

# Children's Pain Post-Discharge: Parent Views of Support From an Australian Nurse Practitioner Acute Pain Service

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# Nurse Practitioner Acute Pain Service Model of Care

- The NpAPS is part of the Acute Pain Service (APS) and works with the treating teams to provide acute pain management plans for paediatric patients recovering from acute illness, injury or trauma.
- The NpAPS accepts direct referral from the APS after a patient has been commenced on oral analgesia.
- The NpAPS provides both inpatient and outpatient acute pain management care.
- Patients with existing referrals to the PPPMS will be discharged back to the PPPMS following the completion of their pain management plan addressing their acute injury, illness or trauma.
- Patients with pain persisting beyond acute phase of their injury illness or trauma will be referred back to their specialist team or general practitioner for referral to the PPPMS as indicated.
- Operates Mon-Fri during business hours
- Direct referral from APS only
- Acceptance of referral is subject to patient accepting patient is within the scope of practice for the NP representing the APS
- Patient must be on oral analgesia – all parenteral, regional and epidural infusions must be ceased.



# Queensland Children's Hospital Brisbane



# Aims of the Research

- (1) To measure children's pain post discharge from hospital
- (2) To explore parent views on participation in their child's pain management and perceptions of support from the Nurse Practitioner Acute Pain Service

# Methods and Measures

Mixed methods approach utilising a cross sectional survey and qualitative questions. The convergent mixed methods design enabled an in depth perspective of the pain experiences of children post discharge and parent perceptions of their child's pain management through the complementary merging of the quantitative and qualitative results

## Measures

- (1) Parents' Post operative pain measure- short form which is a ten item parental measure of their child's pain (von Baeyer et al., 2011) and
- (2) Parental views on participation in their child's pain relief measures developed by Polkki et al. (2002).

# The Parents' Postoperative Pain Measure – Short Form (PPPM-SF) von Baeyer, Chambers, & Eakins, 2011

Parents' Postoperative Pain Measure – Short Form (PPPM-SF).			
Children sometimes have changes in behaviour when recovering from surgery. The following is a list of behaviours that your child may or may not have exhibited while recovering from surgery between today. For each of the behaviours below, circle the appropriate response, yes or no.			
When your child was recovering from surgery today, did s/he...			
Circle One			
1	Whine or complain more than usual?	Yes	No
2	Play less than usual?	Yes	No
3	Not do the things s/he normally does?	Yes	No
4	Act more worried than usual?	Yes	No
5	Act more quiet than usual?	Yes	No
6	Have less energy than usual?	Yes	No
7	Eat less than usual?	Yes	No
8	Hold the sore part of his/her body?	Yes	No
9	Groan or moan more than usual?	Yes	No
10	Want to be close to you more than usual?	Yes	No

# Factors affecting parents' participation in children's pain management (FPMQ) (Pölkki, Pietilä, Vehviläinen-Julkunen, Laukkala, & Ryhänen, 2002)

- 32 item questionnaire
- 5 point likert scale (Fully agree to Fully disagree)
- Subscales: Factors promoting parent participation and Factors hindering parent participation in their child's pain management.

# Analysis

- Survey analyses were conducted in IBM SPSS Statistics 24.
- Qualitative responses were and coded using NVivo Version software and analysed using thematic analysis (Clarke & Braun, 2017).



# Results

## Demographic data: Participants

- Mothers completed the surveys
- 87% of parents had a previous experience of being in hospital with their child
- 69% of the paediatric patients were female
- Mean age of Children 13.06 years (SD 3.23)
- Surgery type
- Other family members included fathers, grandparents, siblings and friends involved in child's care

# Results: Pain Intensity Post Discharge

Pain scores collected at 4 time points following discharge from hospital:

- on day of discharge from hospital, day after discharge, day after medication was reduced, and final follow-up were compared.
- All children had a clinically significant score of pain on the day of discharge and 85% on the day following discharge from hospital.

# *Participant (Parent) Attitudes Toward Promoting and Hindering Factors in Children's Pain Management*

Factors	Fully disagree (%)	Somewhat disagree (%)	Cannot say (%)	Somewhat agree (%)	Fully agree (%)
<b>Promoting Factors</b>					
Receiving sufficient and understandable information	0.0	0.0	0.0	31.3	68.7
Clearly defined role in the child's pain relief	0.0	0.0	6.3	12.4	81.3
Opportunities for emotional support	0.0	0.0	0.0	12.5	87.5
Opportunities to participate according to personal preference	0.0	0.0	31.3	6.3	62.4
Paying heed to parents' wishes	0.0	6.3	6.3	12.4	75.0
<b>Hindering Factors</b>					
Lack of information/understanding	50.0	31.1	6.3	6.3	6.3
Underestimation of the parents expert knowledge	43.8	43.8	6.3	6.3	0
Negative feelings	12.4	25.0	31.3	25.0	6.3
Nurses' lack of time	56.3	18.8	18.8	6.3	0.0

# Conclusions

- The clinically significant pain levels of a majority of children on day of discharge and day post discharge from hospital is a concern and suggests that pain could be better managed for these early post discharge days.
- Significant difference in pain intensity between Day 1 & 2 and third timepoint
- Findings supported by qualitative results
- Translation into practice change- Introduced a text message service for parents for after hours

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- Thank you.....Any Questions?