

# Positioning for Comfort

Presented by:

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# Introduction

- This model was developed in 1985 by Barbara Stephens, CRRN, MAN, Clinical Nurse Specialist, Mary Barkey, MA, CCLS, Child Life Clinical Specialist, and Howard Hall, PhD, PsyD, of Rainbow Babies and Children's Hospital in Cleveland, Ohio.



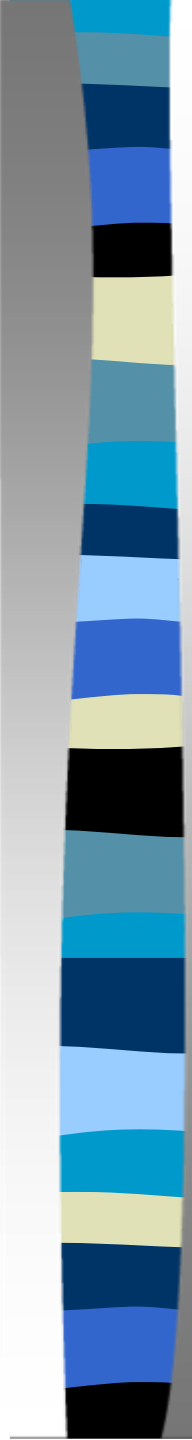
# Goal

- The purpose of comfort positioning is to increase the comfort of infants and children and also parents and medical staff.
- The model has five parts:
  - Invite the parent/caregiver to be present
  - Prepare the child and parent for the procedure and for their role during the procedure
  - Utilize the treatment room for stressful procedures
  - Position the child in a comforting manner
  - Maintain a calm, positive atmosphere



# Preparing the Child and Parent

- It is important to explain to parents and children alike the reason for the procedure and to tell them the truth about what to expect.
- Uncertainty about a procedure can heighten fear, anxiety, and tension in both the parent and child. These feelings can limit a child's ability to develop feelings of control over the procedure.
- Explain the procedure in an age-appropriate way.
- Assess the parent.
- Assign the child and parent a job during the procedure (how to sit, hold, and help with positioning).



# Inviting the parent or Caregiver to be present

- Partnerships between families and professionals should be encouraged to ensure family-centered care.
- Studies have shown that the presence of parents does not negatively impact the performance of medical staff and that being with their child also results in less anxiety in the parents (Bauchner et al. 1991; Bauchner et Al. 1996).
- Child Life can prepare and support the family member who comforts the child and, in the absence of the family member, can substitute in providing comfort.



# Utilizing the Treatment Room

- During hospitalization, respect for the privacy of the child's bedroom and the family's only personal space must be observed.
- The policy of using only the treatment room for procedures maintains the bed as a safe haven; it also preserves privacy, and moves the child's cries away from other children.



# Positioning the Child in a Comforting Manner

- Sitting positions were developed to promote comfort for the child as well as sufficient immobilization for success of the procedure.
- In these positions, the child can cooperate and maintain a sense of control.
- Children who are calm before the procedure will react with less intensity than do children who are already upset for other reasons (Korner and Thoman, 1971).
- Consequently, procedures require less time and fewer staff.



# Positioning the Child in a Comforting Manner

- Lying children down is frightening and results in loss of control.
- Often, children with respiratory distress have difficulty breathing when lying down.
- Positions can be used as soon as the child has some head and trunk control (about 3 to 5 months).
- Utilize a Child Life Specialist if possible for additional support and distraction.

# Two-person Hold for IV Start



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# Two-person Hold For IV Start

- Position if the child prefers not to watch.
- Allow the patient to straddle the parent or staff.
- Secure the patients arms and head by giving a hug.

# Side Sitting Position



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# Side Sitting Position

- Use when the patient cannot straddle the parent or staff.
- Child has minimal movement of the trunk, because when the legs are kicking, they swing back and forth from the knee.
- Older children may feel more secure and less confined.

# NG Tube Placement Position



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# NG Tube Placement Position

- Child is braced against parents shoulder or chest.
- Secure and comforting hold allows for immobility of the head and easier placement of tube.
- This position can also be used for nasal swab procedures.

# IV Start in a Sitting Position



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# IV Start in a Sitting Position

- Sometimes children like to watch the procedure rather than being distracted.
- It is important to talk to the child and tell them what is happening throughout the procedure.
- Encourage deep breathing and imagery techniques.

