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UR MEDICINE GOLISANO CHILDREN'S HOSPITAL

**148 Inpatient Beds**  
 68 Level IV NICU  
 28 Combined PICU/PICU  
 52 General Pediatric

Academic Children's Hospital within a Hospital

Level 1 Pediatric Trauma Center  
 Burn Center Verification  
 Regional Perinatal Center

49,000+ Patient Days  
 30,000+ Emergency Department Visits  
 4,100+ Surgical Cases  
 1,100+ NICU Admissions

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### 7 South Snapshot





**Patient Population**

- General Surgery
- Gastroenterology
- Nephrology
- Urology
- Hospital Medicine

**Common Procedures**

- PIV insertions
- Venipunctures
- NG tube/Replegle placements
- Straight/indwelling urinary catheterizations
- Drain removals

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### Needs Assessment






Inconsistencies surrounding minor procedures



Misunderstandings of the policy for procedural anxiety between providers and nursing



Previous policy made it difficult for patients to have anxiolytics for off-unit procedural support

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### Trauma Associated with Pediatric Procedures

**Preventing Long-Term Physiological Harm**




- Repeated procedural pain can lead to anxiety and healthcare phobia
- Multimodal Strategies interrupt the pain-fear cycle
- Early interventions shape future coping

**Reducing Stress by Creating Predictable, Safe Experiences**



- Unmanaged distress leads to altered pain perception
- Preparation, consistency, communication reduce anxiety

**Building Resilience and Positive Coping**



- Positive experiences improve coping, trust
- Caregiver involvement and offering choices allow control
- Trauma-informed care promote lifelong healthy coping

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
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### Project Overview and Implementation



Tiered approach of Procedural Support offerings on general care in-patient units



Standardized medication orders through use of provider order set



Optimizing off- unit sedation needs for procedures or imaging

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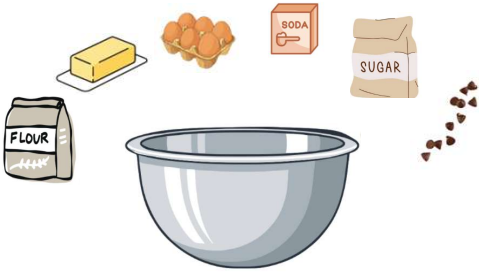
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### Bundled Approach



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### Key Ingredients For Procedural Support



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**Handout** 

**PEDIATRIC PROCEDURAL SUPPORT RECIPE**

TYPE OF PROCEDURE:  CHILD LIFE CONTACTED  ADDITIONAL CLINICAL RESOURCES NEEDED

NON-PHARMACOLOGICAL	PAIN MANAGEMENT	PROCEDURAL ANXIOLYSIS
INGREDIENTS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTIONS

