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# **BMJ Open**

# Complementary therapies and pain management in paediatric intensive care units (PICU): protocol for scoping review

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 Complementary therapies and pain management in paediatric intensive care units (PICU): protocol for scoping review

#### **ABSTRACT**

**Introduction** The World Health Organization (WHO) issued new guidelines for pain management in children and adolescents in 2021, emphasising the integrative approach to controlling this symptom. Painful procedures are common in the PICU, and it is necessary to map evidence of complementary therapies in pain management in this setting.

Methods and analysis A systematic literature search will be performed in the following databases: CINAHL (EBSCO), MEDLINE (PubMed), Cochrane Library (Wiley), Embase (Elsevier), LILACS (VHL), Scopus (Elsevier), Web of Science Core Collection (Clarivate Analytics) and gray literature Theses Capes, Dart Europe (DART-E), and Open Access Theses and Dissertations (OATD). The research will consider quantitative and qualitative studies, mixed-methods studies, systematic reviews, text articles, and opinion articles in any language and database. The following will be eligible for inclusion: (i) child preschool, children and adolescents in whom (ii) complementary therapies were used to manage (iii) acute or chronic pain in (iii) PICUs.

**Ethics and dissemination** The data used in this technique will be taken from the literature. This study does not require ethical approval. This protocol has been registered with Open Science Framework (DOI 10.17605/OSF.IO/DZHKT) and is accordance with Creative Commons Attribution Non Commercial (CC BY-NC 4.0) licence's.

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# **Article Summary**

Strengths and limitations of this study

- This scoping review will provide a guide to intensive care professionals as complementary therapies represent a field of knowledge in which pain management is possible, especially in the paediatric population.
- This study is required to learn about alternatives to prescribing benzodiazepines for pain management in paediatric intensive care units.
- The scoping review methodology has limitations because it does not recommend which complementary therapy is most effective for pain relief in children and adolescents in the PICU.

The variability of characteristics in the paediatric population may limit our

population.

Pain is a complex condition. Biological, psychological, and social interactions help to understand the effects of pain on the individual, family, caregivers, diagnosis, and treatment. Therefore, pain management requires an interdisciplinary and integrated multimodal approach.<sup>1</sup>

In this sense, complementary therapies can help health professionals not only focus on pain as a symptom, but also understand and elucidate the processes experienced by the individual that culminate in the symptoms. Changes in the treatment paradigm have contributed to the deprescription of opioids and adoption of the approach proposed by the  $WHO.^2$ 

2004, as per the International Association for the Study of Pain.<sup>3</sup> However, topics considered challenging to treat, such as the treatment of pain in children, still have critical gaps in the knowledge base. This is especially true for chronic pain management in children.<sup>1</sup>

heterogeneity of pain perception and response in children. That is, pain in children is quantitatively and qualitatively different from adult pain, requiring individual measures. The first approach is age-based symptom evaluation, wherein the collaboration of parents, caregivers, and the child itself is essential. Complete medical and pain history should be collected. Paediatric pain assessment scales help with this process. The second approach is distinguishing between acute and chronic pain. While acute pain occurs in tissue damage, such as needle sting, chronic pain refers to pain lasting more than three months.<sup>2-3</sup>

The above-mentioned points indicate that paediatric pain management requires multifactorial assessment, requiring the provision of technical training to the health team, especially nurses. In a qualitative study carried out in a paediatric inpatient unit of a hospital in Brazil, the need for training the health team to relieve pain in paediatric patients was evaluated. Participants reported that the frequency of training on the subject is scarce<sup>4</sup>, revealing the need for continuing education for nurses, as highlighted by the WHO, as nurses are usually the first to encounter and recognize pain in paediatric patients.<sup>1</sup>

 Another relevant point in paediatric pain management is the consequence of not reducing it. Despite scientific and technological developments in recent decades, many paediatric patients do not experience pain relief. In the long term, this generates consequences such as exacerbation of fear and pain during future painful situations, weakening of the effect of medications, and an increased risk of developing chronic pain. Such problems highlight the importance of the WHO guidelines regarding the use of supportive therapies and non-pharmacological treatment modalities. Non-pharmacological treatments include massage, acupuncture, relaxation, and physical therapy.

The effects of complementary therapies have increased the supply of these services in hospital settings. Mind-body practices, such as chiropractic, osteopathy, yoga, and massage therapy, are among the most practiced by adults and children in the US. In acute care settings, pain management using complementary therapies provides biological evidence. These demonstrations result in the incorporation of complementary therapies into nurses' critical care to support holistic patient care.<sup>6</sup>

This aspect is fundamental for intensive care, as children under intensive care usually submit to invasive and painful procedures, such as punctures (venous, arterial, lumbar), catheterisation (central venous catheter, peripherally inserted central catheter), intubation, and endotracheal aspiration. Thus, insufficient or inadequate pain management has been associated with a reduction in the patient's ability to rehabilitate; ventilatory and haemodynamic compromise; and the development of chronic pain or post-traumatic stress.

Therefore, it is essential to develop appropriate complementary techniques for pain management in PICUs. In addition to acute pain, the treatment of children with chronic pain can be optimised using these techniques. Among the therapies indicated by the Andrew Weil Center for Integrative Medicine for pain control in paediatric patients are gate control theory, techniques of vagus nerve stimulation, breathing control, aromatherapy with essential oils, nutrition and supplementation, use of plants, acupuncture (auriculotherapy, acupuncture, acupressure, distraction), mind-body therapies (guided imagery, hypnotherapy, hypnotic language, biofeedback, music therapy, progressive muscle relaxation), and sleep promotion.<sup>2-3</sup>

Based on the above, considering paediatric patients in PICUs may experience acute or chronic pain, the potential use of complementary therapies to manage this symptom is envisaged. Thus, paediatric intensive care professionals need access to the best and most upto-date scientific evidence on complementary therapies for pain management in PICUs, as such practices are foreseen within their professional areas. <sup>6,8-9</sup> The development of a quality



#### METHODS AND ANALYSIS

Scoping reviews seek to synthesise evidence for researchers, clinicians, and policymakers, gather and describe evidence, and present an easily illustrative summary. <sup>10</sup> In this sense, as complementary therapies exhibit a multiplicity of techniques, with varied health impacts and use by different ages, the scoping review was deemed the most appropriate review to illustrate different nuances of this topic in the paediatric spectrum, which is also heterogeneous.

This scoping review will be conducted according to the chapter on scoping reviews in the JBI Manual for Evidence Synthesis<sup>11</sup> and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews<sup>12</sup> (PRISMA-ScR). This protocol is registered in Open Science Framework (https://doi.org/10.17605/OSF.IO/GKETX). This review will be conducted in five phases: 1) identification of the research question; 2) identification of studies; 3) selection of studies; 4) mapping and comparison of the data; and 5) collecting, summarising, and reporting the results.<sup>13</sup>

# Identifying the research question

The general research question for this scoping review is: "What complementary therapies have been used for pain management in patients admitted to paediatric intensive care units?" To construct the research question, we used the PCC strategy recommended by the JBI<sup>11</sup> and the table proposed by Ahmad et al<sup>14</sup>, provide in the table 1.

Table 1 Inclusion and exclusion criteria are based on the PCC framework.<sup>11</sup>

	Inclusion criteria	<b>Exclusion criteria</b>		
Population	Child, Preschool <sup>15</sup> ( 2 to 5 years old), Children <sup>16</sup> (6 to 12 years old) and Adolescents <sup>17</sup> (13 to 18 years old)	Newborns (infants during the first 28 days after birth) <sup>17</sup>		
Concept	Complementary Therapies Alternative Therapies Integrative Therapies Acute pain Chronic pain	Conservative treatment		
Context	Pediatric Intensive Care Units	Home Assistance Services Outpatient Care		

		Inpatient Units
Types of	Quantitative studies	Letters to the
evidence	Qualitative studies	editor
	Mixed methods studies	Editorials
	Systematic reviews	
	Text articles	
	Opinion articles	
	Gray literature	
	Any language and database	

### • PCC, Population, Concept, Context.

 This population did not include new-borns<sup>18</sup> because, physiologically, inhibitory pathways for pain are in the developmental stage in new-born babies.<sup>2</sup> Regarding the concept, the review will consider studies that explore complementary therapies in pain management (acute and chronic). In the context of health treatments, "complementary" means combining an unconventional approach with traditional medicine; "alternative" if the unconventional approach is used instead of traditional medicine. It is "integrative" through the coordinated action of traditional medicine and an unconventional approach.<sup>19</sup> As in Brazil, the health descriptor is "Complementary Therapies" it was decided to include this terminology in the research title.

Pain is another concept that should be discussed. Pain can be acute or chronic. In acute pain, a sensation of intense, distressing, or painful discomfort is associated with trauma or disease, with a well-defined location, time, and characteristics.<sup>20</sup> In contrast, chronic pain persists for more than a few months. It can coexist with or without trauma or illness, and may persist after the initial injury has healed. Their location, characteristics, and periodicity are more imprecise than those of acute pain.<sup>21</sup>

### Identifying relevant studies

The search strategy was developed in collaboration with a librarian of a leading university in Brazil. The strategy was designed with the aim to locate primary published studies, reviews, and text articles. First, a limited initial search was performed on CINAHL (EBSCO) and MEDLINE (PubMed) to identify relevant terms and keywords to develop the consolidated search strategy. As transparency and replication of the review, a chart was created based on the protocol by Ahmad et al.<sup>14</sup>, which details the strategy with Medical Subject Headings (MeSH) and Text Word (TW). See the table 2 below.

Table 2 MeSH (Medical Subject Headings) terms/Text words. 14

### **Pain Management**

- "pain management" [MeSH Terms] OR "pain management" [Text Word] OR "pain relief" [Text Word] OR "pain control" [Text Word] OR "pain reduction" [Text Word] OR "managing pain" [Text Word] OR "analgesia" [MeSH Terms] OR "analgesia" [Text Word]
- 2. "pain measurement" [MeSH Terms] OR "pain assessment" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain scale" [Text Word] OR "pain tool" [Text Word] OR "pain assessment tool" [Text Word] OR "pain instrument" [Text Word] OR "pain intervention" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain measurement" [Text Word]
- 3. 1 OR 2

# **Complementary Therapies**

- 4. "integrative medicine" [MeSH Terms] OR "integrative medicine" [Text Word] OR "complementary therapies" [MeSH Terms] OR "complementary medicine" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative medicine" [Text Word] OR "integrative therapy" [Text Word] OR "integrative therapies" [Text Word] OR "complementary therapies" [Text Word] OR "complementary therapies" [Text Word] OR "alternative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative therapies" [Text Word] OR "alternative treatment" [Text Word]
- 5. "nonpharmacological intervention"[Text Word] OR "nonpharmacological interventions"[Text Word] OR "nonpharmacological therapy"[Text Word] OR "nonpharmacological therapies"[Text Word] OR "nonpharmacological treatment"[Text Word]
- 6. "aromatherapy"[MeSH Terms] OR "aromatherapy"[Text Word] OR "oils, volatile"[MeSH Terms] OR "essential oils"[Text Word] OR "aromatherapy"[MeSH Terms] OR "aroma therapy"[Text Word]
- 7. "acupuncture"[MeSH Terms] OR "acupuncture therapy"[MeSH Terms] OR "acupuncture"[Text Word] OR "acupuncture therapy"[MeSH Terms] OR "acupuncture therapy"[Text Word] OR "acupuncture treatment"[Text Word] OR "acupuncture, ear"[MeSH Terms] OR "acupuncture ear"[Text Word]
- 8. "mind body techniques"[Text Word] OR "mind body therapies"[MeSH Terms] OR "mind body therapies"[Text Word]
- 9. "breathing techniques"[Text Word] OR "breathing exercises"[MeSH Terms] OR "breathing exercise"[Text Word]
- 10. "guided imagery intervention" [Text Word] OR "guided imagery interventions" [Text Word] OR "imagery, psychotherapy" [MeSH Terms] OR "guided imagery" [Text Word] OR "guided relaxation" [Text Word]

- 12. "biofeedback, psychology" [MeSH Terms] OR "biofeedback" [Text Word] OR "biofeedback therapy" [Text Word]
- 13. "music therapy" [MeSH Terms] OR "music therapy" [Text Word] OR "music intervention" [Text Word] OR "musical therapy" [Text Word] OR "music based intervention" [Text Word] OR "therapeutic music" [Text Word]
- 14. "progressive muscle relaxation"[Text Word] OR "muscle relaxation"[MeSH Terms] OR "muscle relaxation"[Text Word]
- 15. "sleep therapy"[Text Word] OR "sleep"[MeSH Terms] OR "sleep"[Text Word]
- 16. "massage therapy"[Text Word] OR "massage"[Text Word] OR "massage therapies"[Text Word]
- 17. "physical therapy modalities" [MeSH Terms] OR "physical therapy" [Text Word] OR "physical therapy modalities" [MeSH Terms] OR "physiotherapy" [Text Word]
- 18. 4 OR 5 OR 6 OR 7 OR 8OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17

# 19. **PICU**

20. "pediatric intensive care unit"[Text Word] OR "picu"[Text Word] OR "pediatric critical care unit"[Text Word] OR "paediatric critical care"[Text Word] OR "intensive care units, pediatric"[MeSH Terms]

# 21. 3 AND 18 AND 19

Text words describes in the titles and abstracts of articles and the indexing the terms used in the articles will be used to guide a complete search strategy for CINAHL (EBSCO) and relevant platforms: Cochrane Library (Wiley), Embase (Elsevier), LILACS (VHL), MEDLINE (PubMed), Scopus (Elsevier), Web of Science Core Collection (Clarivate Analytics), to be disclosed with the result of the scoping review.

