

## 13. MANAGEMENT OF PAIN IN CHILDREN

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**Introduction.** Understanding pain in processing is essential for the management of pain. Pain experienced in childhood may shape future pain experiences in adulthood.

**Aim of study.** To have an effective assessment of pain management, we should consider adults' perspectives on their children's pain.

**Methods and materials.** Cross-sectional study based on a 9-question survey accessible online via a google form questionnaire from 21 November 2021 to 25 November 2021, in which parents, both mothers, and fathers in a total number of 127, age range 25-37 years.

Results. Relying on the first question of the questionnaire, "In your opinion, pain in children can be due to," the results shows that 56,7% of those who responded to the questionnaire assumed that the main factor that will lead to their children experiencing pain is an illness, followed by 26,8 % treatment, 12,6 % medical procedures, and 3,9 % pain can be due to fear. The second question "Do children handle the sensation of pain? A majority of 59,1% of the parents who were submitted to the study declare that "Yes", children are capable of handling the pain sensation The third question "Do infants and children experience pain the same as adults? Given that pain is described as the unpleasant sensory and emotional experience associated with real or perceived tissue injury, 61% of participants in the survey considered that children do not perceive pain in the same way that adults do. The fourth question "Can behaviour reflect pain?", 95,3% of the total number of participants answered with "Yes" and the rest considered that behaviour will not reflect pain. The fifth question "Bad behaviour in children is related to pain sensation?" A percent of 75,6 consider that "yes" while 24,4 % "no" when kids struggle with their behaviour, it may be detrimental for the entire family. The sixth question "How often do you see a paediatrician for your children?" The majority 42,6 % - answer 1/year, followed by 33,6 - every month and the rest 23,8% - only in case of emergency. Generally speaking, a healthy child who is at least two or three years old will need to see their doctor only once a year for a check-up. Regarding question number 7 "Pain is both a sensory and emotional personal experience?" 96,8% admitted that yes pain is truly both a physical and an emotional experience perceived and processed by the brain, it is a real health problem as well. Up to question number 8 "Did you give any kind of pills to your children before doing a blood test?", the diagram shows that 54,3% of the parents give to their children at least once pills without performing a blood test. The last question for the survey, number 9 "A behavioural scale that measures infant and toddler pain is FLACC, did you know about it?" FLACC is a behavioural pain assessment measure for children who are unable to self-report their pain and are nonverbal or preverbal. According to the participants in the study, 63,8% knew about the measurement scale while 36,2% gave a negative answer.

Conclusion. The objective of the questionnaire was to determine how adults interpret children's responses to pain. I intended to better understand the key processes involved in how a parent comes to make a judgment about their child's pain by utilizing an inductive approach to explore parents' experiences. Taking into consideration the answers that each participant offered for the questionnaire we can conclude that parents tended to experience a greater intensity of distress when unable to protect the child from imminent pain such as in acute medical procedures, or if the child has explicit tissue damage or bodily signs of injury. Findings suggested that a parent's assessment of child pain and distress commences with the parent's attention suddenly narrowing to the child's acute behavioural displays of distress.