**ABSTRACT**

Acute pain is one of the most unpleasant sensations experienced by infants, toddlers, and children. Although there are a variety of safe non-pharmacological pain relief strategies available, they are not implemented consistently during painful office procedures. A literature review revealed numerous effective non-pharmacological pain-relief strategies for infants, toddlers, and children. Two pamphlets were designed to educate practitioners on effective non-pharmacological pain-relief methods. Evaluation of education/implementation of the project will be examined with the use of a pre- and post-survey administered to providers.

**PICO QUESTION**

Do non-pharmacological pain interventions reduce discomfort associated with painful office procedures in infants, toddlers, and children compared to no pain intervention?

**LITERATURE REVIEW**

The literature demonstrated several similar themes, including the non-pharmacological methods used to treat pain along with the pain rating scale used to measure pain. Adequate non-pharmacological pain-relieving techniques differ by age and development.

- Pain reduction has a positive influence on infants and children and should be implemented if induction of pain is likely. (2)
- Physical and involuntary characteristics are used to assess and calculate pediatric pain levels. (1)
- Exposure to a painful stimulus can have a detrimental influence if not future painful stimuli is managed. (4)
- Adequate non-pharmacological pain-relieving techniques differ by age and development.
- Infants: breastfeeding, facilitated tucking, oral sucrose, non-nutritive sucking, swaddling, and skin-to-skin contact
- Toddlers and Children: music therapy, entertainment, distraction, virtual reality, blowing, and cold with vibration

**THEORETICAL FRAMEWORK**

Katharine Kolcaba’s Theory of Comfort was used to guide the project and defines three types of comfort—relief, ease, and transcendence. The comfort state of relief can be demonstrated by easing the pain of a child undergoing a painful office procedure; whereas, the state of ease can be related to reducing anxiety. Lastly, a state of transcendence is a state of comfort where the patient is able to rise above his or her challenges. (7) Infants and children will demonstrate this with a reduction in behavioral issues related to pain. With this reduction, cooperation during the painful procedure will increase and lead to a better patient-provider relationship. (8)

**CONCLUSIONS**

With the implementation of this project, providers caring for infants and children gained a resource that allows them to initiate non-pharmacological pain-reducing strategies into their practice. Execution of these pain-reducing strategies will facilitate the future healthcare outcome of their patients by establishing a positive healthcare foundation. This foundation ensures adherence to medical advice and that necessary and preventative procedures will be sought out in the future. (9)

**REFERENCES**