The search strategy will consider the particularity of each information source, including all the identified keywords and indexing terms. The strategy will consider articles published in any language and with any database on the start or date of insertion.

In addition to the electronic databases, contact will be made with the study authors, when necessary, to clarify doubts. This protocol will consider sources of unpublished studies and gray literature, Theses Capes, Dart Europe (DART-E), and Open Access Theses and Dissertations (OATD). Online supplemental appendix A provides a list of possible search queries.

# Study selection

The information search process will be carried out in two stages: 1) Reading the title and abstract (first set of records), and 2) Read in full (second set of records). Screening, which will result in the first set of records, will be performed by two pairs of reviewers who will divide the search as follows: 1) Pair A will perform the search using the following sources. 2) Pair B will search in the following sources. A fifth reviewer will verify this process. The first data record will be grouped and loaded in EndNote20 (Clarivate Analytics, PA, USA), and duplicates will be removed.

A pilot test will be carried out on two sources of information, CINAHL and PubMed, for evaluation according to the inclusion criteria for the review. Potentially relevant articles will be retrieved in full of composing the second set of records and their citation details, imported into Rayyan (Rayyan Systems Inc., MA, Cambridge).

At this stage, if necessary, adjustments will be made to the search strategy to meet the review's inclusion criteria. After completing the pilot test, four reviewers will evaluate the full text of the other selected citations to check whether they meet the inclusion criteria. The reasons for excluding full-text articles that do not meet the inclusion criteria will be recorded and reported in the scoping review. Disagreements between reviewers at any stage of this process will be resolved through consensus.

The research results will be reported in full in the final scoping review and presented in a PRISMA<sup>22</sup> flow diagram (figure 1).

# Extracting and charting the results

Data will be extracted from the articles by three reviewers using a data extraction tool developed by the authors based on a model proposed by the JBI (table 3). Data extraction will occur independently, with cross-checking of the extracted evidence. Differences will be resolved by consensus. The outline of extraction tool can be provided in table 3.

**Table 3** Outline of the extraction tool. <sup>10</sup>

- AUTHOR
- YEAR
- OBJECTIVE
- TYPE OF STUDY/SOURCE
- POPULATION
- SAMPLE SIZE
- AGE
- GENRE

- CONCEPT- ALTERNATIVE/COMPLEMENTARY/INTEGRATIVE THERAPY
- TECHNIQUE USED
- PROFESSIONALS WHO USED THE TECHNIQUE
- CONCEPT- ACUTE/CHRONIC PAIN
- INSTRUMENT USED FOR PAIN IDENTIFICATION
- RESULTS

Relevant information will be extracted that answers the guiding, objective, and subquestions of the review. The feasibility of the extraction tool will be tested on a subset of the second set of records. This will be modified and revised for each article included in the data extraction process. Any modifications will be detailed in the full scoping review.

# Collating, summarizing, and reporting the results

The total number of jobs will be presented in a summarised table format, using the extraction tool as a guide. Then, the data will be grouped according to the PAGER strategy (Patterns, Advances, Gaps, Evidence for practice, and Research recommendations) proposed by Bradbury-Jones and Aveyard.<sup>23</sup> Each component represents a domain. The starting point is to produce the "Chart of Patterns." It displays the articles included in the review on one axis and the themes on the other to report the themes expressed in the articles. After the patterns are identified, advances, and gaps can be identified and reported, resulting in the last domain of the framework, which is to recommend future research. In addition, the strategy also makes it possible to identify topics that do not require further research; that is, the scientific community has explored them well.

## **Ethics and dissemination**

Because scoping reviews use secondary data from other primary sources, approval of the protocol and review by the Research Ethics Committee will not be necessary. The results will be disseminated through publications in journals of high quality whose scope aligns with the theme. If appropriate, there will also be the dissemination of health services with local PICUs and at conferences in the field of study.

Patient and public involvement There was no patient involvement.

Authors' contributions IGMA, JKSD, SCMA, JT and PLOA contributed to the development of this manuscript. IGMA conceptualised the research question, designed the study and prepared the first draft of the manuscript. JS provided methodological expertise and manuscript edits. TELF helped refine the research question. All authors have contributed to study design and revising the protocol. All authors have approved the final manuscript.

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Competing interests statement None declared.



#### REFERENCES

- 1. World Health Organization (WHO). Guidelines on the management of chronic pain in children [Internet]. Geneva: © WHO; 2020. ISBN: 978-85-7288-839-4 [cited 2022 Sept. 08]. Available from: https://www.who.int/publications/i/item/9789240017870
- 2. The University of Arizona. Andrew Weil Center for Integrative Medicine. 

  \*Integrative Pain Management Series 10 Hours (2022-2024) [Internet]. Tucson; 2022 [cited 2022 Aug 8]. Available from: 

  https://integrativemedicine.arizona.edu/online\_courses/pain\_series.html
- 3. Kopf A, Patel NB, editors. *Guide to pain management in low-resource settings* [Internet]. Seattle: IASP; ©2010 [cited 2022 Sep 8]. Available from: https://iaspfiles.s3.amazonaws.com/production/public/2021/IASP-Guide to Pain Management in Low-Resource Settings-English.pdf
- 4. Sedrez ES, Monteiro JK. Avaliação da dor em pediatria. *Rev Bras Enferm*. [Internet]. 2020 [citado 2022 Sep 8];**73**(Supl. 4):e20190109. doi: <a href="http://dx.doi.org/10.1590/0034-7167-2019-0109">http://dx.doi.org/10.1590/0034-7167-2019-0109</a>. Available from:

https://www.scielo.br/j/reben/a/MJ7FdLTXpHbHjLYGSY3rcNx/?lang=pt&format=pdf

- 5. Andersen RD, Olsson E, Eriksson M. The evidence supporting the association between the use of pain scales and outcomes in hospitalized children: a systematic review. *Int J Nurs Stud* [Internet]. 2021 march 11[cited 2022 Sep 8];115:103840 doi: https://doi.org/10.1016/j.ijnurstu.2020.103840. Available from: https://www.sciencedirect.com/science/article/abs/pii/S002074892030331X?fr=RR-2&ref=pdf\_download&rr=747b16c07cd18959
- 6. Kramlich D. Complementary health practitioners in the Acute and Critical Care Setting: nursing considerations. *Crit Care Nurs*. [Internet]. 2017 Jun 01 [cited 2022 Sep 8];37(3):60-65. doi: https://doi.org/10.4037/ccn2017181. Available from: https://aacnjournals.org/ccnonline/article-abstract/37/3/60/3551/Complementary-Health-Practitioners-in-the-Acute?redirectedFrom=fulltext
- 7. Oliveira NCAC. Avaliação de dor e do estresse em crianças hospitalizadas em Unidades de Terapia Intensiva Pediátrica [Internet]. Ribeirão Preto: Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo; 2018 [citado 2022 Sep 8]. Available from: https://www.teses.usp.br/teses/disponiveis/17/17148/tde-27052019-153142/pt-br.php
- 8. Ardahan Akgül E, Karakul A, Altın A, Doğan P, Hoşgör M, Oral A. Effectiveness of lavender inhalation aromatherapy on pain level and vital signs in children with burns: a randomized controlled trial. *Complement Ther Med* [Internet]. 2021 August [cited 2022 Sep

- 8];**60**:102758. doi: https://doi.org/10.1016/j.ctim.2021.102758. Available from: https://www.sciencedirect.com/science/article/pii/S0965229921000996?via%3Dihub
- 9. Gnatta JR, Kurebayashi LF, Turrini RN, Silva MJ. Aromatherapy and nursing: historical and theoretical conception. *Rev Esc Enferm USP* [Internet]. 2016 February [cited 2022 Sep 8];**50**(1) doi: https://doi.org/10.1590/S0080-623420160000100017. Available from: https://www.scielo.br/j/reeusp/a/Z3SpTtG6nQF7LfL7fKbrt3w/?lang=en
- 10. Peters MDJ, Godfrey C, McInerney P, Khalil H, Larsen P, Marnie C, et al. Best practice guidance and reporting items for the development of scoping review protocols. *JBI Evid Synth* [Internet]. 2022 [cited 2022 Sep 20];**20**(4):953–968. doi 10.11124/JBIES-21-00242. Available from: https://journals.lww.com/jbisrir/Fulltext/2022/04000/Best\_practice\_guidance\_and\_reporting items for the.3.aspx
- 11. Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil, H. Chapter 11: Scoping reviews: 2020 version. In: Aromataris E, Munn Z, editors. *JBI Manual for Evidence Synthesis*. Adelaide: JBI; 2020. Available from https://synthesismanual.jbi.global. doi: https://doi.org/10.46658/JBIMES-20-12
- 12. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med*. 2018 Oct 2;**169**(7):467-473. doi: 10.7326/M18-0850. Available from: https://www.acpjournals.org/doi/epdf/10.7326/M18-0850
- 13. Arksey H, O 'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Method* [Internet]. 2007 Feb 23 [cited 2022 Sep 8];19-32. doi https://doi.org/10.1080/1364557032000119616. Available from: https://www.tandfonline.com/doi/full/10.1080/1364557032000119616?scroll=top&needA ccess=true
- 14. Ahmad T, Gopal D, Dayem Ullah AZM, Taylor S. Multimorbidity in patients living with and beyond cancer: protocol for a scoping review. *BMJ Open*. 2022 May 13;**12**(5):e057148. doi: 10.1136/bmjopen-2021-057148. Available from: https://bmjopen.bmj.com/content/12/5/e057148.info
- 15. Health Sciences Descriptors: DeCS. 2023. rev. São Paulo: BIREME/PAHO/WHO; 2023. Child, Preschool; [revised 2015 Jun 23; cited 2023 Apr 19]. Available from:
- 16. Health Sciences Descriptors: DeCS. 2022. rev. São Paulo: BIREME/PAHO/WHO; 2022. Child; [revised 2015 Jun 23; cited 2022 Sep 8]. Available from: https://decs.bvsalud.org/ths/resource/?id=2694&filter=ths\_termall&q=CRIAN%C3%87AS

- 18. Health Sciences Descriptors: DeCS. 2022. rev. São Paulo: BIREME/PAHO/WHO; 2022. Infant, Newborn; [revised 2015 Nov 24; cited 2022 Sep 8]; Available from: https://decs.bvsalud.org/ths/resource/?id=22226&filter=ths\_termall&q=rec%C3%A9m-nascido
- 19. Complementary, Alternative, or Integrative Health: What's in a Name? [Internet]. Bethesda: National Center of Complementary and Integrative Health; 2021 april. Complementary Versus Alternative; [revised 2021 Apr 1; cited 2022 Sep 20]; Available from: https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name
- 20. Health Sciences Descriptors: DeCS. 2022. rev. São Paulo: BIREME/PAHO/WHO; 2022. Acute Pain; [revised 2017 Jun 20; cited 2022 Sep 8]; Available from: https://decs.bvsalud.org/ths/resource/?id=54517&filter=ths\_termall&q=dor%20aguda#Det ails
- 21. Health Sciences Descriptors: DeCS. 2022. rev. São Paulo: BIREME/PAHO/WHO; 2022. Chronic Pain; [revised 2017 Jun 20; cited 2022 Sep 8] Available from: Available from:https://decs.bvsalud.org/ths/resource/?id=54522&filter=ths\_termall&q=dor%20cr%C 3%B4nicWHO
- 22. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021 Mar 29;372:n71. doi: 10.1136/bmj.n71. Available from: https://www.bmj.com/content/372/bmj.n71
- 23. Bradbury-Jones C, Aveyard H. The incomplete scope of scoping reviews: a framework for improving the quality of reporting. *J Clin Nurs*. 2021;**30**(21-22):e67-e68. doi: https://doi.org/10.1111/jocn.159

