

Atraumatic Care In Childhood Immunization

Çocukluk Dönemi Aşı Uygulamalarında Atravmatik Bakım

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ÖZET

Çocuk hastalıklarının önlenmesi ve sağlığının korunmasında, geliştirilmesinde büyük ilerlemeler olmasına rağmen, uygulanan işlemlerin birçoğu çocuk için travmatik, ağrılı ve korku verici nitelikte olabilmektedir. Wong tarafından geliştirilen “atraumatik bakım”; sağlık profesyonelleri tarafından çocuklar ve ailelerinin sağlık bakım ortamlarında yaşadıkları fiziksel ve psikolojik sorunları yok eden ya da azaltan terapötik bakımın verilmesini savunur. Bebeklerin/çocukların yaşadığı ağrı, davranışlarını, aile bebek/çocuk etkileşimini, beslenme düzenini, bebeğin çevreye uyumunu, büyüme ve gelişmeyi olumsuz etkilemektedir. Atravmatik bakımda temel esas zarar vermemek olup aileyi merkeze alan bir uygulamadır. Profesyonel hemşirelerden beklenen bilimsel bilgiye dayalı, güvenilir ve etkili bakım vermesidir. Güncel çalışmalar ışığında hemşirelerin atravmatik bakım konusunda bilgi ve becerilerini artırarak bunları uygulamaları önem taşımaktadır.

Anahtar Kelimeler: Aşı, Ağrı, Hemşire, Çocuk, Ağrı Yönetimi

ABSTRACT

Despite the fact that there is a great progress in terms of prevention of pediatrics diseases and protection and improvement of child health, many of the applied operations could be traumatic, dolorous and frightening for the child. “Atraumatic Care”, developed by Wong; argues that therapeutic care, which either removes or reduces the bath physical and psychological problems that children and their families en counter in healthcare environments be made by healthcare professionals. The aches that children or babies have, affect their behaviours, the interaction between the family and the baby or the child, their diet, their adoptability to social surroundings and their growth and development negatively. The main principle of “Atraumatic care” is not to harm, end it is a practice which focuses on family. What is expected from Professional nurses is that they make knowledge based, trust worthy and effective care. It’s important that in the light of recent studies, nurses improve both their information and skills in terms of atraumatic-care and apply these practices.

Key Words: Immunization, Pain, Nurse, Child, Pain Management

INTRODUCTION

In terms of prevention of pediatric diseases and constitution of a healty lifestyle, the protection, improvement and continuation of child health, great progress has been made, but despite this fact, many of the applied operations might be traumatic, painful, agonising and agitative for the child(1,2).

In 1989, Donna Wong developed a nurseling philosophy named as “Atraumatic Care”. Atraumatic Care argues that the therapeutic care which either removes or reduces the physical

and psychological problems that children and their families encounter in healthcare environments be made by health professionals. The main of atraumatic-care is not to harm(1,3). The principles of Atraumatic Care are;

- Determining the factors that may cause stress in child and family (Physical problems, psychological problems, environmental factors).
- Reducing the time that the child remains separate from family to the least.
- Improving the feeling of control.
- Reducing the aches and woundings to the last and preventing them(1,3).

Suggestions of Atraumatic Care

Table 1. Suggestions of Atraumatic Care of Children(4,5,6)

Principles	Suggestions of Atraumatic Care
Reducing the time that the child remains separate from family	Ensure that families actively take part in caring practices. Encourage family-centere-care.
Improving the feeling of control.	See the family as a key part in the team. Establish a trust relationship, inform the family about the process, support the family and the child to express their feelings. Pay attention to their past experiences, answer the questions. Teach them thestrategies for overcoming the stress.
Reducing the aches and woundings to the last and preventing them	Pharmacological methods Non-pharmacological methods Injection techniques Provide proper pain management.

Atraumatic Care in Vaccination in Childhood Period

Vaccination makes up an important portion of preventive health services. Vaccination is a low-prices, trustworthy and effective approach to preserve achild and adult health against the most frequent diseases(7).

Considering taht the babies first experience of pain is the application of vaccination, the importance of pain management in vaccination applications occurs (4,7,8). Atraumatic care should be made stating from the first moments that baby starts to live(6).

