

SURVIVING CLINIC VISITS AND MEDICAL PROCEDURES

TIPS FROM A CHILD LIFE SPECIALIST



WHAT IS CHILD LIFE?

- Child Life helps increase children's ability to cope with healthcare experiences using play, preparation, support, distraction, education, and self-expression
- Primarily work in a hospital setting and some outpatient settings



CHILD LIFE AT UNC

- Our child life team consists of **21** specialists who serve inpatient and outpatient areas
 - 7CH-surgical, trauma, burns
 - 6CH-chronic illnesses (CF, GI, renal, seizure disorders, etc)
 - 5CH-hematology, oncology, and cardiac
 - PICU/PCICU
 - Burn Center
 - OR and Pediatric Sedation cases for inpatient and outpatient
 - Outpatient Pediatric Hematology/Oncology Clinic
 - Emergency Department
 - NICU
 - Children's Specialty Clinic (Chapel Hill and Blue Ridge)
 - Urgent Care (Blue Ridge)
 - Psychosocial Support Program Coordinators (Type 1 Diabetes; Hematology/Oncology; Sibling Support)



WHAT DOES CHILD LIFE DO?

Procedural Preparation
& Support

Medical Play

Coping Skills

Pill Swallowing and
Medication
Compliance

Family/Sibling Support

Adjustment to Medical
Setting

Legacy

Developmental
Stimulation/play, Gross
Motor Activity/Play,
Recreation and play for
normalization

PROCEDURAL PREPARATION AND SUPPORT



How do we prepare kids?

By communicating accurate and developmentally appropriate information prior to an experience

The 3 S's

Sight-What will they see?

Sequencing-What order do things happen in?

Sensations-What will they feel?



How do we support kids during procedures?

- Diverting their attention away from equipment, from what staff is doing, lowering focus on anticipation of pain
- Allowing child control over what distraction option they would like to use (if any) and to be a part of creating their own coping plan
- Acknowledging the statements of emotion
- Advocating for pain management, positions of comfort, One Voice, and other coping aids

ONE VOICE

One voice should be heard during the procedure

Need for parental involvement

Educate the patient before the procedure

Validate the child with your words

Offer the most comfortable, non-threatening position

Individualize your game plan

Choose appropriate distraction to be used

Eliminate unnecessary people not actively involved

COMFORT POSITIONS

Comfort Positions



◀ Chest-to-chest

- Best for small children who need distraction and prefer not to watch procedure
- Allow the child to straddle parent or staff and have a secure "hug"



▲ Side sitting

- Great for older children who may want to watch while feeling secure
- Use when child can't straddle parent or staff

Swaddle ▶

- Best for infants and young toddlers
- Provide oral sucrose if child is not NPO, offer non-nutritive soothing option as appropriate
- Encourage parent to remain in eyesight of child



◀ Side hug

- Best for when a child needs to remain lying down
- Can be used for children of all ages



▲ Back-to-chest

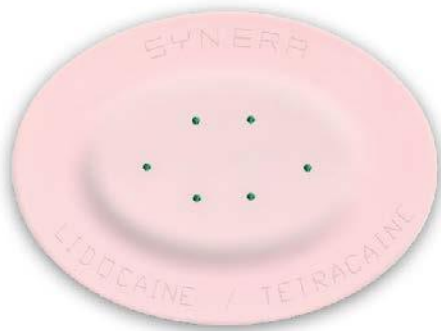
- Helpful position for port procedures
- Safe and comforting position with child's feet secure in parent's legs
- Great for older children who want independence, but need to be held

ASK A CHILD LIFE SPECIALIST OR NURSE
which position might be right for your child.

PROCEDURAL PREP AND SUPPORT **DIY**



- Ask for Child Life
- Be honest- use simple, but accurate words so your child knows what to expect
- Create opportunities for choices- “Do you want them to look at your left or right arm first?”
 - Do not offer choices if there are no choices
- Clarify your child’s jobs- staying still, taking deep breaths
- Respect expression of emotions and validate, validate, validate
- Provide *specific* praise- “You’re doing a great job staying still”
- Utilize Comfort Positioning and One Voice
- Ask for pain management



PAIN MANAGEMENT: JUST ASK WHILE YOU'RE IN CLINIC!

MEDICAL PLAY



Medical play is used to integrate preparation and teaching through play using real medical equipment when able.

This allows a child to become desensitized to the materials used in treatment as well as develop more understanding of the purpose and need for the procedures.