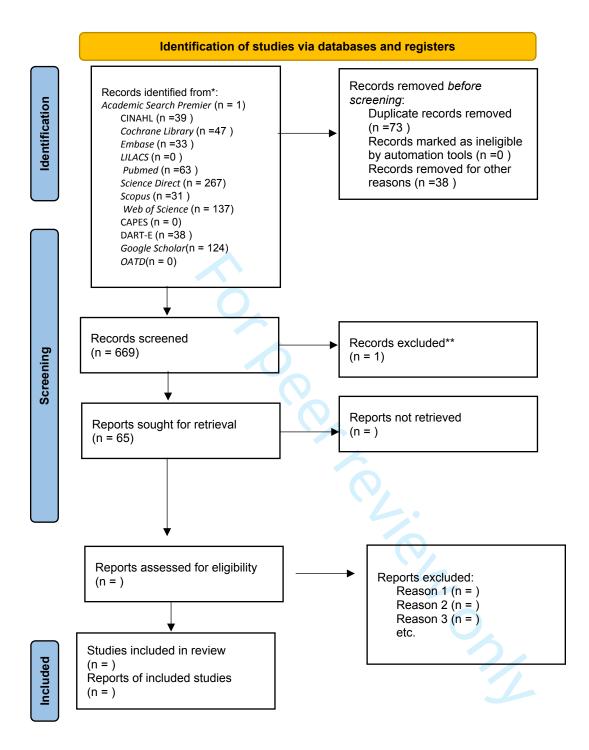


Figure 1. Research results until April 2023. From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

Appendix A: Draft Sear	BMJ Open  BMJ Open  BMJ Open  Ch Strategy  Query	
Dates of coverage and database	12 Fe	Retrieved records
09/21/22 CINAHL	1. MH (pain management or pain relief or pain control or pain reduction or managing pain or analged of the management or pain relief or pain control or pain reduction or managing pain or analged of the management or pain relief or pain control or pain reduction or managing pain or analged of the management or pain relief or pain control or pain reduction or managing pain or analges of the management or pain relief or pain control or pain reduction or managing pain or analges of the management or pain relief or pain control or pain reduction or managing pain or analges of the management or pain relief or pain control or pain reduction or managing pain or analges of the management or pain relief or pain control or pain reduction or managing pain or analges of the management or pain relief or pain control or pain reduction or managing pain or analges of the management or pain relief or pain reduction or managing pain or analges of the management or pain relief or pain control or pain reduction or managing pain or analges of the management or pain relief or pain control or pain reduction or managing pain or analges of the management or pain relief or pain control or pain reduction or managing pain or analges of the management or pain relief or pain control or pain reduction or managing pain or analges of the management or pain reduction or managing pain or analges of the management or pain reduction or managing pain or analges of the management or pain reduction or managing pain or analges of the management or pain reduction or management or pa	84,304
	2. MH (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or pain measurement) OR TI (pain assessment or pain scale or pain tool or pain assessment tool or pain intervention or pain measurement) OR AB (pain assessment or pain scale or pain tool or pain tool or pain instrument or pa	75,339
	3. 1 OR 2	133,679
	4. MH (integrative medicine or complementary medicine or alternative medicine) OR TI (integrative medicine or complementary medicine or alternative medicine) OR AB (integrative medicine or complementary medicine or alternative medicine)	16,007
	5. MH (integrative therapy or integrative therapies or complementary therapy or complementary therapies or alternative therapies or alternative therapies or alternative therapies or complementary therapies or alternative therapy or complementary therapy or complementary therapies or alternative therapies or alternative therapy or complementary therapies or alternative therapy or alternat	60,250
	6. MH (non- pharmacological intervention or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological therapies or non-pharmacological treatment) OR TI (non- pharmacological treatment) or non-pharmacological intervention or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological	3,068

	pharmacological treatment) OR AB (non- pharmacological intervention or non-pharmacological treatment) interventions or non-pharmacological therapy or non-pharmacological therapies or non-pharmacological treatment)	
7.	MH (aromatherapy or essential oils or aroma therapy) OR TI (aromatherapy or essential oils or graphs therapy) OR AB (aromatherapy or essential oils or aroma therapy	7,565
8.	MH (acupuncture or acupuncture therapy or acupuncture treatment) OR TI (acupuncture or acupuncture therapy or acupuncture treatment) OR AB (acupuncture or acupuncture therapy or acupuncture treatment)	20,538
9.	MH acupuncture, ear OR TI acupuncture, ear OR AB acupuncture, ear	590
10.	MH (mind body techniques or mind-body therapies) OR TI (mind body techniques or mind-body therapies) OR AB (mind body techniques or mind-body therapies)	3,952
11.	MH (breathing techniques or breathing or breathing exercise) OR TI (breathing techniques or breathing exercise) OR AB (breathing techniques or breathing or breathing exercise)	20,189
12.	MH (guided imagery for pain management or guided image therapy or guided images therapies) PR TI (guided imagery for pain management or guided image therapy or guided images therapies) OR AB (guided imagery for pain management or guided image therapy or guided images therapies)	646
13.	MH (guided imagery or guided relaxation or visualization techniques) OR TI (guided imagery of guided relaxation or visualization techniques) OR AB (guided imagery or guided relaxation or visualization techniques)	4,120
14.	MH (hypnosis or hypnotherapy) OR TI (hypnosis or hypnotherapy) OR AB (hypnosis or hypnotherapy)	4,011

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15. MH (biofeedback or biofeedback therapy) OR TI (biofeedback or biofeedback therapy) OR Biofeedback or biofeedback therapy)	4,994
16. MH (music therapy or music intervention or musical therapy or music-based intervention or the like it is music) OR TI (music therapy or music intervention or musical therapy or music-based intervention or therapy is music) OR AB (music therapy or music intervention or musical therapy or music-based intervention or therapy is music)	7,558
17. MH (progressive muscle relaxation or muscle relaxation) OR TI (progressive muscle relaxation of the progressive muscle relaxation) OR AB (progressive muscle relaxation or muscle relaxation)  18. MH (sleep therapy or sleep) OR TI (sleep therapy or sleep) OR AB (sleep therapy or sleep)	2,299
18. MH (sleep therapy or sleep) OR TI (sleep therapy or sleep) OR AB (sleep therapy or sleep)	77,183
19. MH (massage therapy or massage or massage therapies) OR TI (massage therapy or massage or massage therapies) OR AB (massage therapy or massage or massage therapies)	21,418
20. MH (physical therapy or physiotherapy) OR TI (physical therapy or physiotherapy) OR AB (	61,296
21. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR S16 OR 17 OR 15 OR 20	277,529
22. MH (pediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care appaediatric critical care) OR TI (pediatric intensive care unit or picu or pediatric critical care unit or paediatric critical care) OR AB (pediatric intensive care unit or picu or pediatric critical care) or paediatric intensive care or paediatric critical care)	9,239
23. MH intensive care units, pediatric OR TI intensive care units, pediatric OR AB intensive care units, pediatric	8,949
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24. 22 OR 23		ding for	on 12 F	11,491
25. 3 AND 21 AND 24		uses rel	בֻּ	38

Dates of coverage and database	Query Query	Retrieved records
09/21/22 MEDLINE	1. "pain management" [MeSH Terms] OR "pain management" [Text Word] OR "pain relief" [Text Word] OR "pain control" [Text Word] OR "pain reduction" [Text Word] OR "managing pain" [Text Word] OR "management" [MeSH Terms] OR "analgesia" [Text Word]	177,128
(PubMed)	2. "pain measurement" [MeSH Terms] OR "pain assessment" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain scale" [Text Word] OR "pain tool" [Text Word] OR "pain assessment tool" [Text Word] OR "pain instrument" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain measurement" [Text Word] OR "pain measurement" [Text Word]	101,025
	3. 1 OR 2	246,193
	4. "integrative medicine" [MeSH Terms] OR "integrative medicine" [Text Word] OR "complementary therapies" [MeSH Terms] OR "complementary medicine" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative medicine" [Text Word] OR "integrative therapy" [Text Word] OR "integrative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "complementary therapies" [Text Word] OR "alternative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative therapies" [Text Word] OR "alternative treatment" [Text Word]	274,042
	5. "nonpharmacological intervention"[Text Word] OR "nonpharmacological interventions"[Text Word] OR "nonpharmacological therapy"[Text Word] OR "nonpharmacological treatment"[Text Word] OR "nonpharmacological treatment"[Text Word]	5,292
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	For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	

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	6. "aromatherapy"[MeSH Terms] OR "aromatherapy"[Text Word] OR "oils, volatile"[MeSH Terms] OR "essential oils"[Text Word] OR "aromatherapy"[MeSH Terms] OR "aroma therapy"[Text Word]	23,007
,	7. "acupuncture" [MeSH Terms] OR "acupuncture therapy" [MeSH Terms] OR "acupuncture" [MeSH Terms] OR "acupuncture therapy" [Text Word] OR "acupuncture therapy" [Text Word] OR "acupuncture ear" [Text Word] OR "acupuncture, ear" [MeSH Terms] OR "acupuncture ear" [Text Word]	35,397
	8. "mind body techniques"[Text Word] OR "mind body therapies"[MeSH Terms] OR "mind be	46,477
!	9. "breathing techniques"[Text Word] OR "breathing exercises"[MeSH Terms] OR "breathing exercises"[Text Word]	4,632
	10. "guided imagery intervention"[Text Word] OR "guided imagery interventions"[Text Word] OR "guided relaxation"[Text Word] OR "guided relaxation"[Text Word] OR "guided relaxation" [Text Word	2,746
	11. "hypnosis"[MeSH Terms] OR "hypnosis"[Text Word] OR "hypnotherapy"[Text Word]	15,942
	12. "biofeedback, psychology"[MeSH Terms] OR "biofeedback"[Text Word] OR "biofeedback there apy Text Word]	16,054
	13. "music therapy" [MeSH Terms] OR "music therapy" [Text Word] OR "music intervention" [Text Word] OR "music therapy" [Text Word] OR "therapeutic music" [Text Word] OR "musical therapy" [Text Word] OR "music based intervention" [Text Word] OR "therapeutic music" [Text Word] OR "musical therapy" [Text Word] OR "music therapy" [Text Word] OR "music intervention" [Text Word] OR "music intervention" [Text Word] OR "music therapy" [Text Word] OR "music intervention" [Text Word] OR "music intervent	5,367
	14. "progressive muscle relaxation"[Text Word] OR "muscle relaxation"[MeSH Terms] OR "muscle relaxation"[Text Word]	35,626
	15. "sleep therapy"[Text Word] OR "sleep"[MeSH Terms] OR "sleep"[Text Word]	232,994
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Februa	16,186
17. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word] OR and physical therapy modalities"[MeSH Terms] OR "physiotherapy"[Text Word]	200,591
18. 4 OR 5 OR 6 OR 7 OR 8OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17  and ded from htt  (ABES)	746,903
open.b	31,624
20. 3 AND 18 AND 19	63

Dates of coverage and database	Query	ne 9, 20	Retrieved records
09/14/22 ACADEMIC SEARCH PREMIER	1. (pain management) OR (DE "PAIN management" OR DE "DRY needling" OR DE "PAIN measure" "BRIEF Pain Inventory" OR DE "MCGILL Pain Questionnaire")	ment Agence	81,825
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2. DE "ALTERNATIVE medicine" OR DE "ACUPUNCTURE" OR DE "ALTERNATIVE treatmed" OR "BOTANIC medicine" OR DE "CHIROPRACTIC" OR DE "CHRONOTHERMAL medicine" OR DE "DRY needling" OR DE "ENERGY medicine" OR DE "HOLISTIC medicine" OR DE "HOMEOPATHY" "MENTAL healing" OR DE "NATUROPATHY"	
3. DE "PEDIATRIC intensive care" OR ""PEDIATRIC intensive care units" OR PICU	10,655
4. 1 AND 2 AND 3	1

Dates of coverage	Query Query Al.	Retrieved records
and database		
10/03/22	1. ("pain"):ti,ab,kw OR ("pain assessment"):ti,ab,kw	215514
COCHRANE	2. ("integrative medicine"):ti,ab,kw OR ("complementary medicine"):ti,ab,kw    © R O ("alternative medicine"):t	4013
	3. ("non-pharmacological"):ti,ab,kw AND ("therapies"):ti,ab,kw OR ("treatmeat"):tab,kw OR ("intervention"):ti,ab,kw	1147812
	4. ("aromatherapies"):ti,ab,kw OR ("essential oil"):ti,ab,kw	2174
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	BMJ Open  BMJ Open  BMJ Open  ("acupuncture"):ti,ab,kw OR ("acupuncture analgesia"):ti,ab,kw  BMJ Open  ("acupuncture"):ti,ab,kw OR ("acupuncture analgesia"):ti,ab,kw	
5.	("acupuncture"):ti,ab,kw OR ("acupuncture analgesia"):ti,ab,kw	17333
6.	("mind body"):ti,ab,kw OR ("mind body medicine"):ti,ab,kw OR ("mind body therapies"):ti,ab,kw OR ("min	1248
7.	("breathing"):ti,ab,kw	34728
8.	("guided imagery"):ti,ab,kw	806
9.	("hypnotherapy"):ti,ab,kw  ("biofeedback"):ti,ab,kw OR ("biofeedback training"):ti,ab,kw	380
10.	("biofeedback"):ti,ab,kw OR ("biofeedback training"):ti,ab,kw	3897
11.	("music therapy"):ti,ab,kw	2613
12.	("progressive muscle relaxation"):ti,ab,kw OR ("progressive muscle relaxation training"):ti,ab,kw	820
13.	("sleep"):ti,ab,kw	46268
14.	("sleep"):ti,ab,kw  ("massage therapy"):ti,ab,kw  ("physical therapy"):ti,ab,kw OR ("physical therapy	875
15.	("physical therapy"):ti,ab,kw OR ("physical therapy	11504
16. unit"):	("pediatric intensive care unit"):ti,ab,kw OR ("paediatric intensive care"):ti,ab,kw OR ("paediatric intensive care units"):ti,ab,kw	1095
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17. 1 AND 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 25 AND 16	0
18. 1 AND 3 AND 16	46
19. 1 AND 7 AND 16	10
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22. 1 AND 15 AND 16	1
23. 1 AND 3 AND 16 OR 1 AND 7 AND 16 OR 1 AND 11 AND 16 OR 1 AND 13 AND 16 OR 1 AND 16 OR	47
and and	

