Trauma through the eyes of a child

Language tips and comfort measures for the EMS provider

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Who is a Child Life Specialist?

- Main Goals—Address psychosocial issues the child may face during hospitalization
  - Prepare patient for procedure or test
  - Provide distraction during procedure or test
  - Assist patient in coping with difficult hospital experience
  - Address sibling concerns or questions
  - Provide new diagnosis teaching & prepare for admission
  - Introduce coping techniques
  - Provide emotional support to patients and/or families
  - Support during traumas

Who is a Child Life Specialist? cont.

- Educational Background
  - Minimum Bachelors degree, Preferred Masters degree
    - Child Development
    - Psychology
    - Human Growth and Development
  - Student Programs
    - Practicum and Internship
  - Certification—Child Life Council

Child Life Council

Child Life Specialist role with trauma patients in the ED

- Upon arrival to ED
  - Respond to level 1, 2 and 3 traumas
  - Intake and observation from hallway
  - May assist with support through distraction/relaxation techniques at medical team's request
  - Family support

Child Life Specialist role with trauma patients in the ED

- Post medical evaluation
  - Orientation / Debriefing
  - Normalization
  - Distraction
  - Preparation
  - Stress point coping techniques
  - Emotional/developmental support
  - Validating feelings / answering pt.'s questions

What do you remember about your trauma room experience?

- “It was a really big room. There were so many people.” – 8 year old male
- “I remember that they hurt me here” (pointing to I.V.) – 9 year old female, level one trauma
- “I thought they were going to hurt me.” – 8 year old male – level 2 bicycle accident
- “They cut my clothes off. They cut my clothes off.” Is there anything else that you remember? “They cut my clothes off.” – 10 year old male

Sensory experiences in the trauma room

"Bright lights, my clothes cut off. I feel something cold on my arm, what was that pinch? Everyone is asking questions, who's do I answer? Who are these people? Their hands are all over me. There is a salty taste in my mouth. Something keeps squeezing my arm. What is that smell? People keep telling me I'm OK, but I don't feel OK. Where is my mom?"

How to reduce stress and anxiety in the trauma room?

Thinking OUTSIDE the box

Or in this case….

OUTSIDE of the hospital

Video

http://www.youtube.com/watch?v=4hzImmWTwNg&feature=youtu.be

Created by Jill Oldright, CCLS
Certified Child Life Specialist at Mary Bridge Childrens Hospital in Tacoma, WA

EMS Role in Pediatric Experience

- First Impression
- Build Rapport & Create Trust
  - Read non-verbal cues
  - Encourage self-expression
  - Validate emotions
  - Support
- Preparation for Hospital Experience
  - Picture of Trauma Room
  - Language to explain experiences

Infants (birth – 12 months)

- Developmental Issues
  - Act on basic human needs: food, shelter, security, love
  - Totally dependent on caregiver: sense of trust, role of protector
  - Stranger anxiety
  - Learning through senses
  - No spoken language
  - Can sense parental anxiety

- Issues Related to Hospitalization
  - Separation from caregivers
  - Stranger anxiety
  - Mistrust
  - Physical/ play limitations
  - React to environmental cues
  - Over stimulation

Infants (birth – 12 months)

- Psychosocial Interventions
  - Speak softly
  - Use the child's name
  - Provide familiar objects if possible
  - Empower parent/caregiver to participate in care, if available
  - Distraction/Comfort Techniques: Swaddle, Sweet Ease, pacifier soft soothing touch, singing or talking to child, simple games (ex. Peek-a-boo)

Toddlers (1 – 3 years)

- Developmental Issues
  - Fear of strangers/ abandonment
  - Limited communication skills
  - Dependence on adults for care and security
  - Like to make choices and feel autonomous
  - Understand world through body movements and senses
  - Think their skin is their being

- Issues Related to Hospitalization
  - Lack of control
  - Change in physical abilities causes anxiety
  - May feel procedures are punishments
  - Fear abandonment by parents
  - Regression in skills often occurs
  - Have an immediate response to pain and/or unfamiliarity

Toddler (1 – 3 years)

- Psychosocial Interventions
  - Parental presence
  - Comfort item?
  - Make a game of the assessment
  - Offer actual choices during care
  - Avoid back-laying positions
  - Distraction Techniques: Singing or music, telling a story, simple games, bubbles

Preschool (3 – 5 years)