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 \_\_\_\_\_  
 \_\_\_\_\_

NOTES: \_\_\_\_\_

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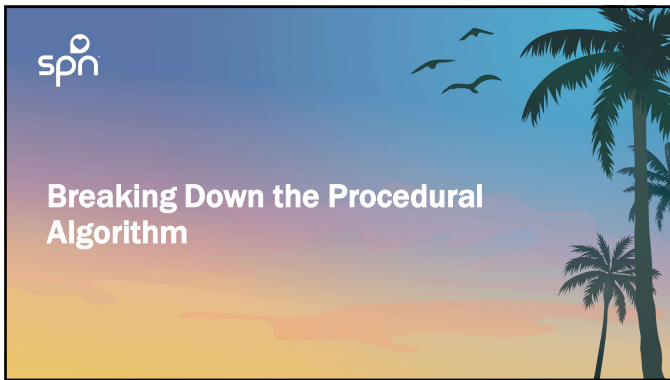
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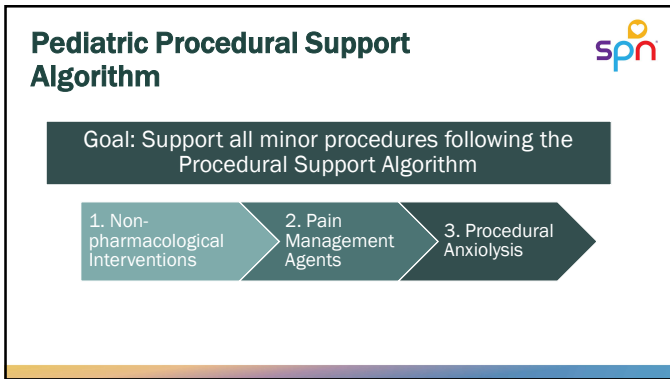
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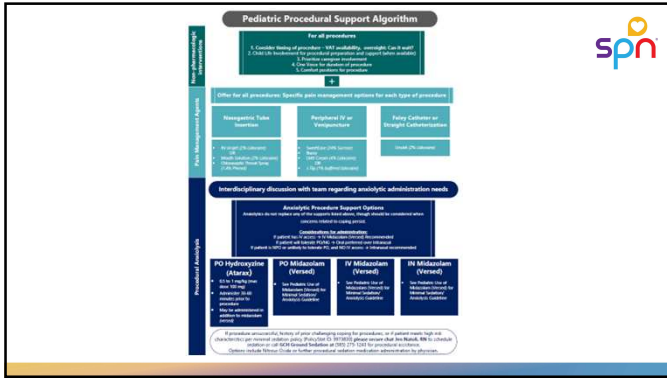
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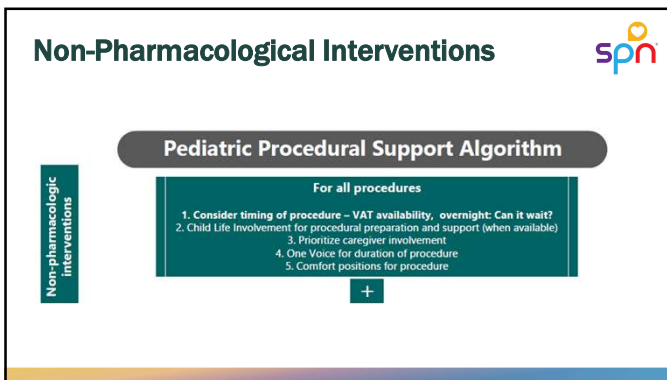
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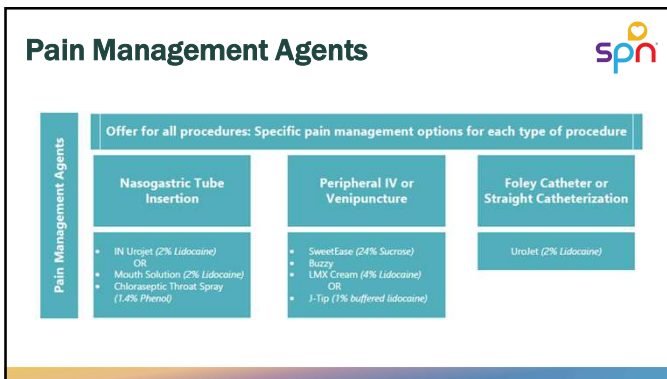
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## Procedural Anxiolysis



**Interdisciplinary discussion with team regarding anxiolytic administration needs**

**Anxiolytic Procedure Support Options**  
Anxiolytics do not replace any of the supports listed above, though should be considered when concerns related to coping persist.

**Considerations for administration:**  
If patient has IV access → IV Midazolam (Versed) recommended  
If patient will tolerate PO/NG → Oral preferred over intranasal  
If patient is NPO or unlikely to tolerate PO, and NO IV access → Intranasal recommended

**PO Hydroxyzine (Atarax)**

- 0.5 to 1mg/kg (max dose 100 mg)
- Administer 30-60 minutes prior to procedure
- May be administered in addition to midazolam (versed)

**PO Midazolam (Versed)**

- Dose: 0.25 to 0.75 mg/kg (max dose 20mg)
- Onset of action: 10-15 minutes
- Peak effect: 20-30 minutes
- Duration: usually 1-1.5 hours (may last up to 4 hours)

**IV Midazolam (Versed)**

- Dose: 0.05-0.2 mg/kg (max dose 2mg)
- Onset of action: 2-3 minutes
- Peak effect: 4-5 minutes
- Duration: 30-60 minutes
- Administration: see order set (MAR) for administration instructions

**IN Midazolam (Versed)**

- Dose: 0.2 to 0.4 mg/kg (max dose of 10mg)
- Onset of action: 5-15 minutes
- Peak effect: 10 minutes
- Duration: usually 1-1.5 hours (may last up to 4 hours)

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## Procedural Support Guide – Education



**Pediatric Procedural Support Guide**

**For all pediatric procedures (IM, IV, Venipuncture, and Catheterization)**

**Scripting for Consistent Documentation**

- All scripts used during pediatric procedures other than sedation in sedation rooms
- All sedation orders require specific scripting to be used when documenting sedation
- All sedation orders require specific scripting to be used when documenting sedation
- All sedation orders require specific scripting to be used when documenting sedation

**Obtaining Consent**

When you obtain consent for a procedure, you are responsible for ensuring that the patient understands the procedure, the risks, and the benefits. The patient must be able to understand the procedure, the risks, and the benefits. The patient must be able to understand the procedure, the risks, and the benefits. The patient must be able to understand the procedure, the risks, and the benefits.

