CARD ENGAGEMENT RESOURCE:

Communication strategies to support positive needle procedure experiences for everyone

This resource presents real-world examples of phrases/approaches that can be used by health care providers while engaging patients and others during needle procedures to support patient coping and improve the experiences for patients, health care providers and onlookers (e.g., parents/caregivers).

The situation	✗ Instead of saying/doing this....	Reason(s) why this is not the preferred approach	✓ Try saying/doing this instead....	Reason(s) why this is the preferred approach
A provider offers a child a coping strategy during a needle procedure.	*"Now look away/take a deep breath/look at the iPad (or another coping strategy)."*	Provider-led suggestions may go against the preferred coping strategies of children and increase distress.	*"I see you said you wanted to look away/take deep belly breaths/look at the iPad (or another coping strategy) on your CARD checklist. Is that still ok/what you want to do?"* AND (depending on situation): *"What have been your experiences with needle procedures in the past? What coping strategies have helped?"*	Invites patient participation and confirms their coping choices. Review CARD checklist responses for other important information; e.g., history of needle procedures, fainting/dizziness, self-reported fear/behaviour - and solicit help (e.g., colleague, IV team, Child Life) before beginning. Asking about prior experiences engages patients and families to identify issues and build therapeutic relationship.
Adult interactions that can undermine a child's fear/coping.	a) *"I've been here for _____ years and I found it helpful when children/parents do _____."*	a) May be perceived as paternalistic and doesn't consider individual patient/family preferences.	a) *"We ask kids about making a coping plan to help make the procedure more positive. We let kids make their own choices about what they want because different kids can find different tools helpful...*	a) Normalizes asking kids about their choices and involving them; doesn't assume that we know what they want to do.

UNIVERSITY OF TORONTO LESLIE DAN FACULTY OF PHARMACY
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			Having kids plan gives them some control and this can help too."	
	b) *"What ideas do you have?"*	b) Can put people on the spot; often, they may not know how to answer, particularly children in distress.	b) *"At our hospital, we offer children coping options that are proven to be helpful. What would you like to try today from the CARD checklist?"*	b) Normalizes asking kids about their choices and directs question to child.
	c) *"You're fine, let's get this over with" or "You don't need that."*	c) Dismisses child concerns. Without coping strategies, fear can be increased.	c) *"Some kids don't want to do anything, and other kids want to do lots of things. Kids and parents are the experts on how they cope and what they want to do."*	c) Child and parent-directed, acknowledges everyone is different.
	d) *"But you said you didn't want to do that/were ok with _____."*	d) Doesn't acknowledge child autonomy and wishes to change their coping strategy to meet their needs and preferences.	d) *"You can change your mind. It's ok. Let me know what you want to try now."*	d) Child and parent-directed, acknowledges that patient needs and preferences are not static.
A parent does not want their child to use topical anesthetic because of time or belief that it is not warranted.	a) *"We can use something called a vapocoolant/cold spray instead of the cream – it only takes 1 minute to work."*	a) This is not an appropriate alternative to topical anesthetic as vapocoolants are ineffective (they do not work to reduce pain).	a) *"Many children say that the pinch/poke feeling is the worst part of the procedure. The cream helps to reduce that feeling so that the main feeling is usually more like pushing or pressing."* *ALSO* *"This is the first part of your child's appointment - it comes before the scan - and we want to make it as positive as possible to make the rest of the appointment successful."*	a) Explains how topical anesthetics work and normalizes their use. It also provides the overall goal.

