Dadiatria	Da:-	o	Manuel a dan	N 4 a b :   : - a + : a - m
rediatric	raiii	$\alpha$	Kilowieuge	Mobilization

Yvonne Brandelli & Nicole MacKenzie Ph.D. Students

CSHP Educational Session October 5, 2019

Centre for Pediatric Pain Research





#### Disclosures

- Names: Yvonne Brandelli & Nicole MacKenzie
- We have no current or past relationships with commercial entities
- We have received no speaker's fee for this learning activity

Centre for Pediatric Pain Research





### **Learning Objectives**

- $\bullet$  Become familiar with the history of pediatric pain
- Acknowledge how psychosocial factors contribute to the pain experience in children
- $\bullet$  Understand the short- and long-term consequences of improperly managed pain
- Learn about evidence-based management for pediatric pain
- Recognize the need for knowledge mobilization
- Introduce Solutions for Kids in Pain (SKIP)

Centre for Pediatric Pain Research







The state of the s	Meallinalk  out Anesthesia:  Feel Pain?  re are risks with thesia, and "!!  w' the ary good to w' do ary good do down't help pais."	or and the second
The state of the s	out Anesthesia: Feel Pain?  re are risks with thissis, and "it w' the are good to w' do are good do down't help pair."	ordinary (
The state of the s	out Anesthesia: Feel Pain?  re are risks with thissis, and "it w' the are good to w' do are good do down't help pair."	(5)
The state of the s	Feel Pain?  re ore risks with thesis, and "it wit do any good to a dead patient doesn't feel bein."	
The state of the s	Feel Pain?  re ore risks with thesis, and "it wit do any good to a dead patient doesn't feel bein."	3
The state of the s	Feel Pain?  re ore risks with thesis, and "it wit do any good to a dead patient doesn't feel bein."	
The state of the s	Feel Pain?  re ore risks with thesis, and "it wit do any good to a dead patient doesn't feel bein."	15
By Amel, Bywas  Change in between  The part an element of their delication of the control in The	re are risks with thesia, and "it n"i do any good to a dead patient docsn't feel pain."	
By Amel, Bywas  Change in between  The part an element of their delication of the control in The	re are risks with thesia, and "it n"i do any good to a dead patient docsn't feel pain."	15
The state of the s	athesia, and "it n't do any good to e a dead patient doesn't feel pain."	25
The state of the s	athesia, and "it n't do any good to e a dead patient doesn't feel pain."	55
The state of the s	athesia, and "it n't do any good to e a dead patient doesn't feel pain."	15
and the seed of mentioned from the management of the mention of th	n'i do any good to a dead patient doesn't feel pain."	15
and the seed of mentioned from the management of the mention of th	n'i do any good to a dead patient doesn't feel pain."	5
the respected and medicated frequency of the control of the contro	a dead patient doesn't feel pain."	<b>"</b> "一个人的话,写
compared to the control of the contr	doesn't feel pain."	THE RESERVE OF THE PARTY OF THE
nor no mile resource tool are a pre-marined. Date of the second organ in the falsool.  There are the committee the committee of the committee the committee of	desant just para.	
groun the blood.  These we do secules those shall used permanent below, been too amore to open using well the's entered requirements—like, for instance, trouslines, preferences, and electronic permanents.	- In Wide Mills, Chilesoly Rosensi	
presention habites, facts too areas to organism the necessary requirements—files, for forestone, towarden, polygomoraus and obstruc-		Section Section (Second Market
with titr's enamed requirements—like, for ter or metous, treating.  For decades, pediatricus, and obstero-	one send thought about pur-	
For Accedes, performance and obstero-	Lawren eye, But I have instead a	THE RESERVE OF THE PARTY OF THE
	has they've seeing is that there's an	
	envolvebler very toy or weak believ	The same of the sa
persolly prevenues belock had been both. Asses	these is not doing the surgery or	
was not menature to permit them to find. This is	scring sever do it, hat I would want	THE RESERVE TO THE PERSON OF T
	brig and hapt."	A SAME PARTY AND A SAME OF THE PARTY OF THE
few of the nonlinest, depleted precession tor- piction	good atomer modern to believe's	THE PARTY NAMED IN COLUMN TWO IS NOT THE PARTY NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED
west very long. nego	Id Lawren page, but simply most the	THE REAL PROPERTY OF THE PARTY
	of suppry without associate at an	Foreign Williams
seen, scaling late of homesty-set ent- law a	to to retuils every polarities, sur. Personner topical often torons	muscle relaxions capital of excellents for everyors.
Fig. 10 do no, the new subspeciality of money	enthreshipped and monated profes- ment and pursue she can fine. For	
community has had in transfers the first Bat a		consum the that, but I think all of or one becoming more

