonds. *Pediatrics*. 119 (1): 182-191. doi: 10.1542/peds.2006-2697
- Hosseinpour, M & Memarzadeh, M (1010). Use of a preoperative playroom to prepare children for surgery. European Journal of Pediatric Surgery. 20(6), 408-411.
- Karp, H. (2015). The happiest baby on the block: The new way to calm crying and help your newborn baby sleep longer.
- Levetown, M. (2012). Communicating with Children and Families: From everyday interactions to skill in conveying distressing information. Pediatrics, 121(5), e1441-e1460. doi: 10.1542/peds.2008-0565
- Li HCW, Lopez V & Lee TLI (2007). Effects of preoperative therapeutic play on outcomes of school-age children undergoing day surgery. Research in Nursing & Health. 30(3) 320-332.
- Li, HCW & Lopez V (2008) Effectiveness and appropriateness of therapetutic play intervention in preparing children for surgery: A randomized controlled trial study. Journal for Specialists in Pediatric Nursing. 13(2), 63-73.
- Martin, C. L., & Fabes, R. A. (2009). *Discovering child development*. Belmont, Calif: Wadsworth.
- Nabors, L., Bartz, J, Kichler, J., Sievers, R., Elkins, R., & Pangallo, J.(2013). Play as a mechanism of working through medical trauma for children with medical illnesses and their siblings. *Issues in Comprehensive Pediatric Nursing*, 36(3), 212-224. doi: 10.3109/01460862.2013.812692
- Sparks, LA, Setlik J, & Luhman J. (2007). Parental holding and positioning to decrease IV distress in young children: a randomized controlled trial. Journal of Pediatric Nursing. 22(6), 440-447