Dates of coverage and database	Query Similar te	Retrieved records
10/23/22 EMBASE	1. pain'/exp OR 'pain' OR 'analgesia'/exp OR 'analgesia'	2062548
	2. 'integrative medicine'/exp OR 'integrative medicine' OR 'alternative medicine'/exp OR 'alternative medicine' OR 'aromatherapy'/exp OR 'aromatherapy' OR 'essential oil'/exp OR 'essential oil' OR 'acupuncture'/exp OR 'gupuncture' OR 'auricular acupuncture'/exp OR 'auricular acupuncture' OR 'breathing exercise'/exp OR 'breathing exercise' OR 'guided imagery'/exp OR 'guided imagery' OR 'hypnosis' OR biofeedback'/exp OR 'biofeedback' OR 'music therapy'/exp OR 'music therapy' OR 'music therapy' OR 'music therapy' OR 'music therapy' OR 'music therapy'/exp OR 'music therapy' OR 'music therapy'/exp OR 'music therapy'/e	255690

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OR 'physiotherapy'/exp OR 'physiotherapy' OR	52 on 12 F luding for	
3. 'pediatric intensive care unit'/exp OR 'pediatric intensive care unit'	ebruary Enseig uses rei	22687
4. 1 AND 2 AND 3	2024. Do nement ated to t	33
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Dates of coverage and database	Query Query Query	Retrieved records
10/23/22 LILACS	1. "DOR" or "avaliacao da DOR" or "escala analogica da DOR" or "escala analogica visual de DOR" intensidade da DOR" or "limiar da DOR" or "manejo da DOR" or "medicao da DOR" or "percepcao da DOR" or "percepcao da DOR" or "DOR aguda" or "DOR cronica" [Descritor de assunto]	5862
	2. "TERAPIAS COMPLEMENTARES" or "TERAPIAS COMPLEMENTARES e integrativas" [Descritor de assunto]	1429
	3. "unidade de terapia intensiva pediatrica" [Descritor de assunto]	767
	4. 1 and 2 and 3	0
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Dates of coverage and database	Query 9	9, 2025 at Ag	Retrieved records
SCIENCE DIRECT	1. Title, abstract, keyword: pain	ence Bi	232,587
		oliographiqu	
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2. Title, abstract, keywor	rd: complementary and alternative medicine	-074952 on 12 F nt, including for	3342
3. Title, abstract, keywor	rd: integrative medicine	ebruary Enseig uses rel	6951
4. pediatric intensive car	re unit	2024. Do nement lated to t	3787
1 AND 2 OR 3 AND 4		ownloade Superieu ext and d	267

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09/23/22 SCOPUS	1. TITLE("Pain Management" OR "Pain Relief "OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR ABS("Pain Management" OR "Pain Relief" OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR TITLE-ABS-KEY(Pain Management OR Pain Relief OR Pain Control On "Pain Reduction" OR "Managing Pain" OR Analgesia)	(344,701)
	2. TITLE("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Intervention" OR "Pain Measurement") OR ABS("Pain Assessment" OR "Pain Scale" OF "Pain Tool" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Intervention" OR "Pain Measurement") OP TITLE-ABS-KEY("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Intervention" OR "Pain Measurement")  Pain Intervention" OR "Pain Measurement")	(145,947)
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3	on 12 F ding for	(423,690)
2	H. TITLE("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR "ENTE ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR TITLE-ABS ("Integrative Medicine") OR "Complementary Medicine" OR "Alternative Medicine")	(58,538)
4	Therapies" OR "Alternative Therapy" OR "Alternative Therapies" OR "Alternative Therapy" OR "Alternative Therapy" OR "Alternative Therapies" OR "Complementary Therapy" OF "Symplementary Therapies" OR "Alternative Therapy" OR "Alternative Therapies" OR "Alternative Treatment" OF "Therapies" OR "Alternative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OF "Alternative Therapy" OR "Alternative Therapy" OR "Alternative Therapies" OR "Alternative Treatment")	(59,454)
6	TITLE("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Therapies" OR "Non-pharmacological Treatment") OF ABS("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Therapies" OR "Non-pharmacological Treatment") OR TITLE ABS-KEY("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Therapies" OR "Non-pharmacological Treatment")	(7,752)
	7. TITLE(Aromatherapy OR "Essential Oils" OR Aroma therapy) OR ABS(Aromatherapy OR "Essential Oils" OR Aroma therapy) OR TITLE-ABS-KEY(Aromatherapy OR "Essential Oils" OR Aroma therapy)	(3.885)
8	3. TITLE("Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment") OR ABS ("Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment") OR TITLE-ABS-KEY("Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment")	(52,587)
Ş	D. TITLE("Acupuncture, Ear") OR ABS("Acupuncture, Ear") OR TITLE-ABS-KEY("Acupuncture, Ear")	(452)
1	10. TITLE("Mind Body Techniques" OR "Mind-body Therapies") OR ABS("Mind Body Techniques" OR "Mind-body Therapies") OR TITLE-ABS-KEY("Mind Body Techniques" OR "Mind-body Therapies")	(1.625)
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11. TITLE("Breathing Techniques"OR Breathing OR "Breathing Exercise") OR ABS("Breathing Techniques"OR Breathing OR "Breathing Exercise") OR TITLE-ABS-KEY("Breathing Techniques"OR Breathing Exercise")	(279.806)
12. TITLE("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Image" perapies") OR ABS("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Image" perapies") OR TITLE-ABS-KEY("Guided Imagery for Pain Management" OR "Guided Image Therapy" Of "Guided Images" Therapies")	4
13. TITLE("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques") OR ABS("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques") OR TITLE-ABS-KEY("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques")	17,176
14. TITLE(Hypnosis OR Hypnotherapy) OR ABS(Hypnosis OR Hypnotherapy) OR TITLE-ABS-	22,266
15. TITLE(Biofeedback OR "Biofeedback Therapy") OR ABS(Biofeedback OR "Biofeedback Therapy") OR TITLE-ABS-KEY(Biofeedback OR "Biofeedback Therapy")	17,108
16. TITLE("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music") OR ABS("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music") OR TITLE-ABS-KEY("Music Therapy" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music")	11,454
17. TITLE("Progressive Muscle Relaxation" OR "Muscle Relaxation") OR ABS("Progressive Muscle Relaxation" OR "Muscle Relaxation") OR TITLE-ABS-KEY("Progressive Muscle Relaxation" OR "Muscle Relaxation")	34,970
18. TITLE("Sleep Therapy" OR Sleep) OR ABS("Sleep Therapy" OR Sleep) OR TITLE-ABS-KEY("Sleep Therapy" OR Sleep)	340,832
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24.	22 OR 23 ing, and	22,008
23.	TITLE("Intensive Care Units, Pediatric") OR ABS("Intensive Care Units, Pediatric") TITLE-ABS-KEY("Intensive Care Units, Pediatric")	8,226
22.	TITLE ("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Edetensive Care" OR "Paediatric Critical Care") OR ABS ("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Edetensive Care Unit" OR "Paediatric Intensive Care") OR TITLE-ABS-KEY ("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care Unit" OR "Paediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care")	20,379
21.	4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OF 3 OR 20	937,453
20.	TITLE("Physical Therapy" OR Physiotherapy) OR ABS("Physical Therapy" OR Physiotherapy ETITLE-ABS-KEY("Physical Therapy" OR Physiotherapy)	129,632
19.	TITLE("Massage Therapy" OR Massage OR "Massage Therapies") OR ABS("Massage Therapy OR Massage OR "Massage Therapies") OR TITLE-ABS-KEY("Massage Therapy" OR Massage OR "Massage Therapies")	28,624

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09/21/22 WEB OF SCIENCE	1. TS= (pain management or pain relief or pain control or pain reduction or managing pain or analge, and a sequence or pain relief or pain control or pain reduction or managing pain or analgesia) OR AB= (pain management or pain relief or pain control or pain reduction or managing pain or analgesia)  TS= (pain management or pain relief or pain relief or pain relief or pain control or pain reduction or managing pain or analgesia)  TS= (pain management or pain relief or	(376,576)
	2. TS= (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or pain intervention or pain measurement) OR TI= (pain assessment or pain scale or pain tool or pain assessment tool or pain intervention or pain measurement) OR AB= (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or pain intervention or pain measurement)	(241,031)
	3. 1 OR 2	(475,359)
	4. TS= (integrative medicine or complementary medicine or alternative medicine) OR TI= (integrative medicine or complementary medicine or alternative medicine or alternative medicine) OR AB= (Integrative medicine or complementary medicine or alternative medicine)	(51,961)
	5. TS= (integrative therapy or integrative therapies or complementary therapy or complementary therapy or alternative therapies or alternative treatment) OR TI= (integrative therapy or integrative therapies or alternative therapy or complementary therapies or alternative therapy or integrative therapies or alternative therapy or integrative therapies or complementary therapy or complementary therapies or alternative therapy or alternative therapies or alternative the	(288,290)
	6. TS= (non- pharmacological intervention or non-pharmacological interventions or non-pharmacological therapies or non-pharmacological treatment) OR TI= (non- pharmacological therapies or non-pharmacological therapy or non-pharmacological therapy or non-pharmacological therapy or non-pharmacological therapy or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological the	(12,420)
	7. TS= (aromatherapy or essential oils or aroma therapy) OR TI= (aromatherapy or essential oils or aroma therapy) OR AB= (aromatherapy or essential oils or aroma therapy)	(86,864)

