## Pediatric Pain Management Bolčeina pri pediatričnih bolnikih

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Pain in children is a significant and common problem: 15-30% of children have chronic pain during some part of their childhood. This may have significant consequences: physical suffering, emotional sequelae and loss of social functioning.

Pain is a symptom that is not age related, but one of the differences is the ability to express pain. Therefore pain assessment in children differs a lot from adults.

Pain may be modulated by developmental stage, affective state, cognitive state, prior pain experiences and distress or suffering.

There is still a strong belief that children do not feel pain like adults do. Infants are neurologically immature and therefore cannot conduct pain impulses. Infants are not cortically mature to remember pain. Although there are enough physiologic and metabolic responses, myths like this are still around.

It is a very important field for a clinical pharmacist to be involved in routine pain assessment, knowledge of pain treatment, and side effects that may occur. Common side effects are nausea, vomiting, pruritus and constipation in long term opioid use.

Choice of medication does depend on a lot of factors like route of administration, side effects, and distinctive features in pharmacokinetics.

Still there is agreement that especially in children the most painless route of administration has to be chosen. As far as techniques are concerned PCA (Programmable pumps that enable the patient to control his intravenous anaesthesia) is possible in this population. Teaching is integral and essential.

Historically children and infants received less post-operative analgesia than adults. Specifically in neonates this leads to increased distress and altered pain response in the future.

Preparation of parents and children on what to expect is important to guide them on ways to minimize pain and anxiety.

It is a fact that children go through all situations in pain as adults do. They experience pain in end stage of their lives (palliative care), sickle cell pain or post operative pain, but still we do not have the same choice of medications as we have in adults. Therefore we have to choose both medications and route to control pain as rapidly and effectively as possible.

Still one of the most essential missions of all health care providers should be the relief, prevention of pain and suffering.

However we have to face the situation that a lot of medications needed are not registered for the use in the paediatric population.