**Language:** When you obtain consent for a procedure, you are responsible for ensuring that the patient understands the procedure, the risks, and the benefits. The patient must be able to understand the procedure, the risks, and the benefits. The patient must be able to understand the procedure, the risks, and the benefits.

**Nasogastric Tube Insertion**  
Pain Management Agents

Medication	Administration Instructions	Onset	Duration
Lidocaine (Prilocaine)	Apply small amount of lidocaine to the mucous membrane of the upper lip and the nostril. Rub the lidocaine into the mucous membrane of the nostril.	After topical administration of lidocaine, the onset of action is 1-2 minutes.	30-60 minutes
Lidocaine (2% viscous solution)	Place 1-2 mL of lidocaine in the nostril. Rub the lidocaine into the mucous membrane of the nostril.	After topical administration of lidocaine, the onset of action is 1-2 minutes.	30-60 minutes
Propofol (Diprivan)	After application to the nostril, the onset of action is 1-2 minutes. The duration of action is 1-2 hours.	After topical administration of propofol, the onset of action is 1-2 minutes.	1-2 hours

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## Nursing Procedure Note



**SMARTPHRASE**

**PEDIATRIC NURSES**  
New Pediatric SmartPhrase  
A new system SmartPhrase: PEDNURSEPROCEDURE SUPPORT has been created. This will replace the JPROCEDURENOTE.

**SmartPhrase Lookup:**

My SmartPhrases  System SmartPhrases  SmartLinks  SmartBlocks

**Matches**

Name	Description
SmartPhrase for tracking procedures at GCH	SmartPhrase for tracking procedures at GCH

**SmartPhrase in Use:**

Patient ordered for and had procedure done performed

Child Life Specialist notified and able to provide interventions, per CLC route. Child Life: (yes/no/availability)

Procedural support interventions included (non-pain management agents): procedural anxiolysis

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### Education Roll-Out

The slide features three images related to an education roll-out. On the left, a staff member in a white lab coat stands behind a desk with several people. In the center, a staff member is seen interacting with a child in a clinical setting. On the right, a social media post from @vmsouthquality is displayed, announcing a Peer Assessment Month and detailing the goals of the initiative, such as enhancing patient and family experience and ensuring consistency in care.

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### Caregiver Feedback

This slide is dedicated to caregiver feedback. It includes two testimonials: one praising staff for their helpfulness and generosity, and another highlighting a staff member's knowledge and family-oriented approach. A central graphic titled "7South Needs Your Thoughts!" encourages caregivers to provide anonymous feedback via a QR code. The graphic also states that the team aims to support children during medical procedures.

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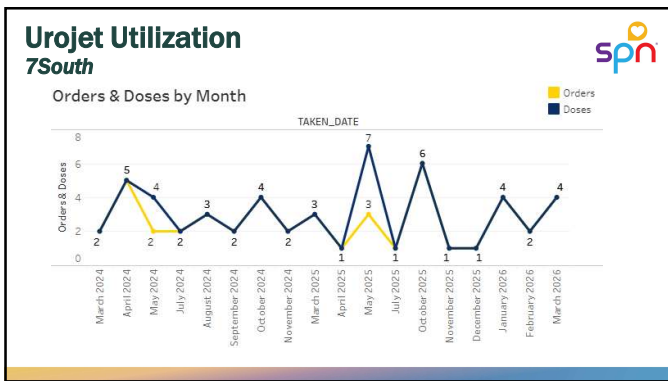
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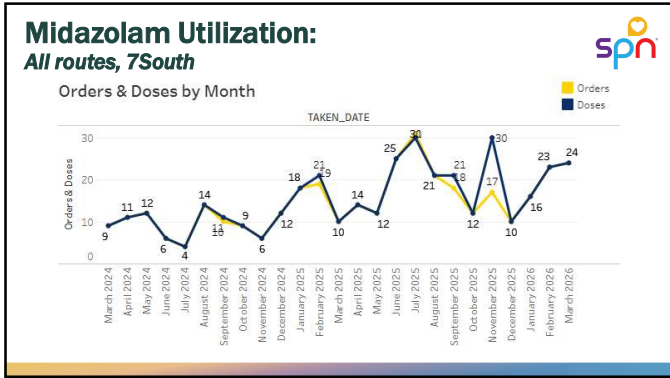
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