In USA, according to national immunization programme (2019), 31doses of vaccination is applied until the child reaches the age of 6, meanwhile in Turkey, according to the calender of vaccination of the ministry of health (2013), 18 doses of vaccination is applied(10).

Due to babies remembering the stimuli that occurs and relapses in the early term, it's accepted that they overreact when they later en counter with the same stimuli (4,11). It's also known that due to this experienced stress, families Show reluctance in bringing their children to vaccination and they postpone the application of vaccination (4,5). The pain that babies and children experience, might hinder their behaviors the interaction between the family and baby/child, their diet, the baby's adaptibility to social surroundings as well as causing changes in the evolution of brain and senses and effects the growth negatively. The newborn and the children, due to the pain they experience, have physiological and metabolic problems, as well as mentioned behaviors(12).

To reduce the pain and distress that the babies and the children experience during the vaccination process, a great variety of pharmacological, non-pharmacological methods and injection techniques were used. Pain control and management is provided by using these

techniques either together or individually. In spite of the fact that pharmacological approaches are efficient in terms of reducing the pain, due to the side effects of medications, it's suggested that, especially in babies and children, non-pharmacological methods or proper injection techniques be used, and it's also suggested that the method which is going to be used should be easy, fast and it should not require preparations(3,13,14,15).

Some Studies On Atraumatic Care In Vaccination In Childhood Period

Kostandy at al. (2013), in the RCT that they did in order to find out the effect of kangaroo-care on the pain which occurs during hepatitis B vaccination process, found out that kangaroo-care shortens the crying durations and slows down the heart rate(16).

In the study which analyses what do parents do to manage the pain during the vaccination process, it's stated that in all age groups, physical comfort, swinging, verbal inculcation are the most frequently used non-pharma techniques, and it's seen that in order to reduce the discomfort that takes place due to the existence of needle, causing distraction and using pacifiers are more effective(17).

In the RCT that was done in order to compare in efficacies of glucose and sucrose, It is found out that the intensity of pain is felt more in the group that had glucose solution group than group that had sucrose, but the difference is not statistically significant. In the comparison of pain intensity between the control groups and the treatment groups, it's shown that the intensity of pain in the control group is higher than the other group(18).

Küçükoğlu et al. (2015) found out that during the vaccination that is applied in classic holding position and facilitated tucking position, the pain perception of newborns who held in facilitated tucking position was lower(19).

During the immunization process of Buzzy method, which combines external cold application and vibration in children, the levels of pain and distress of the treatment group were statistically significantly lower than the control group(20).

In the RCT that was done to determine the level of pain of blister application during the vaccination process in order to reduce the level of pain, the blister which will be applied to the area that vaccination is going to be applied reduces the intensity of pain in babies(21).

Hashemi et al. (2016)'s study which was done on the effect of swaddling, breast-feeding and usage of both on the pain that vaccination causes, it was found out that breast-feeding in a short time a little bit more effective than swaddling on the combination of both in terms of reducing the average pain density(22).

In the study in which ShotBlocker was used in order to manage the injection pain which was related to vaccination in healthy term newborns, in the ShotBlocker group, the pain levels were found statistically significantly lower than the control group, before and during the injection(23).

It's determined that during the vaccination process applied to newborn babies, breast-feeding is effective on slowing the heart rate, shortening the crying duration, preventing the decrease of oxygen saturation and reducing the pain(24).

It's found out that breast-feeding is more effective in reducing the pain in healthy term infants than swaddling or kangaroo-care. The crying duration of babies who were in the breast-feeding group was shorter compared to other groups(25).

In the RCT that was done in order to make comparison between the effect of 10-second long hand pressure before injection and rapid injection, without aspiration in babies who were 4-6 months old., the score of pain intensity and the crying duration during the injection were found statistically significantly lower in three intervention groups than the control group(4).

CONCLUSION and RECOMMENDATIONS

Atraumatic Care is a low-cost and very efficient care for both children and parents. Due to babies remembering the stimuli that occur and repeat during the early term and taking the fact that babies overreact when they encounter some stimuli into consideration, atraumatic-care should be made starting from the moment that babies start to live. In the light of recent studies, it's important that nurses should improve both their information and skills and put these into practice.

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