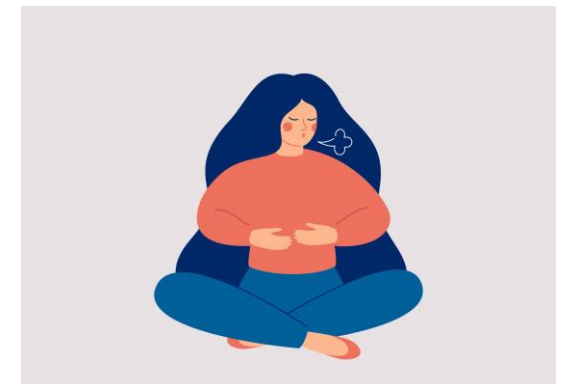
MEDICAL PLAY DIY

- Engage your child in play using a toy doctor kit.
- Allow them to explore the materials and act out medical encounters they have experienced.
- Use this time to address any medical misconceptions and to better understand how your child perceives their medical care.
- Model healthy coping strategies through play, like deep breathing, distraction, etc.



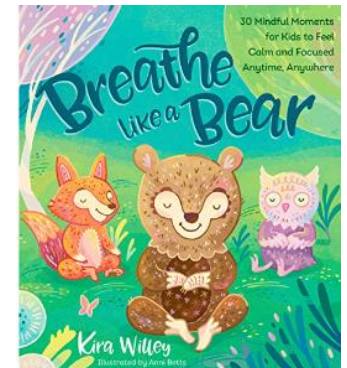
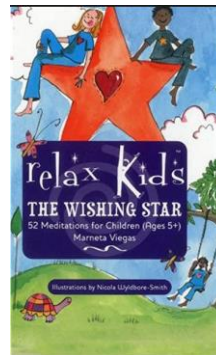
COPING SKILLS AND PAIN MANAGEMENT

- Relaxation Training
 - Diaphragmatic Breathing
 - Guided Imagery
 - Progressive Muscle Relaxation
- Emotional Self-Regulation
 - Heart Math®



COPING SKILLS DIY

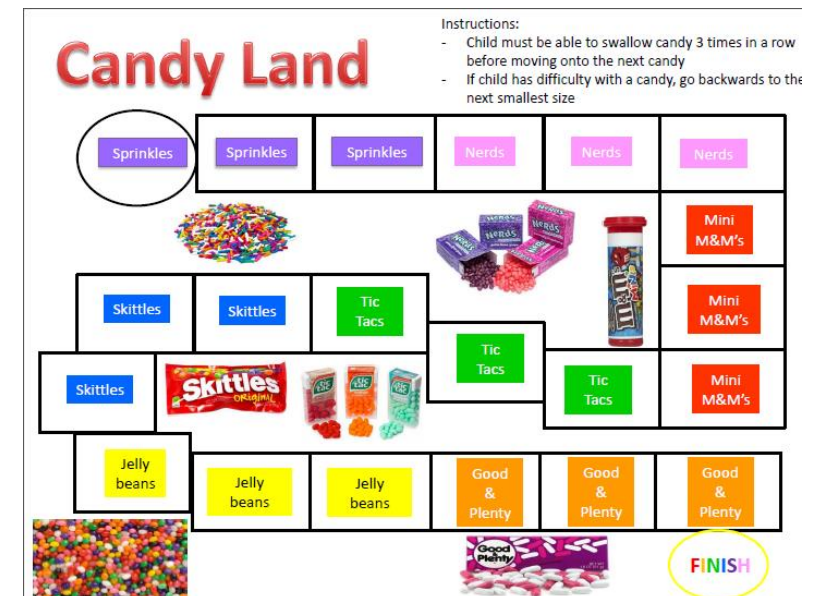
- Practice coping skills at home with your child so they know how to use them in stressful situations. Practice makes perfect!
- There are great books, apps, and online resources available:
 - Breathe, Think, Do with Sesame
 - HeadSpace
 - Insight Timer
- Make sure you are managing your own stress and seeking support when you need it!



MEDICATION COMPLIANCE

- We use different techniques to teach pill swallowing or other methods of taking medication when a child is struggling
- Support to learn pill swallowing for the first time or for increased pill size
- Charts and rewards for compliance with medications

FlavorBot from FlavorRX can be used to learn the best flavor pairings for medications- <https://www.flavorx.com/flavorbot/>



MEDICATION COMPLIANCE **DIY**



- Practice swallowing pills using candies so kids can experiment with what method works best for them.
 - Start with small candies and work your way up to a candy the same size as their medication.
 - Have your child try to place the candy as far back on their tongue as is comfortable.
- Make a game out of it!
 - Get the whole family involved in a game of Candy Land.
 - Use fun straws.
- Incorporate medication times into kids' daily routines.
 - Make medicine a normal part of their day: Wake up, brush teeth, take medicine, etc.



