

# Medicines for Children: information for parents and carers

## Pain



This leaflet provides background information about pain and how it can be managed. It has been written for the parents and carers of children living with pain.

### What is pain?

Usually pain occurs because of an injury, illness or disease. Pain is often described as a warning signal that tells the body that something is wrong.

### How does pain work?

When pain occurs, a signal is sent from the site of the injury to the spinal cord and up to the brain. When the pain signal reaches the brain, you experience pain and the distress associated with the feeling of pain. Many complex things can happen along the way that can make pain worse or better.

When treating a child in pain, doctors and nurses try to increase the effects of the things that make the pain better, whilst reducing the effects of things that make the pain worse. Medicines and other strategies that are used to manage children's pain interfere with the pain signals at various points.

- Distraction over-rides the pain signals in your child's brain.
- You can help to stop the pain signal from reaching your child's brain by cuddling your child, kissing the painful area better or stroking your child in a soothing way.
- Some medicines such as paracetamol reduce the chances of the pain signal getting from the site of injury to your child's brain.
- Other medicines such as morphine don't stop the pain signals going to the brain, but they do stop your child from experiencing the pain.

### Are there different types of pain?

There are two major types of pain.

- **Acute (short-term)** pain is often intense. This may be pain from an injury or after an operation. The pain may last for just a few hours or days. In some cases, such as a bad burn, it can go on for longer.
- Pain that goes on for longer than 3 months is described as **chronic (long-term)** pain. This may be due to a long-term condition such as arthritis or cancer, or muscle spasms associated with cerebral palsy. Long-term pain may come and go, so your child may have periods when they experience pain but also periods when they are free from pain.

Some pain can feel sharp and stabbing and other pain can feel like a dull ache.

### How can I tell if my child is in pain?

Older children can tell you that they are in pain. They will be able to describe their pain to you – where it is and how they feel. They will also be able to tell you whether the pain is getting worse or better.

It is less easy to tell when a baby or young child, or a child who has difficulty communicating, is in pain, although parents can often tell. Changes in your child's behaviour can give you clues. Pain often makes a child cry, but sometimes a child will be quiet and withdrawn, or they may be very irritable. They

may rub or cradle the affected area, or they may seem tense and unwilling to move. A young child may be able to show you that a favourite cuddly toy hurts, and where it hurts.

Parents usually know when their child is in pain, and doctors and nurses should value parents' opinions.

### How is pain measured?

Doctors and nurses may want to measure your child's pain, as this helps them to tell if the pain is getting better or worse. They can use different 'tools' to do this, depending on how old your child is, how well they can talk or communicate, and the cause of your child's pain.

The 'smiley face' tool is widely used with younger children. This is a set of cartoon faces ranging from a smiley face (no pain) to a face that looks miserable (a lot of pain). Your child chooses the one that fits their pain. Older children may be asked to score their pain between 0 (no pain) to 10 (worst possible pain).

Whenever possible, the nurse will include you and your child in the assessment process. What your child says about their own pain is really important and the doctors and nurses will take this into account.

Your child's pain should be assessed regularly and the pain score recorded in your child's notes. Their pain should also be assessed after they have had their pain-relieving medicine, to see if it is working.

If you are looking after your child at home, you can also use a 'tool' and keep a record of their pain, and whether it gets better after giving pain-relieving medicines. If you are worried about your child's pain, contact your doctor or nurse.

### How is pain managed?

No-one likes to be in pain, and it is your child's right to have their pain managed. Your child's doctors and nurses will do their best to manage your child's pain, but it can sometimes take a little while to work out the best way to do this.

Pain can be managed using different medicines, described below, and other methods.

### What medicines can be used to treat my child's pain?

The following medicines are commonly used to help manage children's pain. Leaflets about each of these can be found at [www.medicinesforchildren.org.uk](http://www.medicinesforchildren.org.uk).

- paracetamol
- diclofenac
- nitrous oxide
- ibuprofen
- fentanyl
- baclofen
- codeine
- gabapentin
- morphine
- diazepam

The medicine that is used depends on the cause and nature of the pain.

It may take a while to find the right medicine and the right amount (the dose) that works best for your child. Sometimes more than one medicine is needed, as different medicines act in different ways to reduce pain.

If your child has long-term pain, they may need to take medicine all the time but they may also need extra medicine for periods of 'breakthrough' pain or during a short medical procedure (such as while having a dressing changed).

