V E N I P U N C T U R E A N D I N T R A V E N O U S ( IV ) cannulation procedures are a routine part of modern clinical practice. Unfortunately, these procedures also cause pain and distress, which can have a significant impact on children. Pediatric inpatients report IV line placement as the leading cause of procedure-related pain in the hospital, on par with postsurgical pain. A significant proportion of children undergoing venipuncture also experience moderate or severe pain and elevated levels of preprocedural and procedural distress. Clinical practice guidelines advocate the use of strategies to ameliorate the pain and distress of venous access procedures in children; evidence to date, however, has suggested that implementation of such strategies often remains inadequate.

A multidisciplinary roundtable of experts met in the summer of 2007 to discuss the problem of venous access pain in children. All participants were practicing health care providers and were local or international leaders in the field of pediatric pain management. The roundtable covered 3 broad topics: (1) the biology of the pain-response system in general and, specifically, the immediate and long-term effects of venous access pain on children; (2) behavioral and pharmacologic treatment modalities for pediatric venous access pain; and (3) practical recommendations for institutions that wish to improve systematically their treatment of pediatric pain, including venous access pain. To address the last topic, several centers of excellence in the area of venous access pain management presented their innovative systematic approaches for reducing pain associated with peripheral venous access. Although more anecdotal in nature, these efforts were intended to provide a framework from which other institutions might develop their own programs.

The ultimate goal of the roundtable was to produce a single, comprehensive, and convenient resource that contains up-to-date information on venous access pain in children. The articles in this supplement to Pediatrics represent the panel’s deliberations and shared expertise regarding this common cause of pediatric pain.

The biology of the pain-response system and how venous access procedures impinge on this system in children is the subject of the first 2 articles in the supplement. The first article, by Walco, focuses on the complex interplay between developmental, genetic, and experiential factors in the functioning of pain-response systems. The development of the nociceptive system is discussed, and how an individual’s unique sensitivity to pain arises from a complex interaction of genetics, temperament, coping behaviors, and memories of past painful events is described. Walco also describes how classical conditioning in children during venous access procedures may have the potential to lead to maladaptive pain responses in adults.

In the second article, Cohen, summarizes available behavioral approaches for managing the anxiety and pain of venous access procedures in children. Techniques to prepare a child emotionally for a needle-stick procedure are described, including the optimal timing, format, and content of such preparation. The author also discusses the integration of parents into the procedural process and assesses the role of correct positioning and distraction. A number of simple and cost-effective behavioral strategies are presented that are appropriate in most health care settings.

A comprehensive review of pharmacologic approaches to venous access pain is presented by me in the next article. A wide variety of pharmacologic agents and devices have been developed and examined over the last 2 decades, and this article provides an overview of many of these options. Studies have suggested that local anesthetics are underused for venous access procedures, which likely reflects several underlying causes (Table 1). One key issue may be the inconvenient time delay between application of many of these agents and the subsequent induction of full anesthetic effect. However, delivery mechanisms for local anesthetic agents have undergone significant
FIGURE 1
Behavioral approaches and pharmacologic options for pediatric peripheral venous access (venipuncture and IV cannulation) procedures. a This is not an exhaustive list of available agents.
whole, this contribution clearly highlights the importance of a multidisciplinary approach in the management of peripheral venous access pain in children.

To synthesize the clinical information in this supplement, a simplified and general algorithm with behavioral and pharmacologic treatment options for managing venous access pain has been provided (Fig 1). This algorithm should serve as a starting point for program managers who are interested in developing institutional protocols for treating pediatric venous access pain.

New research continues to demonstrate the importance of managing the pain and distress of pediatric venipuncture and IV cannulation procedures. A variety of behavioral and pharmacologic interventions are available to ameliorate venous access pain in children, but too often these options are underused. Implementation of successful treatment strategies in health care centers requires broad institution-wide commitment and a multidisciplinary approach that is embraced at all levels. We hope that this supplement will provide the theoretical and practical information necessary to help centers that are committed to managing this important source of pain and distress in children.

**REFERENCES**


**TABLE 1** Challenges to the Implementation of Pain-Management Strategies for Pediatric Venous Access Procedures

<table>
<thead>
<tr>
<th>Low awareness of guidelines</th>
<th>Many do not know they exist</th>
<th>Not codified within hospitals</th>
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</thead>
<tbody>
<tr>
<td>Lack of knowledge regarding scope and impact of problem</td>
<td>Many clinicians think they are already doing a great job and do not realize there is a problem</td>
<td></td>
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<tr>
<td>Poor communication</td>
<td>Difficulties coordinating care between disciplines (nursing, IV team, physicians, laboratory/phlebotomy)</td>
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<td>Lack of family-centered care</td>
<td>Family presence not always encouraged</td>
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<tr>
<td>Perspectives of parents not sought</td>
<td>May offer calming influence during the procedure</td>
<td></td>
</tr>
<tr>
<td>Perspectives of parents not sought</td>
<td>Provide insight into child’s behavior and temperament</td>
<td></td>
</tr>
<tr>
<td>Child not empowered</td>
<td>Parents not taught what to do to help the child</td>
<td></td>
</tr>
<tr>
<td>Preferences of the child are not always considered</td>
<td>Environment not child friendly</td>
<td></td>
</tr>
<tr>
<td>Use of topical anesthetics</td>
<td>Underused</td>
<td></td>
</tr>
<tr>
<td>Minimal education about availability and need</td>
<td>Staff not familiar with topical agents available for use and/or protocols calling for their use</td>
<td></td>
</tr>
<tr>
<td>Considered unnecessary</td>
<td>Use of current options often associated with treatment delay</td>
<td></td>
</tr>
<tr>
<td>Use of current options often associated with treatment delay</td>
<td>Alters the anatomy/visibility of the vein</td>
<td></td>
</tr>
<tr>
<td>Cost concerns</td>
<td>Difficult to predict candidates for application</td>
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</tr>
</tbody>
</table>

Evolution over the last decade, and products are now available that allow administration to occur nearly contemporaneously with the venous access procedure.

The final 2 articles in this supplement address pain management in children from a more systematic perspective. A number of centers around the country have developed integrated, multidisciplinary, institution-wide programs for pediatric pain management, including the pain of venous access procedures. Schechter describes one of the oldest and most successful of these programs, which was initially described >10 years ago in a previous *Pediatrics* publication. He presents a historical overview of pediatric pain management and reviews the fundamental and profound change in outlook that took place in the 1980s and 1990s. He then describes how an institution converted information from basic research on pediatric pain into a practical, institution-wide, pain-management program for children. Drawing on long experience with this program, the article updates his previous one by recounting interim challenges that have arisen and how they were overcome. It ends with a series of practical recommendations for creating similar programs in other institutions.

Building on the information in Schechter’s article, the final article in the supplement, by Leahy et al., takes the form of case studies to illustrate how multidisciplinary programs to manage needle pain have been developed successfully in a number of other institutions. The case studies provide another important link for translating research into clinical practice by reflecting the perspectives of different stakeholders in the process: the nurse, the physician, the pharmacist, and the child life specialist. When viewed as a
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The online version of this article, along with updated information and services, is located on the World Wide Web at:

http://pediatrics.aappublications.org/content/122/Supplement_3/S121