FAMILY AND SIBLING SUPPORT

Developmentally appropriate education about a patient's diagnosis

Preparation for visiting the hospital/unit

Supporting coping needs

Sibling support programming



LEGACY

■ Beads of Courage



beads
of COURAGE®



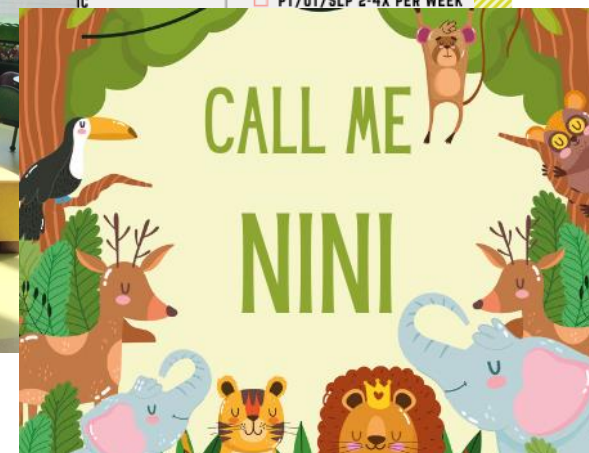
Chronic Program Daily Bead Prescription		Name: _____
Dates: _____ to _____		Total
Central Line (PICC) Breach Port Midline Iliac Catheter Placement & Removal • Orange		
Clinic Visit • Blue		
Dialysis TPN NPO • Dark Green		
Dressing Change (Central Line Ostomy Trach Surgery Site Others) & Skin Care • Gray		
Emergency Unusual Occurrence Seizure Emergency Transportation • Magenta		
Eye Exam Eye Drops Mouth Care related to Treatment • Light Blue		
General Surgery • Glass Star		
Hair Loss Hair Growth • Brown & Face Bead		
Isolation Precautions Fever Neutropenia • Lime		
IV Infusions (One Bead Per Day or Initiation & Discontinuation) • Purple		
Learning New Medications Parent Education • White		
Nutrition & Diet Transitions • Beige		
Overnight stay in Hospital (One Bead Per Day) • Yellow		
Pain • Black		
IV start Blood Draws SubQ & IM injections Port Access Suture Placement Procedures • Tortoise		
Cath Lab Biopsy LP Casing Scope Short Tap IR Wound Care DVT Joint Injections Aspiration Other		
Respiratory Support Sedation Anesthesia Ventilator • Pink		
Suture Removal Staple Removal • Silver Star		
Tooth Scan • Light Green		
CT MRI X-Ray ERG EEG PET PET US BE UGI NucMed Others		
Therapy Support Staff Visit PT OT RT Speech Others • Rainbow		
Transfusions Blood Products Phlebotomy • Red		
Tube Catheter Placement & Removal (NG NJ) G-Tube Chest Tube Foley Drain Others • Aqua		
Treatment enCOURAGEMENT		
Act of Courage Treatment Related Milestone • Handmade Glass Selection		
Admission or Transfer to Intensive Care Unit • Square Heart		
Completion of Treatment Transfer to Adult Services • BIOC • Signature Heart		
Independent Self or Parent Giving Infusions or Injections Following Medication School • Ceramic Spec. Selection		
Special Accomplishment Recognition of Personal or Family Accomplishment • Ceramic Special Selection		
Medication Challenges (Taking Learning Self or Parent Giving Infusion or Injection) • Bumpy		
Mobility Challenges (Using Rat Bed Rest Cricut Splint Wheelchair) 1st walk after Surgery (Other) • Bumpy		
Transfer Units or Facilities Long distance Travel for Care "Upstream Battle" • Fish		
Transplant • Transplant Glass Selection		
Discharge from Hospital • Member's Choice		
Beads of Courage Ambassador Initials		

ADJUSTMENT TO THE HOSPITAL SETTING

- Play
 - Normalization
 - Developmental Play
- Toys/games/activities
- Comfort items
- “All About Me”, name signs, etc.



