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DANISH WORK WITH PAIN AND THE NEONATE, INCLUDING A NATIONAL GUIDELINE

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As Special Interest Group of neonatal nursing we have been working for several years with the prevention and management of pain in the newborn at a national level. We have arranged seminars with focus on the latest evidence on the topic. We have discussed implementation of nurse practice that matches international recommendations in the group but also among colleagues at seminars and in our own neonatal units. Autumn 2007 we conducted a national questionnaire survey, identifying problem areas that needed special attention. We found out that pain score scales were poorly implemented.

In order to facilitate the access to relevant knowledge concerning pain and neonates including the use of pain scores we decided to make a national guideline. A literature study was conducted and latest evidence thus included in the guideline. In the guideline we chose to explicitate the use of pain score scale and the relevant use of non pharmacological interventions including an integration of NIDCAP principles.

Concluding: This process of working with improving quality of nurse practice regarding pain management has made it clear to us, that it is important that a group of nurses work probably years with the subject in order to ensure that teaching and discussion as well as guidelines are available as tools in the clinical process. As inspiration we hereby want to share the process of this work as well as the actual clinical national guideline of pain and the neonate in Denmark.

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MANAGEMENT OF CURRENT PRACTICE FOR PAIN PREVENTION IN MINOR PROCEDURES IN THE NURSERIES: A REGIONAL INVESTIGATION IN LOMBARDIA.

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Background and aims: Pain experience can alter clinical outcome, brain development, and subsequent behaviour in newborns. The aims of this study were to investigate pain management, nonpharmacological treatment and use of pain scores during minor painful procedures, in healthy and low risk newborns, admitted in nurseries.

Methods: In the 2008 a questionnaire was sent to the 68 nurseries, of the whole Region.

Results: The rate of response to the questionnaire was 70,6%. Of all the Hospitals, 75% had pain prevention educational programs and 43% oriented on nonpharmacological treatment. Guidelines were available in 56% of the nurseries, validated pain scores were used by 35,4% of the units and where adopted, NIPS, were used in 20,8%. Further observations: the mean number of procedure was 3,7/newborn; pain prevention ranged between 23% to 40% for each procedure. Education was related to the level of care units, more planned in the II and III then in the I level (59%-53% vs 19%; $p=0,045$). Moreover, a specific educational program resulted in a greater use of guidelines (63%-19%; $p=0,006$). Where number of neonates/year/nurses was greater, guidelines were more utilized (193-154; $p=0,057$).

Conclusions: Compared with the few studies available, pain prevention was higher (max 48%), even if applied nonsystematically, but depending on the individual attitude of caregivers. Where used, nonpharmacological treatment was according to the recommendations of the Italian Neonatal Society (2005). Breastfeeding as a preventive measure during heel-lancing was utilized in 25% units adopting prevention, whereas it is considered the most effective and simple treatment.