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8. TS= (acupuncture or acupuncture therapy or acupuncture treatment) OR TI= (acupuncture or acupancture therapy or acupuncture treatment) OR AB= (acupuncture or acupuncture therapy or acupuncture treatment)	(25,368)
9. TS= (acupuncture, ear) OR TI= (acupuncture, ear) OR AB= (acupuncture, ear)	(547)
10. TS= (mind body techniques or mind-body therapies) OR TI= (mind body techniques or mind-body therapies) OR AB= (mind body techniques or mind-body therapies)	(2,430)
11. TS= (breathing techniques or breathing or breathing exercise) OR TI= (breathing techniques or breathing exercise)  OR AB= (breathing techniques or breathing or breathing exercise)	(99,065)
12. TS= (guided imagery for pain management or guided image therapy or guided images therapies TI= (guided imagery for pain management or guided images therapies) OR AB= (guided imagery for guided imager	(22,227)
13. TS= (guided imagery or guided relaxation or visualization techniques) OR TI= (guided imagery or guided relaxation or visualization techniques) OR AB= (guided imagery or guided relaxation or visualization techniques)	(68,289)
14. TS= (hypnosis or hypnotherapy) OR TI= (hypnosis or hypnotherapy) OR AB= (hypnosis or hypnosis or h	(10,831)
15. TS= (biofeedback or biofeedback therapy) OR TI= (biofeedback or biofeedback therapy) OR AB (biofeedback or biofeedback therapy)	(12,661)
16. TS= (music therapy or music intervention or musical therapy or music-based intervention or therapeutic music) OR TI= (music therapy or music intervention or musical therapy or music-based intervention or therapeutic music) OR TI= (music therapy or music intervention or musical therapy or music-based intervention or therapeutic music)	(11,018)
17. TS= (progressive muscle relaxation or muscle relaxation) OR TI= (progressive muscle relaxation or message relaxation) OR AB= (progressive muscle relaxation or muscle relaxation)	(33,638)
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18. TS= (sleep therapy or sleep) OR TI= (sleep therapy or sleep) OR AB= (sleep therapy or sleep)	(293,420)
19. TS= (massage therapy or massage or massage therapies) OR TI= (massage therapy or massage of massage therapies) OR AB= (massage therapy or massage or massage therapies)	(11,659)
20. TS= (physical therapy or physiotherapy) OR TI= (physical therapy or physiotherapy) OR TI= (physical therapy or physiotherapy)	(121,548)
21. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 18 OR 20	(1,058,477)
22. TS= (pediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric critical care unit or paedia	(21,834)
23. TS= (intensive care units, pediatric) OR TI= (intensive care units, pediatric) OR AB= (intensive care units, pediatric)	(14,677)
24. 22 OR 23	(21,834)
25. 3 AND 21 AND 24	(137)
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09/26/22 Catálogo de Teses e	1. ("Pain Management" OR "Pain Relief "OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR ("Pain Management" OR "Pain Relief" OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR (Pain Management OR Pain Relief OR Pain Control OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR (Pain Management OR Pain Relief OR Pain Control OR "Pain Reduction" OR "Managing Pain" OR Analgesia)	47.919
Dissertações (CA PES)	2. ("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Measurement") OR ("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Intervention" OR "Pain Measurement") OR ("Pain Assessment" OR "Pain Scale" OR "Pain Scale" OR "Pain Scale" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Instrument" OR "Pain Instrument" OR "Pain Measurement")	17.688
	3. 1 OR 2	60.914
	4. ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR "Complementary Medicine" OR "Complementary Medicine" OR "Complementary Medicine" OR "Alternative Medicine" OR "Alternative Medicine")	5.309
	5. ("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OR "Complementary Therapies" OR "Alternative Therapy" OR "Alternative Treatment") OR ("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapies" OR "Alternative Therapies" OR "Alternative Therapies" OR "Alternative Therapies" OR "Alternative Therapies" OR "Integrative Therapies" OR "Complementary Therapies" OR "Integrative Therapies" OR "Complementary Therapies" OR "Alternative Therapy" OR "Integrative Therapies" OR "Integrative Therapie	14.345
	6. ("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Therapies" OR "Non-pharmacological Therapy" OR "Non-pharmacological Intervention" OR "Non-pharmacological Therapy" OR "Non-pharmacological Treatment")	20.398
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7. (Aromatherapy OR "Essential Oils" OR Aroma therapy) OR (Aromatherapy OR "Essential Oils" OR Aroma therapy) (Aromatherapy OR "Essential Oils" OR Aroma therapy)	8.734
8. ("Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment") OR ("Acupuncture" OR "Acupuncture Therapy" ("Acupuncture Treatment") OR ("Acupuncture Treatment") OR ("Acupuncture Treatment")	OR 11.097
9. ("Acupuncture, Ear") OR ("Acupuncture, Ear") OR ("Acupuncture, Ear")	468
10. ("Mind Body Techniques" OR "Mind-body Therapies") OR ("Mind Body Techniques" OR "Mind-body Therapies") OR ("Mind Body Techniques" OR "Mind-body Therapies") OR ("Mind Body Techniques" OR "Mind-body Therapies")	ind 8.897
11. ("Breathing Techniques"OR Breathing OR "Breathing Exercise") OR ("Breathing Techniques" OR "Breathing OR "Breathing Exercise")  Exercise") OR ("Breathing Techniques" OR Breathing OR "Breathing Exercise")	ing 12.400
12. ("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapes" OR ("Guided Imagery Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies") OR ("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies")	for nt" 63.039
13. ("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques") OR ("Guided Imagery" OB "Guided Relaxation" OR "Visualization Techniques") OR ("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques")	OR 3.632
14. (Hypnosis OR Hypnotherapy) OR (Hypnosis OR Hypnotherapy) OR (Hypnosis OR Hypnotherapy)	19
15. (Biofeedback OR "Biofeedback Therapy") OR (Biofeedback OR "Biofeedback Therapy") OR (Biofeedback OR "Biofeedback Therapy")  Therapy")	5.433
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16. ("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention OR "Therapeutic Music") ("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention OR "Therapeutic Music") ("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention OR "Therapeutic Music")	OR 25.370
17. ("Progressive Muscle Relaxation" OR "Muscle Relaxation") OR ("Progressive Muscle Relaxation" Muscle Relaxation") ("Progressive Muscle Relaxation" OR "Muscle Relaxation")	OR 2.847
18. ("Sleep Therapy" OR Sleep) OR ("Sleep Therapy" OR Sleep) OR ("Sleep Therapy" OR Sleep)	13.033
19. ("Massage Therapy" OR Massage OR "Massage Therapies") OR ("Massage Therapy" OR Massage Therapies")  ("Massage Therapy" OR Massage OR "Massage Therapies")	OR 5.587
20. ("Physical Therapy" OR Physiotherapy) OR ("Physical Therapy" OR Physiotherapy) OR ("Physical Therapy" OR Physiotherapy" OR Physiotherapy	py) 13.679
21. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 PR 20	120.654
22. ("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Intensive Care" OR "Paediatric Intensive Care" OR ("Pediatric Intensive Care" OR "Paediatric Critical Care") OR ("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care") OR ("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care" OR "Paediatric Critical Care")	OR 21.859
23. ("Intensive Care Units, Pediatric") OR ("Intensive Care Units, Pediatric") OR ("Intensive Care Units, Pediatric")	16.055
24. 22 OR 23	22.946
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Query ling for us	Retrieved records
1. pain Pain 1. pain	547
2. ""complementary therapies" OR "alternative medicine" OR "integrative medicine" OR Topic of the complementary therapies of the complementary the complemen	168
3. "pediatric intensive care unit" or "paediatric intensive care unit"  nd data from market (ABE)	51
4. 1 AND 2 AND 3 ing. Al t	38
	1. pain  2. ""complementary therapies" OR "alternative medicine" OR "integrative medicine" OR to the standard of the standard

Dates of coverage and database	Query Query	Retrieved records
11/05/22	1. "complementary therapies" OR "integrative medicine" OR "complementary and alternative medicine" OR "complementary and alternative therapies"	17900
Google Scholar	2. nonpharmacologic	77700
	3. "pediatric intensive care" OR "paediatric intensive care"	17600
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	3. "pediatric intensive care unit" or "paediatric intensive care unit"	tp://bmj	382
	4. 1 AND 2 AND 3	open.bmj.	0

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## **BMJ Open**

# Nonpharmacological therapies for pain management in paediatric intensive care units: protocol for a scoping review

Journal:	BMJ Open
Manuscript ID	bmjopen-2023-074952.R1
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Secondary Subject Heading:	Anaesthesia, Intensive care, Paediatrics
Keywords:	Neonatal intensive & critical care < INTENSIVE & CRITICAL CARE, Paediatric anaesthesia < ANAESTHETICS, Paediatric intensive & critical care < ANAESTHETICS, Adolescent, Pain management < ANAESTHETICS, PAIN MANAGEMENT

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#### **ABSTRACT**

**Introduction:** The World Health Organization (WHO) issued new guidelines for pain management in children and adolescents in 2021, emphasizing the integrative approach to controlling this symptom. Pain is common in paediatric intensive care units (PICUs), and it is necessary to map evidence of nonpharmacological therapies in this setting.

Methods and analysis: A systematic literature search will be performed in the following databases: Academic Search Premier, The Cumalative Index of Nursing and Allied Health Literature (CINAHL), Cochrane Library, Excerpta Medica dataBASE (Embase, Latin American and Caribbean Health Sciences Literature (LILACS) (VHL), Medical Literature Analysis and Retrieval System Online (MEDLINE), Science Direct, Scopus, Web of Science Core Collection, Theses Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES), Dart Europe (DART-E), Open Access Theses and Dissertations (OATD) and grey literature from Google Scholar. The research will consider quantitative and qualitative studies, mixed-methods studies, systematic reviews, text articles, opinion articles, grey literature, letters to editors and editorials in any language and database. The following will be eligible for inclusion: (i) newborns, infants, children and adolescents (ii) nonpharmacological therapies were used for pain (iii) PICUs.

**Ethics and dissemination** The data used in this technique will be taken from the literature. This study does not require ethical approval. This protocol has been registered with Open Science Framework (DOI 10.17605/OSF.IO/DZHKT). The results of this research will be published in a relevant journal on pain or paediatric critical care and presented at international scientific events.

#### Strengths and limitations of this study

- Reviewing articles with qualitative and mixed studies designs besides quantitative may show aspects of this treatment that need to be addressed in other revisions.
- Studies in other languages besides English may contribute to mapping nonpharmacological and complementary therapies in other languages.
- The variability of characteristics in the pediatric population can make research difficult with this population.

#### INTRODUCTION

International Association for the Study of Pain (ISPAD) has updated the concept of pain as "an unpleasant sensory and emotional experience associated with or resembling that associated with actual or potential tissue damage." This definition should be valid for acute and chronic pain and applied to all pain conditions, regardless of its pathophysiology (nociceptive, neuropathic and neoplastic). Another relevant aspect in updating the concept of pain was the addition of emotional issues, which is significant for diagnosing the signal.(1) This aspect was appropriate because the cumulative effect of pain and its physiological and emotional stress causes long-term damage in children.(2)

Despite recent scientific and technological developments, paediatric patients often do not experience pain relief. A study on pain epidemiology in hospitalised children revealed that of the 570 children involved in the study, 213 (37%) reported pain in the first 24 hours and that 43% would have preferred some intervention for control.(3)

Recently, other studies have presented data that collapsed to understand pain as a global public health problem.(4-9)

Pain is the most common reason to seek medical attention in all acute care settings in Canada.(10) In acute pain, a sensation of intense, distressing, or painful discomfort is associated with trauma or disease, with a well-defined location, time and characteristics.(11) In the long term, this generates consequences such as exacerbating fear and pain during future painful situations, weakening the effect of medications and increasing the risk of developing chronic pain.(12)

Chronic pain is defined as persistent or recurrent pain lasting 3 months.(10) It can coexist with or without trauma, or illness may persist after the initial injury has healed (13) and can be secondary to underlying chronic conditions such as sickle cell disease or inflammatory bowel disease or part of a primary pain disorder, as with irritable bowel syndrome or complex regional pain syndrome.(10) Their location, characteristics and periodicity are more imprecise than those of acute pain.(13)

Pain relief as a human right has been discussed by international institutions since 2004, as per the ISPAD.(14) However, topics considered challenging to treat, such as the treatment of pain in children, still have critical gaps in the knowledge base. This is especially true for chronic pain management in children.(15) This problem motivated the WHO to

 Pain diagnosis is often performed using self-refined scales. Although they are the gold standard for identifying pain signs, neonates and young children do not have the level of development for appropriate verbal communication. Therefore, the scales use behavioural observation and physiological measures, with parents and professionals being more accurate than health professionals. There are other obstacles, such as the perception of pain in the child.(18)

Pain management in infants is complex because babies cannot express what they are feeling. In children over the age of one year and adolescents, pain management must be appropriate for the child's age, developmental stage, maturity, prior pain exposure and experience, and the type/intensity/frequency of pain the child is currently experiencing.(19) Furthermore, racial bias and social and cultural differences can affect how patients experience and exhibit pain. Other obstacles include professionals' access to validated tools to assess and treat pain, deficient practitioner training, a lack of pain experts, a lack of time to consider pain properly and interruptions in the supply of pain medications.(18)

Admission to PICU exposes the child to various experiences of pain. 45% -72% of them experience pain daily, either of their critical illness or procedures, therapies, or surgeries to approach the disease that motivated hospitalisation in the unit.(18) In the PICU context, pain can be caused by the underlying illness or injury, complications of the primary disease, frequent medical procedures that result in pain (e.g., incisions, wound care and injections) and supporting and monitoring systems (e.g., suctioning an endotracheal tube, manipulation or stripping of drains, removal of catheters or drains). Tissue hypoxia that develops because of low oxygen saturation, low cardiac output, or anaemia can result in pain. Many other causes of pain are present in the PICU, such as painful joints, pressure point pain and pain resulting from changing positions.(20, 21)

Pharmacological and nonpharmacological therapies can conduct pain management in critical children. As the use of pain medications is related to side effects and improper use of opioids, nonpharmacological interventions have reused the interest of health professionals and researchers. Although combining the two approaches is more effective, there is limited information on nonpharmacological treatment in PICU.(2)

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Nonpharmacological interventions can be categorised as behavioural, cognitive, restorative and complementary therapies.(22) Psychological interventions (positioning/repositioning, guided imagery, hypnosis, detailed inquiry, parent's presence and distraction), physical interventions (acupuncture, stroking and soothing, holding and rocking), and other (quiet environment, dim lights, limiting visitors, music) are some nonpharmacological treatments already described for pain relief in PICUs.(21) Positioning/repositioning was also the most used therapy in other studies. (2, 20, 23, 24)

In acute care settings, pain management using complementary therapies provides biological evidence. These demonstrations result in the incorporation of complementary therapies into nurses' critical care to support holistic patient care. (25) Nonpharmacological therapies for managing PICU pain have been the subject of study by the scientific community. However, there is a need to strengthen the evidence of their benefits and safety. This fact was even justified for the subject not to have been included in organizational documents such as Guidelines on the Management of Chronic Pain in Children.(16)

There is a problem associated with the nature of studies with nonpharmacological therapies in children in PICU, which begins with different experiences and pain perceptions. Thus, it is acceptable that the theme needs more scope, contemplating aspects of revisions that were not previously explored. In a scoping review, Ismail(26) mapped interventions for pain management in PICU, contributing evidence about design, condition and intervention category; pain management intervention (medication, psychological, physical and others) and pain assessment tools used across the studies. As a limitation, the authors cited that all the articles identified from the literature search were published in English and that the study focused only on quantitative designs.

The present scoping review protocol adds other study designs and other languages to contribute to knowledge. In addition, it foresees to address aspects related to the different ages of children in PICU who are receiving nonpharmacological treatment for pain.