	b) *"It's much better when kids get the cream."*	b) Does not consider child/parent preferences; may increase fear if child doesn't end up receiving it.	b) *"We provide the cream for children who would like to use it. Do you have any specific concerns I can help with?"* AND If parents say 'no' (e.g., because of other commitments that will interfere with waiting time and/or other reasons): *"We can try using a toy called a Buzzy. It doesn't add any time. We put it on right before and during the procedure. It vibrates on the skin and also works to help take away the feeling. I can show you."*	b) Invites parents to talk about their concerns and to work with them to find alternative to topical anesthetic without suggesting to the child that they will have a more painful experience.
A Child Life specialist can be called to assist (based on expectation that procedure will be difficult).	Not calling Child Life because of concerns it increases time or makes procedure more complicated.	Does not consider potential delays due to complicated procedures as well as negative outcomes (extreme fear and more difficult future procedures).	Explain calling Child Life when reviewing CARD checklist and/or medical chart: *"I am going to call a friend to help."*	Considers self-reported fear of needles/past history/ behaviours that suggest procedure will be difficult and is pre-emptive approach that minimizes risk of unsuccessful procedure and negative outcomes.
A procedure has started but then a child's fear increases, and they become distressed, as assessed by movements (e.g., moving arm away from needle, jumping out of seat, shaking head "no"), and/or	a) *"Let me show you - it's just a small needle."*	a) The needle is a fear cue; most children are afraid of needles and showing the needle will increase fear.	a) "*It's okay to be nervous or scared/a lot of kids feel nervous or scared. Can you show me how you do deep breathing/play the game (or other coping strategy) that you picked from the CARD checklist?"* AND (as appropriate) *"Let me know if you want to take a break and change*	a) Acknowledges feelings and provides coaching. Empowers child and gives them something to do to help. Allows child to have some control and change their

vocalizations (e.g., saying “no” or “I am too scared”).	b) *“If you stay still, it will be over faster.”*	b) Doesn’t acknowledge child’s feelings or efforts, puts pressure on child, and doesn’t allow child input/any control.	*your coping plan.”* b) *“I have a special job for you - try to keep your arm still. Let me know if you have a special job for me.”* AND (as appropriate) *“Sometimes it can be really hard to keep your arm still. My friend is here to help us do the job together.“*	coping plan. b) Reframes ‘failure to keep arm still’ and allows child some control. Provides rationale for additional person (like Child Life). Note: Child Life can be involved in supporting children before, during and after procedures. Child Life can be paged at any point throughout a procedure (particularly, when a child’s ability to cope has diminished).
A procedure does not go as expected and another attempt is required.	*“Unfortunately…It’s puffing/it went interstitial/your veins are too small/the vein collapsed/it’s not going in properly/you moved/some of the dose is leaking out.”*	These words are not common language and/or not well understood by many children and families. In addition, they may make some children and families feel like they did something wrong or that something bad will happen, or that the technologist is not skilled.	*“You did a great job with (staying still, other coping, etc.). Sometimes the straw doesn’t work properly, and we try a different spot with a new straw.”*	Highlights what went well in the procedure instead of assigning blame to anyone (patient or technologist or parent/caregiver) and states what will happen next and why.
A different staff person needs to take over the procedure.	a) *“Is it okay if I get a friend to come and take a look?”* b) “*I don’t see a vein/you have small veins/I can’t see a vein /I don’t feel comfortable trying.”*	a) There is a false choice here as the technologist has already decided they need help, and therefore it should not be framed as a question/choice. b) May make children and parents/caregivers feel like something is going wrong or it is their fault, and this can increase their fear.	a) *“I am going to ask my friend to help me. They are also an expert.”* OR (as appropriate) b) *“I am going to call my friend to help me. They are going to bring a special camera that helps them see the best spot to put the straw.”*	a) and b): States what will happen and why. If IV team is called, prepares child/family for the ultrasound machine.