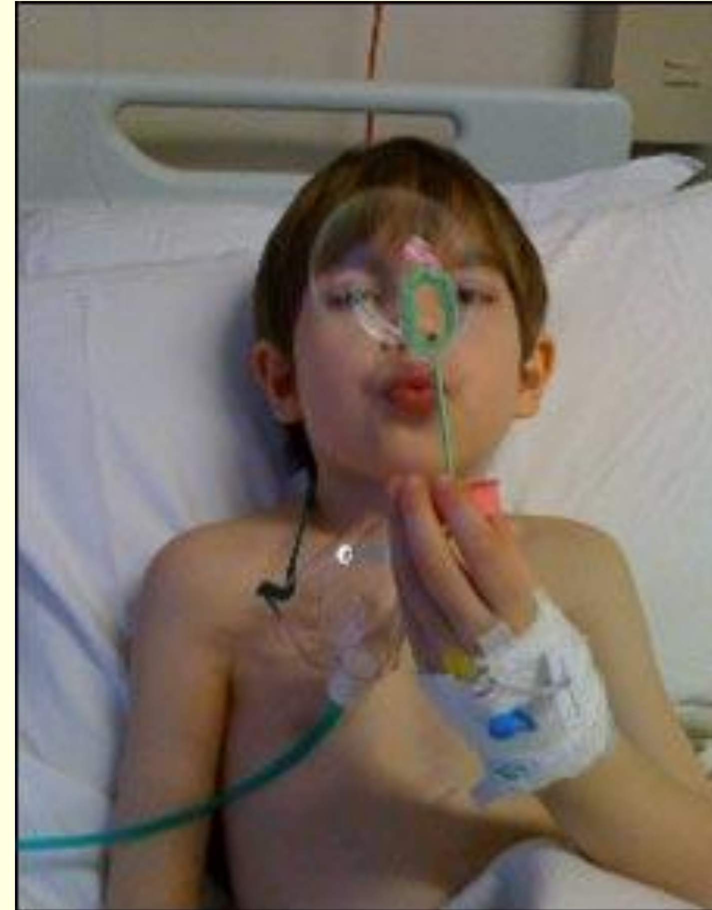
- Developmental Issues
  - More defined sense of body function,
    but exterior still more important
  - Can use adults for support and establish trust with stranger quickly
  - Use make-believe and imitation to learn about environment
  - Concrete thinking
  - Magical thinking
  - Feel shame about behavior (crying)
  - Limited verbal skills
  - Treasure "bigness" and bravery
  - Anxiety about mutilation
  - Learned fears emerge
  - Display animism
  - Base beliefs on immediate perceptions

Preschool (3 – 5 years)

- Issues Related to Hospitalization
  - Like toddlers- lack of control, physical changes, and dependence on parents
  - Misconceptions due to magical thinking and vivid imaginations
  - May begin to think situation is normal, "hospitalization"
  - Fear of specific procedures

Preschool (3 – 5 years)

- Psychosocial Interventions
  - Explain actions using simple language
  - Provide sequence of events during procedures-Duration of time
  - Offer actual choices
  - Normalization through play
  - Allow child to participate in care, if appropriate
  - Empower parent/caregiver to participate in care
  - Distraction Techniques: I-Spy, Storytelling, Sing songs, Games, “Blow the Hurt Away”



School Age (6 – 11 years)