THE LANCET, JANUARY 10, 1987

RANDOMISED TRIAL OF FENTANYL ANAESTHESIA IN PRETERM BABIES UNDERGOING SURGERY: EFFECTS ON THE STRESS RESPONSE

K. J. S. ANAND\*

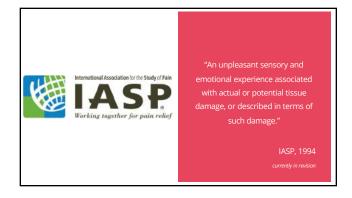
Department of Paediatrics, John Radeliffe Hospital, Oxford

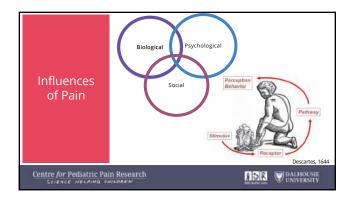
W. G. SIPPELL

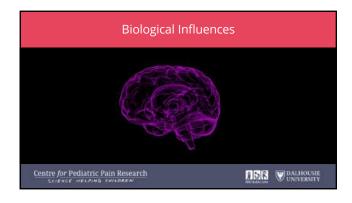
Abseilung für Allgemeine Pādiatrie, Universitats-Kinderklinik, Kiel, FRG

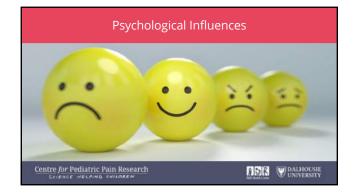
A. AYNSLEY-GREEN

Department of Child Health, Royal Victoria Infirmary, Newcastle upon Tyne

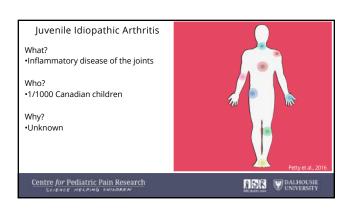


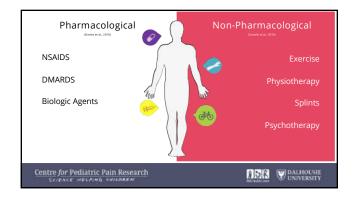










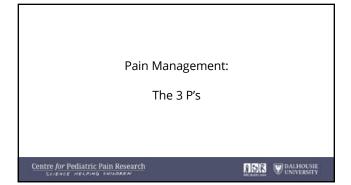


"[Our daughter] was unable to control her upset when receiving her injections at home. Her dad and I weren't prepared to hold her down or restrain her; getting her to calm down enough to safely receive a needle proved to be agonizing. Tears (both hers, her sisters' and ours) were inevitably shed and sometimes it would take 2 hours to finally get the shot into her... Afterwards I would feel horrible ... It was even harder when the Methotrexate made her vomit so much that we had to take her to the hospital." cassie+ friends - Mother of a child with JIA

Centre for Pediatric Pain Research

ASIR W DALHOUSIE UNIVERSITY

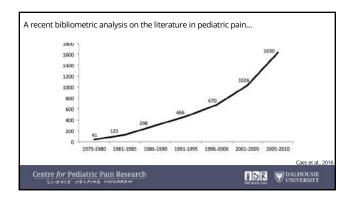




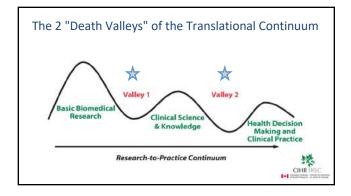


















# Dissemination & Implementation Science

## Dissemination:

The sharing and spreading of scientific findings

### Implementation:

The use of strategies to adopt and integrate science-based intervention to change practice and improve care



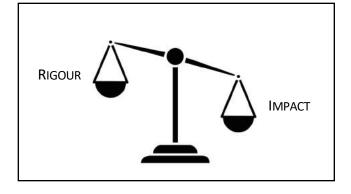


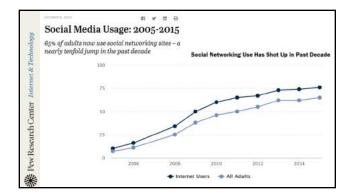


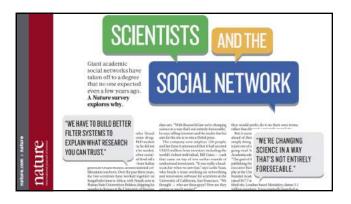


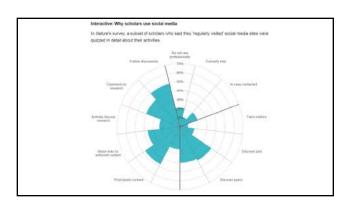


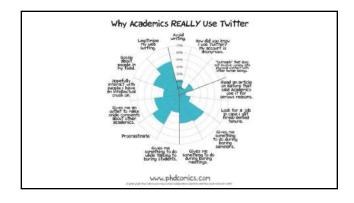


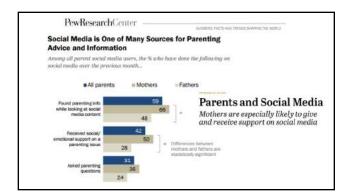


























How do we get information like this out to parents who need it?

Centre for Pediatric Pain Research