Furthermore, paediatric intensive care professionals need access to the best and most up-to-date scientific evidence on nonpharmacological therapies for pain management in PICUs, as such practices are foreseen within their professional areas.(6,8-9) The development of a quality scope review can provide data that explores the phenomenon of nonpharmacological therapies in pain management and help interpret the various factors involved in paediatric critical care. Thus, this review aims to map research that used nonpharmacological therapies for pain management in paediatric intensive care units and to scope evidence from the literature to investigate the characteristics of these techniques.

#### METHODS AND ANALYSIS

Scoping reviews seek to synthesise evidence for researchers, clinicians and policymakers, gather and describe evidence and present an easily illustrative summary.(27) In this sense, as nonpharmacological therapies exhibit a multiplicity of techniques with varied health impacts and use according to different patient ages, the scoping review was deemed the most appropriate review to illustrate different nuances of this topic in the paediatric spectrum, which is also heterogeneous.

This scoping review will be conducted according to the chapter on scoping reviews in the JBI Manual for Evidence Synthesis(28) and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Extension for Scoping Reviews (Appendix 1).(29) This protocol is registered in Open Science Framework (https://doi.org/10.17605/OSF.IO/GKETX). This review will be conducted in six phases: 1) identification of the research question; 2) identification of studies; 3) selection of studies; 4) mapping and comparison of the data; and 5) collecting, summarising and reporting the results(30) and 6) to consult with stakeholders about the results.(31)

#### **Patient and Public Involvement**

There was no patient or public involvement.

#### Identifying the research question

The research question for this scoping review is "What nonpharmacological therapies have been used for pain management in paediatric intensive care units?" To support the research question, four sub-questions were developed:

- 1. Which techniques are for different paediatric age groups?
- 2. When and how to use nonpharmacologic therapies in intensive care?
- 3. What is nonpharmacological therapies' impact on pain?
- 4. What assesses their effectiveness?

To construct the research question, we used the PCC strategy recommended by the  $JBI^{28}$  and the table proposed by Ahmad *et al.* (Table 1).(32)

#### Table 1

Inclusion and exclusion criteria are based on the Population, Concept, Context (PCC) framework.(28,32)

	Inclusion criteria	Exclusion criteria
Population	Newborns	-

	Infants Children Adolescents	
Concept	Pain Management Analgesia Pain Measurement Complementary Therapies Alternative Therapies Integrative Medicine Aromatherapy Oils, Volatile Acupuncture Acupuncture Therapy Acupuncture, Ear Mind Body Therapies Breathing Exercises Imagery, Psychotherapy Hypnosis Biofeedback, Psychology Music Therapy Muscle Relaxation Sleep Physical Therapy Modalities	Pharmacologic Therapies
Context	Paediatric Intensive Care Units (PICU) Paediatric Intensive Ward Units	Home Assistance Services Outpatient Care Inpatient Units
Types of evidence	Quantitative studies Qualitative studies Mixed methods studies Systematic reviews Text articles Opinion articles Gray literature Letters to the editor Editorials	

Regarding the concept, the review will consider studies exploring complementary pain management therapies. In the context of health treatments, "complementary" means combining an unconventional approach with traditional medicine; "alternative" if the unconventional approach is used instead of traditional medicine. It is "integrative" through the coordinated action of traditional medicine and an unconventional approach.(33)

 However, identifying what therapies constitute complementary, alternative and integrative medicine is complex.(34) One Operational definition of "Complementary and Alternative Medicine" was proposed by Cochrane Researchers in 2011. There is also a discussion between integrative health and integrative medicine that influenced NIH's National Center for Complementary and Alternative Medicine in the U.S. and changed its National Center for Complementary and Integrative Health.(33,35)

This review will adopt the term "non-pharmacological therapies," understanding that although it is not described in the Medical Subject Headings (MeSH) terms, it incorporates "Complementary Therapies, Alternative Therapies, Integrative Therapies and Integrative Medicine."

#### Identifying relevant studies

The search strategy was developed in collaboration with a librarian at a leading university in Brazil. The strategy was to locate primary published studies, reviews and text articles. First, a limited initial search was performed on CINAHL and MEDLINE to identify relevant terms and keywords to develop the final search strategy. As transparency and replication of the review, a chart was created based on the protocol by Ahmad *et al.*(32), which details the strategy with Medical Subject Headings (MeSH) and Text Word (Table 2).

Table 2
MeSH (Medical Subject Headings) terms/Text words.(32, 36)

#### **Population**

newborns, infants, children and adolescents

#### Concept

- "pain management" [MeSH Terms] OR "pain management" [Text Word] OR "pain relief" [Text Word] OR "pain control" [Text Word] OR "pain reduction" [Text Word] OR "managing pain" [Text Word] OR "analgesia" [MeSH Terms] OR "analgesia" [Text Word]
- 2. "pain measurement" [MeSH Terms] OR "pain assessment" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain scale" [Text Word] OR "pain tool" [Text Word] OR "pain assessment tool" [Text Word] OR "pain instrument" [Text Word] OR "pain intervention" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain measurement" [Text Word]
- 3. 1 OR 2

- 4. "integrative medicine" [MeSH Terms] OR "integrative medicine" [Text Word] OR "complementary therapies" [MeSH Terms] OR "complementary medicine" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative medicine" [Text Word] OR "integrative therapy" [Text Word] OR "integrative therapies" [Text Word] OR "complementary therapies" [Text Word] OR "complementary therapies" [Text Word] OR "alternative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative therapies" [Text Word] OR "alternative treatment" [Text Word]
- 5. "nonpharmacological intervention"[Text Word] OR "nonpharmacological interventions"[Text Word] OR "nonpharmacological therapy"[Text Word] OR "nonpharmacological therapies"[Text Word] OR "nonpharmacological treatment"[Text Word]
- 6. "aromatherapy"[MeSH Terms] OR "aromatherapy"[Text Word] OR "oils, volatile"[MeSH Terms] OR "essential oils"[Text Word] OR "aromatherapy"[MeSH Terms] OR "aroma therapy"[Text Word]
- 7. "acupuncture"[MeSH Terms] OR "acupuncture therapy"[MeSH Terms] OR "acupuncture"[Text Word] OR "acupuncture therapy"[MeSH Terms] OR "acupuncture therapy"[Text Word] OR "acupuncture treatment"[Text Word] OR "acupuncture, ear"[MeSH Terms] OR "acupuncture ear"[Text Word]
- 8. "mind body techniques"[Text Word] OR "mind body therapies"[MeSH Terms] OR "mind body therapies"[Text Word]
- 9. "breathing techniques"[Text Word] OR "breathing exercises"[MeSH Terms] OR "breathing exercise"[Text Word]
- 10. "guided imagery intervention"[Text Word] OR "guided imagery interventions"[Text Word] OR "imagery, psychotherapy"[MeSH Terms] OR "guided imagery"[Text Word] OR "guided relaxation"[Text Word]
- 11. "hypnosis"[MeSH Terms] OR "hypnosis"[Text Word] OR "hypnotherapy"[Text Word]
- 12. "biofeedback, psychology"[MeSH Terms] OR "biofeedback"[Text Word] OR "biofeedback therapy"[Text Word]
- 13. "music therapy" [MeSH Terms] OR "music therapy" [Text Word] OR "music intervention" [Text Word] OR "musical therapy" [Text Word] OR "music based intervention" [Text Word] OR "therapeutic music" [Text Word]
- 14. "progressive muscle relaxation"[Text Word] OR "muscle relaxation"[MeSH Terms] OR "muscle relaxation"[Text Word]
- 15. "sleep therapy"[Text Word] OR "sleep"[MeSH Terms] OR "sleep"[Text Word]
- 16. "massage therapy"[Text Word] OR "massage"[Text Word] OR "massage therapies"[Text Word]

18. 4 OR 5 OR 6 OR 7 OR 8OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17

#### **Context**

19. "pediatric intensive care unit"[Text Word] OR "picu"[Text Word] OR "pediatric critical care unit"[Text Word] OR "paediatric critical care"[Text Word] OR "intensive care units, pediatric"[MeSH Terms]

#### 20. 3 AND 18 AND 19

Text in the titles and abstracts of articles and the indexing terms used in the articles will be used to guide a complete search strategy for Academic Search Premier, CINAHL, Cochrane Library, Embase, LILACS, MEDLINE, Science Direct, Scopus and Web of Science Core Collection to be disclosed with the result of the scoping review.

The search strategy will consider the particularity of each information source, including all the identified keywords and indexing terms. The strategy will consider articles published in any language and with any database on the start or date of insertion. We use an independent professional translation for the authors' translation of articles in non-native languages.

In addition to the electronic databases, contact will be made with the study authors, when necessary, to clarify doubts. This protocol will consider sources of unpublished studies: CAPES, DART-E, OATD and grey literature in Google Scholar. Online supplemental Appendix 2 provides a list of possible search queries.

#### **Study selection**

The information search process will be carried out in two stages: 1) reading the title and abstract (first set of records) and 2) reading the full article (second set of records). Screening, which will result in the first set of records, will be performed by two pairs of reviewers who will divide the search as follows: 1) Pair A (IGMA and JKSD) will perform the search using the following sources: Academic Search Premier, CINAHL, LILACS, Embase, Science Direct, Dart Europe, Open Access Theses and Dissertations and Google Scholar. 2) Pair B (SCMA and JT) will search in the following sources: Cochrane Library, MEDLINE, Scopus, Web of Science and CAPES.

The first data record will be grouped and loaded in EndNote2.0 (Clarivate Analytics, PA, USA), and duplicates will be removed. A pilot test will be carried out on two sources of information, CINAHL and PubMed, for evaluation according to the inclusion

criteria for the review. Potentially relevant articles will be retrieved in full, comprising the second set of records and their citation details, imported into Rayyan (Rayyan Systems Inc., MA, Cambridge).

At this stage, if necessary, adjustments will be made to the search strategy to meet the review's inclusion criteria. After completing the pilot test, two reviewers will evaluate the full text of the other selected citations to check whether they meet the inclusion criteria. The reasons for excluding full-text articles that do not meet the inclusion criteria will be recorded and reported in the scoping review. A third independent reviewer will resolve disagreements at any stage of this process. The research results will be fully reported in the final scoping review and presented in a PRISMA(37-39) flow diagram (Figure 1).

#### Extracting and charting the results

Data will be extracted using a data extraction tool developed by the authors based on a model proposed by the JBI (Table 3).(27)

Table 3

Outline of the extraction tool.(27)

Source	Year	Country	Partic	ipants	Nonpharmacological	Moment	Impact	Assesses
of			Sex	Age	therapies techniques	and	on	their
evidence						mode of	pain	effectiveness
(citation)						use		

This can then be refined further to address the research question for the scoping review as required. The feasibility of the extraction tool will be tested on a subset of the second set of records. This will be modified and revised for each article included in the data extraction process. Any modifications will be detailed in the full scoping review.

Two authors will be involved in data extraction (IGMA and AC). Data extraction will occur independently, with cross-checking of the extracted evidence. A third author (JT) will resolve disagreements between authors regarding dissimilarities in terms of data extraction.

#### Collating, summarizing and reporting the results

The total studies included will be presented in a summarised table format, using the extraction tool as a guide. Then, the data will be grouped according to the Patterns, Advances, Gaps, Evidence for Practice and Research Recommendations strategy proposed by Bradbury-Jones and Aveyard.(31) Each component represents a domain. The starting

point is to produce the "Chart of Patterns." It displays the articles included in the review on one axis and the themes on the other to report the themes expressed in the articles. After the patterns are identified, advances and gaps can be identified and reported, resulting in the last domain of the framework, which is to recommend future research. In addition, the strategy also makes it possible to identify topics that do not require further research; that is, the scientific community has explored them well.

#### Contributorship statement

IGMA, JKSD, SCMA, JT contributed to the development of this manuscript. IGMA conceptualized the research question, designed the study and prepared the first draft of the manuscript. JS provided methodological expertise and manuscript edits. TELF, PLOA, AC and JS helped refine the research question. All authors have contributed to study design and revising the protocol. All authors have approved the final manuscript.

#### Competing interests' statement

None declared.

#### **Funding statement**

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

#### **Ethics**

Because scoping reviews use secondary data from other primary sources, approval of the protocol and review by the Research Ethics Committee will not be necessary.

#### **Data sharing statement**

This protocol has been registered with Open Science Framework (DOI 10.17605/OSF.IO/DZHKT). The results will be disseminated through publications in journals of high quality whose scope aligns with the theme.

#### Acknowledgements

We would like to thank Editage (www.editage.com) for English language editing and edition.

