



Children and Pain

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Pain is one of the oldest symptoms in the history of medicine; which is a universal experience and an unpleasant sensation that everyone is going to experience throughout life. Disease and certain procedures which are performed during hospital stay can aggravate pain. Pain has been labeled by the American Pain Society (1995) as the fifth vital sign which must be assessed frequently and treated appropriately. Based on the above, health care professionals should be encouraged to assess pain every time that vital signs are assessed [1].

When studying pain and anxiety in all stages from infancy to adolescence, it has been revealed that the nervous system is vulnerable to noxious stimuli during development. Pain has a negative impact on neurological development of children and if it had not been adequately treated in infancy or early childhood those children will report lower pain thresholds as adolescents and adults [2].

Healthcare professionals once have a belief that children feel less pain than adults. Pain was undertreated based on such beliefs and attitudes and the difficulty and complexity of pain assessment in children. Those beliefs about children's perception of pain were shown by researches to be incorrect and that even the smallest infants do feel and remember pain [3].

Studies on pain and its assessment tools is being interested continuously, due to the subjectivity inherent to its measurement, especially in children, because of consideration of age characteristics group or developmental delays, inability to report or properly indicate the painful event [4].

Pain may be undertreated or untreated in infants and young children because they are unable to verbalize exactly the nature and amount of hurting. However, the inability of the child to easily communicate his or her pain is not an argument for healthcare providers from assessing and treating pain (Clark, 2011).

Nurses should take time to speak or listen to or observe the patients. The assessment of pain in children should include the location, intensity, quality, chronology, pattern, precipitating events, alleviating actions, and accompanying symptoms. Information about these factors can be got by asking pain history, physical examination, observations, and using various assessment scales appropriate to age [5].

Pain should be treated effectively as an original right of all infants and children. Effective and safe management of procedural and postoperative pain is important for children of all ages for humanitarian reasons and to minimize acute physiological and behavioral distress. In addition, reducing pain can improve both acute and long-term outcomes and evidence to guide pediatric clinical practice is increasing [3,6].

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