Pain medicines come in tablets, capsules, lozenges, liquid medicine or syrup, powders, tablets or granules. They also come as patches that you apply to the skin and as suppositories that go into your child's bottom. Your children may also be given a gas to breathe. Your doctor or nurse will explain how to give the medicine, how much to give and how often you can give it.

If you are looking after your child at home, it is helpful to write down the times that you give medicines, and how much you give, particularly if more than one person is looking after your child. This will help you to make sure that your child doesn't miss any doses of medicine, and also that they are not given too much by mistake.

### How quickly do the medicines work?

Some pain medicines work almost straight away. Others take up to a few days to work properly, in which case your child will be prescribed another pain medicine to cover this time.

### Do the medicines have side-effects?

Pain medicines can have unwanted effects (side-effects). People react differently to medicines, and the side-effects may depend on why your child needs the medicine and the dose they are taking. Your doctor or nurse will explain what side-effects there might be, and what can be done to help. Sometimes the side-effects wear off after a little while as your child's body gets used to the medicine.

Information about side-effects is provided in the Medicines for children leaflets ([www.medicinesforchildren.org.uk](http://www.medicinesforchildren.org.uk)) and in the information leaflet that comes with the medicine.

If you are worried about the side-effects of the medicines, talk to your doctor or nurse.

### Can my child have other medicines?

Some medicines that you get on prescription or buy from a pharmacist or supermarket can interfere with pain medicines. They might make the side-effects of the pain medicine worse, or they may change the way the pain medicine works so that it works more strongly, or does not work at all.

Particular care must be taken with paracetamol. Paracetamol is an everyday drug, but it is potentially dangerous if too much is taken. Many medicines contain paracetamol. Read the label carefully, to be sure that you don't give your child too much by accident by giving more than one medicine.

If your child is taking pain medicines on a regular basis, check with your nurse, pharmacist or doctor **before** giving them any other medicines.

### What else can I do to help my child's pain?

Your child's pain is likely to feel worse if they are frightened, worried or tired. It is important to comfort and reassure your child, and to explain what is happening.

You can distract your child to take their mind off their pain by doing things that they enjoy, such as playing, reading, watching television/videos, blowing bubbles.

Hugging your child, holding their hand, stroking them, reassuring, comforting and talking to them are all helpful. These can help your child to feel safe and not overwhelmed by their pain. Make sure that your child has their usual comforters, such as cuddly toys or blankets.

Guided imagery, music therapy, acupuncture and hypnotherapy may also help.

Bad memories of previous episodes of pain may also make your child's pain feel worse. It is therefore important that your child's pain is always managed as well as possible.

### What should I tell my child?

Your child's doctor or nurse can give you advice about what to tell your child about their pain and the reason for it.

Remember that fear can make pain worse, so it will help your child to know what is happening and what is being done to help their pain.

It is important to be honest with children. If we tell a child that something won't hurt but then it does, the child may not trust us the next time.

If children feel that they have some control over their pain, this is likely to make things easier for them.

### Where can I find more information?

More information for parents and children about how to cope with pain can be found at these websites.

**The Children's Pain Assessment Project** in the UK  
[www.ich.ucl.ac.uk/cpap/resources/linksfamilies.html](http://www.ich.ucl.ac.uk/cpap/resources/linksfamilies.html)

**\*Pain in infants, children, and adolescents: Resources for parents and professionals** (University of Saskatchewan, Canada)  
[www.usask.ca/pediatrics/services/pain](http://www.usask.ca/pediatrics/services/pain)

\*Your child can get information from (from SickKids in Toronto, Canada): [www.aboutkidshealth.ca/JustForKids/pain.aspx](http://www.aboutkidshealth.ca/JustForKids/pain.aspx)

*\* Note that information about medicines may vary between Canada and the UK.*

[www.medicinesforchildren.org.uk](http://www.medicinesforchildren.org.uk)



Royal College of Paediatrics and Child Health



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We have written this leaflet to help you understand more about this condition and the treatments that are used for it. We take great care to make sure that the information is correct and up-to-date. However, medicines and treatments can be used in different ways for different patients. It is therefore important that you follow the advice of your doctor or pharmacist, as they understand your child's illness. If you are not sure about something, ask your doctor or pharmacist. Note that this leaflet applies to the treatments used in the UK; information on medicines may not apply in other countries. The Royal College of Paediatrics and Child Health (RCPCH), The Neonatal and Paediatric Pharmacists Group (NPPG), WellChild and the contributors and editors cannot be held responsible for the accuracy of information, omissions of information, or any actions that may be taken as a consequence of reading the leaflet.