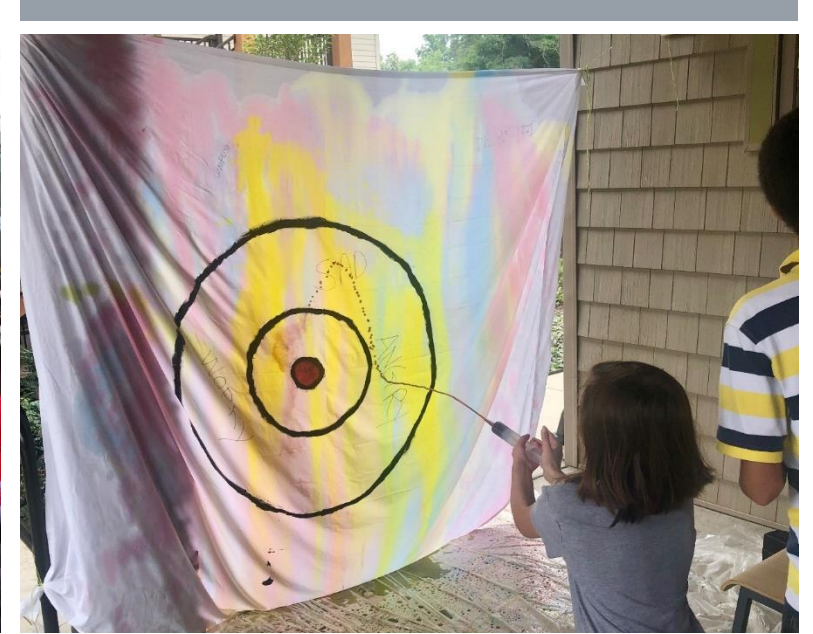
HOW TO HELP [Name]	
COMMUNICATION	ALLOW ME TIME TO ANSWER QUESTIONS
	ENCOURAGE ME TO SHRUG MY SHOULDERS TO INDICATE "I DON'T KNOW"
	ENCOURAGE ME TO USE WORDS TO RESPOND TO YOU WHEN I AM ABLE
	ENCOURAGE ME TO FINISH SIMPLE SENTENCES OR ANSWER QUESTIONS WITH 1-2 WORD ANSWERS
PREFERENCES FOR CARES AND PROCEDURES	ASK FOR MY PREFERENCES RELATED TO PROCEDURES OR ACTIVITIES THROUGHOUT THE DAY
	TELL ME WHAT YOU ARE DOING BEFORE YOU DO IT
	HELP ME CHANGE MY POSITION THROUGHOUT THE DAY (SITTING UPRIGHT, LAYING ON MY SIDES, SITTING IN A CHAIR, SITTING EDGE OF BED, ETC)
JOY	DAILY TASKS
EMON	<input type="checkbox"/> PT/OT/RN UP TO CHAIR 1X/DAY
CER	<input type="checkbox"/> SCHOOL AT 1PM
IC	<input type="checkbox"/> PT/OT/SLP 2-4X PER WEEK



[Name] Favorites	
<u>COLORS:</u>	PINK, BLUE, GREEN
<u>MOVIES:</u>	INSIDE OUT & THE BEE MOVIE
<u>FOOD:</u>	SPAGHETTI
<u>ANIMAL:</u>	DOG
<u>SCHOOL SUBJECTS:</u>	MATH & SCIENCE

PSYCHOSOCIAL SUPPORT PROGRAMS- AFTERCARE COORDINATORS

- Peer support groups
- Patient and family retreats
- School re-entry planning and visits
- Ongoing psychosocial support



HOW TO PREPARE FOR A CLINIC VISIT **DIY**



- Start talking with your child about their appointment ahead of time.
 - A good rule of thumb is age=days
 - 5 years old=talk about visit 5 days before
- If appropriate, talk about each step of visit.
 - Vitals, PFTs, doctor, pharm, nutrition, SW, swab, labs, etc.
- Work with your child to come up with coping plan for any stressful parts of visit.
 - Talk with your child about what they would like to do to make hard things more comfortable and practice.
- Try to manage your own anxiety related to your child's medical care.
 - Kids are very aware of their parents' emotions. If you're anxious, they will be too.



WORDS THAT WORK

- Appointment: “We’re going to go visit the doctor that takes care of your lungs. We will meet with lots of different people who help to keep you healthy.”
- PFTs: “You’ll do a test to see how your lungs are doing. During the test, you’ll blow into a tube that will measure how your lungs are working. The test won’t hurt.”
- Cultures: “The doctors need to test your mucus (or whatever word you use) so they know how to keep you healthy. The nurse will use a q-tip to get the mucus from the back of your throat. This might feel tickly or scratchy, but will be over quick. Your job is to open your mouth wide and stay still.”
- Labs: “The doctors need to do a blood test to see how your medicine is working in your body. They will need to do a small poke with a needle. Your job is to stay still and take deep breaths. Would you like to watch a show or blow bubbles during your poke?”



HOW TO REQUEST CHILD LIFE SUPPORT

- During clinic appointment/admission:
 - Ask a member of the medical team to call child life
- Reachable through MyChart:
 - Jordan Hulliger
- Jordan.Hulliger@unchealth.unc.edu