			AND (as appropriate) *"It will be a few minutes while we wait for my friend to get here. Do you have any questions or is there anything you want to tell me about how you are feeling?"*	Invites feedback and participation.
The technologist's ability to complete the poke successfully is questioned by parent/caregiver.	*"Don't worry, I know what I'm doing."*	May make children and families feel like their concerns are being dismissed.	*"Thanks for telling me about your concern. We want to make this experience as positive as possible for everyone. We do these procedures every day, but you are the expert on your child. Would you like to help me? Could you (hold the Buzzy or ipad, coach child to use their coping strategy) so that we can work together to help your child with their coping plan."*	Acknowledges concerns and allows parents/caregivers to feel some control and involved in helping their child.
A child has expressed that they would like to stop the procedure.	*"It's almost done/we're almost there/just a bit more."*	Dismissing child's concern reduces trust and can result in higher distress during the procedure and during future procedures.	<u>If the procedure cannot be paused</u>: *"I know this is hard for you. Thanks for letting me know. This is not a good time for us to stop because it means we would have to start again. Can you try (coping strategy selected by the child) a bit longer - I will stop as soon as I can, when we get to X part – I will let you know."* <u>If the procedure can be paused</u>: "*We can take a break for a few minutes, then we can try again. This is an important step, so we need to work together to finish this."*	<u>If the procedure cannot be stopped</u>: Addressing the concern and providing a reason about why the procedure cannot be stopped can help the child and parent/caregiver understand the situation. Coaching on coping choices redirects attention to coping. <u>If the procedure can be stopped</u>: Respects child's concerns and allows child to have some control over the procedure while still

				communicating that the needle is going to occur.
Communication about arising issues with fellow staff members.	*"You should do/should not do _____ /you didn't do that correctly."*	Undermines colleagues, reduces onlooker (child and family) confidence in all staff.	<u>If it needs to be addressed during the procedure</u>: "*Could we do (X behaviour)?" (use a code word/phrase – see bottom of next column)* <u>If it needs to be addressed in the treatment room, but not during the procedure</u>: "*Can you come over here and help me choose what CARD I should play?"* <u>If it needs to be addressed but can be done afterwards</u>: *"Let's talk about this case later."*	Supports colleague without undermining family confidence in staff. Allows for side conversation so that child and family are not able to hear. Allows for open and respectful conversation about complicated situations. Discuss approaches to support and coach one another, preferably ahead of time and use agreed upon phrases/code words. Bring up recommendations/ suggestions at staff debriefs/meetings.
Technologist feels uncomfortable asking child about fear and pain following a distressing procedure.	The technologist does <u>not</u> ask child about fear/pain.	Does not recognize/ acknowledge child's experience (and diminishes therapeutic relationship with child/family). Does not encourage child to reflect on their procedure. Also does not allow for documentation of how difficult needle procedures can be, and any	The technologist asks about fear/pain: *"Thank you for telling me. What things helped to make it easier for you today?"*	Acknowledges child's experience and builds therapeutic relationship. Helps child to build confidence and self-efficacy by reflecting and remembering coping strategies and reinforces aspects of the procedure that went well which can lead to more positive memories. Allows technologists to track

		improvements that are made over time.		coping interventions for the next time and improvements made over time.
Words	✗ **Instead of saying/doing this….**	**Reason(s) why this is not the preferred approach**	✓ **Try saying/doing this instead….**	**Reason(s) why this is the preferred approach**
IV/intravenous cannulation	*Saline lock/IV*	Many children and families are not familiar with this terminology.	*Soft, flexible straw to help give your body a drink/medicine/ picture water.*	Common language, easier to understand; tailor, however, to child and family – if they use an appropriate medical word, then use the same word.
Butterfly needle	*Owie/hurt*	Sets expectation for pain and fear.	*Poke or Pinch* *<u>Description</u>: "Have you ever been pinched before? Some kids say it feels like that, where it is annoying for a moment and then it quickly goes away."*	Uses descriptive language of what they are experiencing/feeling; also use for IV as it is part of the sensation for IV. Does not phrase sensation in negative/scary way.
Radiopharmaceutical	*Radioactive material/ radioactivity/radioisotope/ small amount of radiation*	Does not explain how it works and sounds scary to some children and parents/ caregivers.	*<u>If younger child</u>:* This is a medicine that lets us see what is happening inside your body. *<u>If youth/adolescent</u>:* This is a medicine that has a bit of radiation which lets us see what is happening inside the body. The camera shows the doctors where the medicine is – it works by taking pictures of where the medicine is. It is safe/doesn't hurt your body.	Explains how the radiation works using language that is easier to understand and does not sound scary.