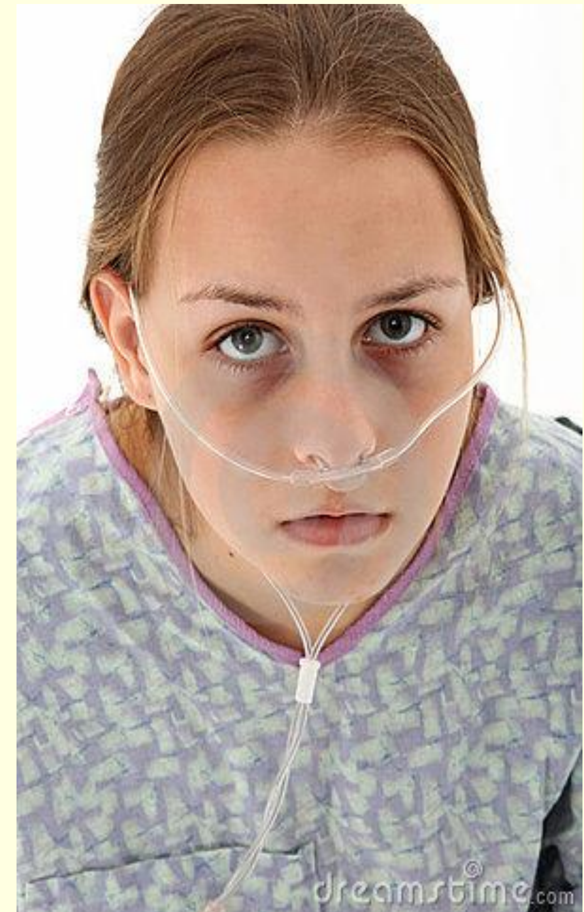
- Developmental Issues
  - Concrete thinkers with beginning of applied logic and rules
  - Understand cause and effect relationships
  - Modesty about body and functions
  - Ability to understand workings of physical body
  - Fear of mutilation, injury, never getting better
  - Same gender peer relationships very important
- Issues Related to Hospitalization
  - Fear of mutilation, anesthesia, surgery
  - Separation from peers and school
  - Loss of modesty, "hospitalization"
  - Interested in exploring different roles throughout the process
  - Concern about returning to pre-hospital activities

School Age (6 – 11 years)

- Psychosocial Interventions
  - Introduce yourself to child and explain your role
  - Be honest
  - Describe actions during exam/procedure
  - Offer actual choices
  - Provide concrete explanation of medical needs
  - Explain what/why
  - Prepare for procedures and transfers

Adolescents (12 years+)

- Developmental Issues – **Early Adolescence 12-15**
  - Starting to think abstractly, logical reasoning
  - Body Image
  - Privacy
  - Peer relationships
  - Dependence vs. independence
  - Concerned more with present than future
  - Awareness of emerging sexuality
  - Egocentrism/ Personal Audience
- Developmental Issues –**Late Adolescence 16-21**
  - Physically maturing
  - Cognitive abilities, increased abstract thinking
  - “I’m invincible!”
  - Striving/ planning towards independence
  - Peer influence
  - Increased sexual curiosity/ activity
  - Legal independence (18)
  - Forming stable relationships
  - Transition to adulthood



Adolescents (12 years+)

- Issues Related to Hospitalization
  - Isolation from peers
  - Regression in independence
  - Loss of privacy
  - Body image issues
  - Feelings of frustration/ “acting out”
  - Feeling left out of medical discussions/ decisions
  - Misconceptions/ distorted views of reality
  - Interruption in academic, career, and future plans
  - Noncompliance

Adolescents (12 years+)

- Psychosocial Interventions
  - Get history from patient, if possible
  - Address adolescent directly, respect their independence
  - Respect modesty, self-esteem and privacy
  - Prepare for procedures & transitions

Tips for Talking to Children

- Get on their eye level
- Introduce self/role
- Be honest
- Address any misconceptions
- Use child friendly language

"You're going to do what?!"

What you are saying…	What kids think you are saying…
I.V	Ivy?
CAT scan	Are there going to be cats?
Stretcher	Stretch her, why?
Urine	You're in!
Stool collection	Little chairs
Put you to sleep	Like my dog was put to sleep?
Blood pressure cuff	Will there be blood?

Choosing the right words

Medical Terminology	Child Friendly Explanation
IV	A small straw that helps put medicine in your vein
Veins	Blue lines that hold your blood
Tourniquet	Big rubber band that helps see your veins
Blood pressure cuff	Gives a tight squeeze to show how hard your heart is pumping
Pulse Oximeter	Red light (like Rudolph's nose) that measures your pulse and breathing

Choosing the right words, cont.

Medical Terminology	Child Friendly Explanation
Vitals	Check your heart, lungs, and temperature
Stretcher	Bed with wheels
Nebulizer	Soft mask that gives your body medicine to help you breathe better
Splint	A big bandage that keeps your (arm) from moving so it can heal

Right Words Matter

Relieving Pain through Language

- Acknowledge
- Listen
- Validate normal feelings of pain
- Use more tolerable words
- Reassure and encourage
- Remind that the pain will end
- Avoid fearful words

Family Centered Care: Including the Family

- Benefits
  - Reduces child and parental anxiety
  - “One Voice”
  - Parents/caregivers know their children best
  - Keep the family informed

THANK
YOU

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