Trauma through the eyes of a child

Language tips and comfort measures for the EMS provider

Presented by:
Rebecca Baker, MS, CCLS
Stephanie Colaberardino, BS, CCLS
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 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
“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
- Egozentrism/ 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?!”

<table>
<thead>
<tr>
<th>What you are saying...</th>
<th>What kids think you are saying...</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.V</td>
<td>Ivy?</td>
</tr>
<tr>
<td>CAT scan</td>
<td>Are there going to be cats?</td>
</tr>
<tr>
<td>Stretcher</td>
<td>Stretch her, why?</td>
</tr>
<tr>
<td>Urine</td>
<td>You’re in!</td>
</tr>
<tr>
<td>Stool collection</td>
<td>Little chairs</td>
</tr>
<tr>
<td>Put you to sleep</td>
<td>Like my dog was put to sleep?</td>
</tr>
<tr>
<td>Blood pressure cuff</td>
<td>Will there be blood?</td>
</tr>
</tbody>
</table>
# Choosing the right words

<table>
<thead>
<tr>
<th>Medical Terminology</th>
<th>Child Friendly Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV</td>
<td>A small straw that helps put medicine in your vein</td>
</tr>
<tr>
<td>Veins</td>
<td>Blue lines that hold your blood</td>
</tr>
<tr>
<td>Tourniquet</td>
<td>Big rubber band that helps see your veins</td>
</tr>
<tr>
<td>Blood pressure cuff</td>
<td>Gives a tight squeeze to show how hard your heart is pumping</td>
</tr>
<tr>
<td>Pulse Oximeter</td>
<td>Red light (like Rudolph’s nose) that measures your pulse and breathing</td>
</tr>
</tbody>
</table>
# Choosing the right words, cont.

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

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
Contact Information:

Stephanie Colaberardino, BS, CCLS
Children’s Hospital of Pittsburgh of UPMC
Pittsburgh, Pennsylvania
Phone: 412-864-8803
Email: stephanie.colaberardino@chp.edu

Rebecca Baker, MS, CCLS
Children’s Hospital of Pittsburgh of UPMC
Pittsburgh, Pennsylvania
Phone: 412-692-7127
Email: rebecca.baker@chp.edu

Website: www.chp.edu/CHP/home