# Positioning for Catheter Placement



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# Positioning for Catheter Placement

- A parent or staff can hold the child's head in the lap while providing comfort and distraction.
- The child cannot scoot upward during insertion.
- Parent or staff can maintain eye contact throughout the procedure.

# Positioning for Leg Injections



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# Positioning for Leg Injections

- The child's leg is bent over the table and the thigh muscle is relaxed.
- Kicking is from the knee only.
- Child gains a sense of control in choosing to watch or not.

# IV Placement in Foot



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# IV Placement in Foot

- Sitting position decreases the ability to kick and move the leg.
- Caregiver/staff is close and able to comfort.



# Maintaining a Calm and Positive Atmosphere

- Coach the parent and child to hug one another. Hugging is one of the comforts of childhood that is not abandoned in adulthood and it benefits nearly everyone during stressful times.
- Hugging not only limits the child's movement, but is a positive and comforting act.
- Praise the child for holding still and helping, and reward them with a special treat from the treasure chest.
- Praise the parent and child for being a terrific team.



# Maintaining a Calm and Positive Atmosphere

- Tell the child that we are sorry he/she did not like what was done. Reinforce the reasons for the procedure.
- Tell the child at a later time or in front of another adult how wonderful of a job they did at holding still.



# Endorsements by SJCH Staff

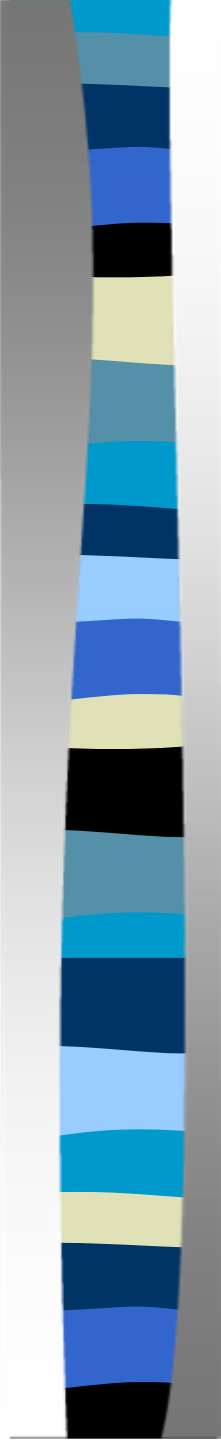
- "Comfort positioning allows the child to feel safe and be with someone he/she knows." Tara
- "Allowing a safe person to provide a comfort hold for the child is more reassuring to the patient and family. For us it is much safer and less intrusive to the child. Comfort positioning provides a more secure hold with the parent holding rather than utilizing numerous staff to try and hold the child in place." Julie



# Endorsements by SJCH Staff

- "We have found that comfort positioning has become a very important part of the procedure process. It allows the child to feel a measure of safety and sense of closeness to a loved one while allowing a stranger to do a very scary, painful and difficult thing to them. This way the child maintains a sense of control in an otherwise very vulnerable position. The nursing staff appreciate any way possible to make a child more comfortable and make the experience as positive as possible." Pam

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"Children have a right to receive care that offers the most comfort possible. We have an obligation to provide it!"



# Conclusion

- With the availability of nonpharmacologic approaches to pain management such as positions of comfort, hospitals can develop and utilize effective standards of care for patients and families (Agency for Health Care Policy and Research, 1992).
- For more information and articles related to comfort positioning please contact Child Life Services.



# References

- Agency for Health Care Policy and Research 1992. Acute Pain management in infants, children, and adolescents: operative and medical procedures. Maryland: Agency for Health Care Policy and Research.
- Bauchner H, Waring C, Vinci R, 1991. Parental presence during procedure in an emergency room: results from 50 observations. Pediatrics 87 (4): 544-548.
- Bauchner H, Vinci R, Bak S, Pearson C, Corwin M, 1996. Parents and procedures: A randomized controlled trial. Pediatrics 98 (5): 861-867.
- Stephens, B.K., Barkey, M.E., Hall, H.R. (1999). Techniques to Comfort Children During Stressful Procedures. Advances In Mind-Body Medicine, 15, (1), 49-60.