#### REFERENCES

- 1. Raja SN, Carr DB, Cohen M *et al*. The Revised IASP definition of pain: concepts, challenges, and compromises. *Pain* 2020; 161 (9): 1976-1982. Available: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7680716/
- 2. Bohr NL, Ely E, Hanrahan KS *et al.* Interventions in the Pediatric Intensive Care Unit. *Pain Management Nursing* 2022; 23 (3): 267-272. Available: https://www.painmanagementnursing.org/article/S1524-9042(22)00004-2/fulltext
- 3. Walther-Larsen S, Pedersen MT, Friis SM *et al.* Pain prevalence in hospitalized children: a prospective cross-sectional survey in four Danish university hospitals. *Acta Anaesthesiologica Scandinavica* 2016. Available: https://onlinelibrary.wiley.com/doi/epdf/10.1111/aas.12846
- 4. Marchetti G, Vittori A, Mascilini I *et al*. Pain prevalence and pain management in children and adolescents in an italian third level pediatric hospital: a cross-sectional study. *Italian Journal of Pediatrics* 2023; 49 (41). Available: https://ijponline.biomedcentral.com/articles/10.1186/s13052-023-01439-2
- 5. Andersson V, Bergman S, Henoch I *et al*. Pain and pain management in children and adolescents receiving hospital care: a cross-sectional study from Sweden. *BMC Pediatrics* 2022: 22: 252. Available: https://d-nb.info/1262452287/34
- 6. Castellanos JMQ. Pain prevalence in infants and preschool children in a Colombian hospital. *Colombian Journal of Anesthesiology* 2022. 50 (1). Available: http://www.scielo.org.co/scielo.php?pid=S0120-33472022000100202&script=sci arttext
- 7. Matula ST, Irving SY, Deatrick JA *et al*. The Prevalence, Intensity, Assessment, and Management of Acute Pain in Hospitalized Children in Botswana. *Pain Management Nursing* 2022; 23 (4): 548-558. Available: https://www.sciencedirect.com/science/article/abs/pii/S1524904221002496
- 8. Senger A, Bryce R, McMahon C *et al.* Cross-sectional study of pediatric pain prevalence, assessment, and treatment at a Canadian tertiary hospital. *Canadian Journal of Pain* 2021; 5 (1): 171–182. Available: https://www.tandfonline.com/doi/full/10.1080/24740527.2021.1961081
- 9. Vejzovic V, Bozic J, Panova G *et al*. Children still experience pain during hospital stay: a cross-sectional study from four countries in Europe. *BMC Pediatrics* 2020; 20 (1): 39. Available: https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-020-1937-1
- 10. Trottier ED, Ali S, Doré-Bergeron MJ *et al*. Best practices in pain assessment and management for children. *Paediatrics & Child Health* 2022; 27 (7): 429–437. Available: https://academic.oup.com/pch/article/27/7/429/6885178
- 11. Health Sciences Descriptors: DeCS. 2022. Acute Pain. Available: https://decs.bvsalud.org/ths/resource/?id=54517&filter=ths\_termall&q=dor%20aguda#Details
- 12. Andersen RD, Olsson E, Eriksson M. The evidence supporting the association between the use of pain scales and outcomes in hospitalized children: a systematic review. *International Journal of Nursing Studies* 2021; 115: 103840. Available: https://www.sciencedirect.com/science/article/abs/pii/S002074892030331X?fr=RR-2&ref=pdf\_download&rr=747b16c07cd18959

- 13. Health Sciences Descriptors: DeCS. 2022. Chronic Pain. Available: https://decs.bvsalud.org/ths/resource/?id=54522&filter=ths\_termall&q=dor%20cr%C3%B4nic WHO
- 14. Kopf A, Patel NB, editors. *Guide to pain management in low-resource settings*. Seattle: ©IASP; 2010. Available: https://iaspfiles.s3.amazonaws.com/production/public/2021/IASP-
  - Guide\_to\_Pain\_Management\_in\_Low-Resource\_Settings-English.pdf
- 15. World Health Organization (WHO). Guidelines on the management of chronic pain in children. Geneva: ©WHO; 2020. ISBN: 978-85-7288-839-4. Available: https://www.who.int/publications/i/item/9789240017870
- 16. Guidelines on the management of chronic pain in children. 2020. Available: https://www.who.int/publications/i/item/9789240017870
- 17. The University of Arizona. Andrew Weil Center for Integrative Medicine. *Integrative Pain Management Series 10 Hours (2022-2024)*. Tucson; 2022. Available: https://integrativemedicine.arizona.edu/online\_courses/pain\_series.html
- 18. Grunauer M, Mikesell C, Bustamante G, *et al.* Pain Assessment and Management in Pediatric Intensive Care Units Around the World, an International, Multicenter Study. *Frontiers in Pediatrics* 2021; 9: 746489. Available: https://www.frontiersin.org/articles/10.3389/fped.2021.746489/full
- 19. Davis K. Nonpharmacological Pain Management for Children. National Hospice and Palliative Care Organization. 2017. Available: https://www.nhpco.org/wpcontent/uploads/2019/04/PALLIATIVECARE\_Nonpharmacological.pdf
- 20. LaFond CM, Hanrahan KS, Pierce NL *et al.* Pain in the pediatric intensive care unit: how and what are we doing? *AJCC American Journal of Critical Care* 2019; 28 (4): 265-273. Available: https://www.researchgate.net/profile/Patricia-Hickey/publication/334157872\_A\_Vision\_for\_Excellence\_by\_Design/links/5ef0e8df4585158 14a75119b/A-Vision-for-Excellence-by-Design.pdf#page=31
- 21. Ismail A. The Challenges of Providing Effective Pain Management for Children in the Pediatric Intensive Care Unit. *Pain Management Nursing* 2016; 17 (6): 372-383. Available: https://www-sciencedirect.ez18.periodicos.capes.gov.br/science/article/pii/S1524904216301072
- 22. Wrona S, Czarnecki ML. Pediatric Pain Management. *American Nurse Journal* 2021. Available: https://www.myamericannurse.com/pediatric-pain-management-individualized-approach/
- 23. Yaz SB, Atay A. Use of Nonpharmacological Methods of Nurses in Pediatric Intensive Care Clinics During Pandemic. *International Journal of Caring Sciences* 2022; 15 (1): 589. Available:
  - https://www.internationaljournalofcaringsciences.org/docs/60.pp\_589\_596-yaz.pdf
- 24. Pierce N, LaFond C. (141) Nonpharmacological Pain Interventions in the Pediatric Intensive Care Unit: Who Receives What? *The Journal of Pain* 2019; 20 (4) Supplement. Available:
  - https://www.sciencedirect.com/science/article/abs/pii/S1526590019301373
- 25. Kramlich D. Complementary health practitioners in the Acute and Critical Care Setting: nursing considerations. *Critical Care Nursing*. 2017; 37 (3): 60-65. Available:

- 26. Ismail A, Forgeron P, Polemeno V *et al.* Pain management interventions in the Paediatric Intensive Care Unit: A scoping review. *Intensive and Critical Care Nursing* 2019; 54: 96-105. Available:
  - https://www.sciencedirect.com/science/article/abs/pii/S0964339718300594

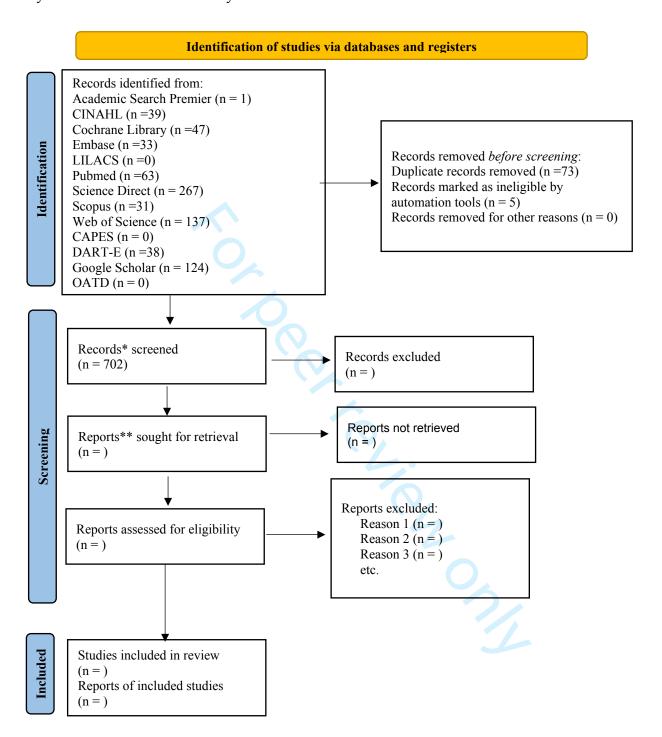
- 27. Peters MDJ, Godfrey C, McInerney P, Khalil H, Larsen P, Marnie C, et al. Best practice guidance and reporting items for the development of scoping review protocols. *JBI Evidence Synthesis*. 2022; 20 (4): 953–968. Available: https://journals.lww.com/jbisrir/Fulltext/2022/04000/Best\_practice\_guidance\_and\_reporting items for the.3.aspx
- 28. Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil, H. Chapter 11: Scoping reviews: 2020 version. In: Aromataris E, Munn Z, editors. *JBI Manual for Evidence Synthesis*. Adelaide: JBI; 2020. Available: https://synthesismanual.jbi.global
- 29. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. *Annals of Internal Medicine* 2018; 169 (7): 467-473. Available: https://www.acpjournals.org/doi/epdf/10.7326/M18-0850
- 30. Arksey H, O 'Malley L. Scoping studies: towards a methodological framework. *International Journal of Societal Research Methodology* 2007; 19-32. Available: https://www.tandfonline.com/doi/full/10.1080/1364557032000119616?scroll=top&nee dAccess=true
- 31. Bradbury-Jones C, Aveyard H. The incomplete scope of scoping reviews: a framework for improving the quality of reporting. *Journal of Clinical Nursing* 2021; 30 (21-22): e67-e68. Available: https://pubmed.ncbi.nlm.nih.gov/34405465/
- 32. Ahmad T, Gopal D, Dayem Ullah AZM, Taylor S. Multimorbidity in patients living with and beyond cancer: protocol for a scoping review. *BMJ Open* 2022; 12 (5): e057148. Available: https://bmjopen.bmj.com/content/12/5/e057148.info
- 33. Complementary, Alternative, or Integrative Health: What's In a Name? National Center for Complementary and Integrative Health (NCCIH). 2021. Available: https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-aname
- 34. Ng JY, Dhawan T, Dogadova E *et al*. Operational definition of complementary, alternative, and integrative medicine derived from a systematic search. *BMC Complementary Medicine and Therapies* 2022; 22 (104). Available: https://bmccomplementmedtherapies.biomedcentral.com/articles/10.1186/s12906-022-03556-7
- 35. Witt CM, Chiaramonte D, Berman S *et al.* Defining Health in a Comprehensive Context: A New Definition of Integrative Health. *American Journal of Preventative Medicine* 2017; 53 (1): 134-137. Available: https://pubmed.ncbi.nlm.nih.gov/28161035/
- 36. Luberenga I, Kasujja R, Vasanthan LT *et al*. Mental health awareness programmes to promote mental well-being at the workplace among workforce in the low-income and middle-income countries: a scoping review protocol. *BMJ Open* 2023; 13 (7). Available: https://bmjopen.bmj.com/content/13/7/e073012
- 37. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021; 372: n71. Available: https://www.bmj.com/content/372/bmj.n71

- 38. Records. National Library of Medicine (NIH). 2023. Available: https://www.ncbi.nlm.nih.gov/mesh/68011996
- 39. Research Report. National Library of Medicine (NIH). 2023. Available: https://www.ncbi.nlm.nih.gov/mesh/68058028

### Figure 1 Legend

- \* Works on authentic evidence, of something having legal importance. The concept includes certificates of birth, death, etc., as well as hospital, medical, and other institutional records.<sup>38</sup>
- \*\* Detailed account or statement or formal record of data resulting from empirical inquiry. 39

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only. <sup>37</sup> Research results until July 2023.



Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist<sup>29</sup>

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			ONTAGE#
Title	1	Identify the report as a scoping review.	1
ABSTRACT			-
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	2, 3 and 4
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	4 and 5
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	5
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	5
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	6
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	6
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	6 and 7
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	7
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	7
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	Not available
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	7 and 8



SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	Not started
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Not started
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	Not started
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Not started
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	Not started
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	Not started
Limitations	20	Discuss the limitations of the scoping review process.	Not started
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	Not started
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Not one

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

<sup>\*</sup> Where sources of evidence (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

<sup>†</sup> A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

<sup>‡</sup> The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

<sup>§</sup> The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

#### Appendix 2

#### Draft Search Strategy

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Appendix 2	952 on 1 cluding	
Draft Search Strateg	y specification of the second	
Dates of coverage and database	ruary 202 es related Query	Retrieved records
09/21/22 CINAHL	1. MH (pain management or pain relief or pain control or pain reduction or managing pain or analgesis) OR TI (pain management or pain relief or pain control or pain reduction or managing pain or analgesis) OR TI (pain management or pain relief or pain control or pain reduction or managing pain or analgesia)  A H (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or an algebra pain or analgesia)	84,304
	2. MH (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or pain measurement) OR TI (pain assessment or pain scale or pain tool or pain assessment tool or pain intervention or pain measurement) OR AB (pain assessment or pain scale or pain tool or pain tool or pain instrument or pa	75,339
	3. 1 OR 2	133,679
	4. MH (integrative medicine or complementary medicine or alternative medicine) OR TI (integrative medicine or complementary medicine or alternative medicine or alternative medicine) OR AB (integrative medicine or complementary medicine or alternative medicine)	16,007
	5. MH (integrative therapy or integrative therapies or complementary therapy or complementary therapies or alternative therapy or alternative therapies or alternative therapy or alternative therapy or alternative therapy or complementary therapy or integrative therapies or complementary therapy or complementary therapies or alternative therapies or alternative treatment)	60,250
	6. MH (non- pharmacological intervention or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological therapies or non-pharmacological treatment) OR TI (non- pharmacological fitervention or	3,068

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pharmacological t	ical interventions or non-pharmacological therapy or non-pharmacological therapies or treatment) OR AB (non- pharmacological intervention or non-pharmacological intervention ical therapy or non-pharmacological therapies or non-pharmacological treatment)	non- ns or
	py or essential oils or aroma therapy) OR TI (aromatherapy or essential oils or aroma therapy) or essential oils or aroma therapy	7,565
	or acupuncture therapy or acupuncture treatment) OR TI (acupuncture or acupuncture therapy or acupuncture treatment) OR AB (acupuncture or acupuncture therapy or acupuncture treatment)	20,538
9. MH acupuncture,	ear OR TI acupuncture, ear OR AB acupuncture, ear	590
	echniques or mind-body therapies) OR TI (mind body techniques or mind-body therapies) OR tiques or mind-body therapies)	3,952
	chniques or breathing or breathing exercise) OR TI (breathing techniques or breathing or breathing techniques or breathing or breathing exercise)	20,189
imagery for pain n	gery for pain management or guided image therapy or guided images therapes of R TI (gu management or guided image therapy or guided images therapies) OR AB (guided imagery for uided image therapy or guided images therapies)	
13. MH (guided image or visualization ted	gery or guided relaxation or visualization techniques) OR TI (guided imagery graded relaxation) OR AB (guided imagery or guided relaxation or visualization techniques) or guided relaxation or visualization techniques)	4,120
14. MH (hypnosis or h	hypnotherapy) OR TI (hypnosis or hypnotherapy) OR AB (hypnosis or hypnotherapy)	4,011
•	For peer review only - http://bmjopen.bmj.com/site/about/quidelines.xhtml	<u>.</u>
F	For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	

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15. MH (biofeedback or biofeedback therapy) OR TI (biofeedback or biofeedback therapy) OR EB (biofeedback or biofeedback therapy)	4,994
16. MH (music therapy or music intervention or musical therapy or music-based intervention or the special communic music) OR TI (music therapy or music intervention or musical therapy or music-based intervention or therapy communic music) OR AB (music therapy or music intervention or musical therapy or music-based intervention or therapy communic music)  17. MH (progressive muscle relaxation or muscle relaxation) OR TI (progressive muscle relaxation or muscle relaxation)  OR AB (progressive muscle relaxation or muscle relaxation)  18. MH (sleep therapy or sleep) OR TI (sleep therapy or sleep) OR AB (sleep therapy or sleep)	7,558
17. MH (progressive muscle relaxation or muscle relaxation) OR TI (progressive muscle relaxation or muscle relaxation)  OR AB (progressive muscle relaxation or muscle relaxation)	2,299
18. MH (sleep therapy or sleep) OR TI (sleep therapy or sleep) OR AB (sleep therapy or sleep)	77,183
19. MH (massage therapy or massage or massage therapies) OR TI (massage therapy or massage or massage therapies) OR AB (massage therapy or massage or massage therapies)	21,418
20. MH (physical therapy or physiotherapy) OR TI (physical therapy or physiotherapy) OR AB (physical therapy or physiotherapy)	61,296
21. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR S16 OR 17 OR 18 OR 20	277,529
22. MH (pediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care are paediatric critical care unit or paediatric critical c	9,239
23. MH intensive care units, pediatric OR TI intensive care units, pediatric OR AB intensive care units, pediatric	8,949

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Dates of coverage and database	Download to text and	Retrieved records
09/21/22 MEDLINE	1. "pain management" [MeSH Terms] OR "pain management" [Text Word] OR "pain relief" [Text Word] OR "pain control" [Text Word] OR "pain reduction" [Text Word] OR "managing pain" [Text Word] OR "management" [MeSH Terms] OR "analgesia" [Text Word]	177,128
(PubMed)	2. "pain measurement" [MeSH Terms] OR "pain assessment" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain scale" [Text Word] OR "pain tool" [Text Word] OR "pain assessment tool" [Text Word] OR "pain instrument" [Text Word] OR "pain intervention" [Text Word] OR "pain measurement" [MeSH Tems] OR "pain measurement" [Text Word]	101,025
	3. 1 OR 2	246,193
	4. "integrative medicine" [MeSH Terms] OR "integrative medicine" [Text Word] OR "omplementary therapies" [MeSH Terms] OR "complementary medicine" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative medicine" [Text Word] OR "integrative therapy" [Text Word] OR "integrative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "complementary therapies" [Text Word] OR "alternative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative therapies" [Text Word] OR "alternative treatment" [Text Word] OR "complementary therapies" [Text Word] OR "alternative treatment" [Text Word]	274,042
	5. "nonpharmacological intervention"[Text Word] OR "nonpharmacological interventions"[Text Word] OR "nonpharmacological therapy"[Text Word] OR "nonpharmacological treatment"[Text Word] OR "nonpharmacological treatment"[Text Word]	5,292

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	njopen-20 BMJ Open	
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6.	"aromatherapy" [MeSH Terms] OR "aromatherapy" [Text Word] OR "oils, volatile" [MeSH Terms] OR "essential oils" [Text Word] OR "aromatherapy" [MeSH Terms] OR "aroma therapy" [Text Word]	23,007
7.	"acupuncture" [MeSH Terms] OR "acupuncture therapy" [MeSH Terms] OR "acupuncture" [Word] OR "acupuncture therapy" [MeSH Terms] OR "acupuncture therapy" [Text Word] OR "acupuncture ear" [Text Word] OR "acupuncture, ear" [MeSH Terms] OR "acupuncture ear" [Text Word]	35,397
8.	"mind body techniques"[Text Word] OR "mind body therapies"[MeSH Terms] OR "mind body berapies"[Text Word]	46,477
9.	"breathing techniques"[Text Word] OR "breathing exercises"[MeSH Terms] OR "breathing exercises"[Text Word]	4,632
10.	"guided imagery intervention"[Text Word] OR "guided imagery interventions"[Text Word] OR "guided relaxation"[Text Word] OR "guided relaxation"[Text Word] OR "guided relaxation"[Text Word] OR "guided relaxation" [Text Word] OR	2,746
11.	"hypnosis"[MeSH Terms] OR "hypnosis"[Text Word] OR "hypnotherapy"[Text Word]	15,942
12.	"biofeedback, psychology"[MeSH Terms] OR "biofeedback"[Text Word] OR "biofeedback there by Text Word]	<u>16,054</u>
13.	"music therapy"[MeSH Terms] OR "music therapy"[Text Word] OR "music intervention"[Text Word] OR "musical therapy"[Text Word] OR "music based intervention"[Text Word] OR "therapeutic music"[Text Word] OR "musical therapy"[Text Word] OR "music based intervention"[Text Word] OR "therapeutic music" [Text Word] OR "musical therapy"[Text Word] OR "music intervention"[Text Word] OR "musical intervention"[Text Word] OR "musical intervention" [Text Word] OR "musical int	5,367
14.	"progressive muscle relaxation"[Text Word] OR "muscle relaxation"[MeSH Terms] OR "muscle relaxation"[Text Word]	<u>35,626</u>
15.	"sleep therapy"[Text Word] OR "sleep"[MeSH Terms] OR "sleep"[Text Word]	232,994
	For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	

16. "massage therapy"[Text Word] OR "massage"[Text Word] OR "massage therapies"[Text Word] on 12 Februs es	16,186
17. "physical therapy modalities" [MeSH Terms] OR "physical therapy" [Text Word] OR "physical therapy" [Text	200,591
18. 4 OR 5 OR 6 OR 7 OR 8OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17  and data mining  (ABES)  interpretation of the content of the	746,903
19. "pediatric intensive care unit"[Text Word] OR "picu"[Text Word] OR "pediatric critical care units, pediatric "[MeSH Terms] paediatric critical care" [Text Word] OR "intensive care units, pediatric" [MeSH Terms]	31,624
20. 3 AND 18 AND 19	63

Dates of coverage and database	Query Query 20	Retrieved records
09/14/22 ACADEMIC	1. (pain management) OR (DE "PAIN management" OR DE "DRY needling" OR DE "PAIN measurement" OR DE "BRIEF Pain Inventory" OR DE "MCGILL Pain Questionnaire")	81,825
SEARCH PREMIER	2. DE "ALTERNATIVE medicine" OR DE "ACUPUNCTURE" OR DE "ALTERNATIVE treatment" OR DE "BOTANIC medicine" OR DE "CHIROPRACTIC" OR DE "CHRONOTHERMAL medicine" OR DE	38,185
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"DRY needling" OR DE "ENERGY medicine" OR DE "HOLISTIC medicine" OR DE "HOMEOPÆTHE" OR DE "MENTAL healing" OR DE "NATUROPATHY"	
3. DE "PEDIATRIC intensive care" OR ""PEDIATRIC intensive care units" OR PICU	10,655
4. 1 AND 2 AND 3 ted to	1

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Dates of coverage and database	Query  Query  Query  1. ("pain"):ti,ab,kw OR ("pain assessment"):ti,ab,kw  Query  1. ("pain"):ti,ab,kw OR ("pain assessment"):ti,ab,kw	Retrieved records
10/03/22	1. ("pain"):ti,ab,kw OR ("pain assessment"):ti,ab,kw	215514
COCHRANE	2. ("integrative medicine"):ti,ab,kw OR ("complementary medicine"):ti,ab,kw    medicine"):ti,ab,kw    [The state of the complementary of the complementary medicine"]:ti,ab,kw    [The state of the complementary of the co	4013
	3. ("non-pharmacological"):ti,ab,kw AND ("therapies"):ti,ab,kw OR ("treatmed"):ti,ab,kw OR ("intervention"):ti,ab,kw	1147812
	4. ("aromatherapies"):ti,ab,kw OR ("essential oil"):ti,ab,kw	2174
	5. ("acupuncture"):ti,ab,kw OR ("acupuncture analgesia"):ti,ab,kw	17333
	6. ("mind body"):ti,ab,kw OR ("mind body medicine"):ti,ab,kw OR ("mind body therapies"):ti,ab,kw OR ("	1248
	7. ("breathing"):ti,ab,kw	34728
	8. ("guided imagery"):ti,ab,kw	806
	8. ("guided imagery"):ti,ab,kw  Ographique For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	

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9.	("hypnotherapy"):ti,ab,kw	380
10.	("biofeedback"):ti,ab,kw OR ("biofeedback training"):ti,ab,kw	3897
11.	("music therapy"):ti,ab,kw	2613
12.	("biofeedback"):ti,ab,kw OR ("biofeedback training"):ti,ab,kw  ("music therapy"):ti,ab,kw  ("progressive muscle relaxation"):ti,ab,kw OR ("progressive muscle relaxation training"):ti,ab,kw  ("sleep"):ti,ab,kw  ("massage therapy"):ti,ab,kw	820
13.	("sleep"):ti,ab,kw	46268
14.	("massage therapy"):ti,ab,kw	875
15.	("physical therapy"):ti,ab,kw OR ("physical therapy	11504
16. unit"):	("pediatric intensive care unit"):ti,ab,kw OR ("paediatric intensive care"):ti,ab,kw OR ("paediatric intensive care units"):ti,ab,kw OR ("paediatric intensive care units"):ti,ab,kw	1095
17.	1 AND 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR9 OR 10 OR 11 OR 12 OR 13 OR 14 OR \$\frac{1}{25}\$ AND 16	0
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23. 1 AND 3 AND 16 OR 1 AND 7 AND 16 OR 1 AND 11 AND 16 OR 1 AND 13 AND 16 OR 1 AND 16	47
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Dates of coverage and database	Query Query	Retrieved records
10/23/22 EMBASE	1. pain'/exp OR 'pain' OR 'analgesia'/exp OR 'analgesia'  1. pain'/exp OR 'pain' OR 'analgesia'/exp OR 'analgesia'  1. pain'/exp OR 'pain' OR 'analgesia'/exp OR 'analgesia'	2062548
	2. 'integrative medicine'/exp OR 'integrative medicine' OR 'alternative medicine'/exp OR 'alternative medicine' OR 'aromatherapy' OR 'aromatherapy' OR 'essential oil'/exp OR 'essential oil' OR 'acupuncture'/exp OR 'auricular acupuncture' OR 'auricular acupuncture' OR 'breathing exercise'/exp OR 'breathing exercise' OR 'guided imagery'/exp OR 'guided imagery' OR 'breathing exercise'/exp OR 'biofeedback' OR 'music therapy'/exp OR 'music therapy' OR 'physiotherapy'/exp OR 'sleep quality'/exp OR 'sleep quality'/exp OR 'sleep quality'/exp OR 'physiotherapy'/exp OR 'physiotherapy' O	255690
	3. 'pediatric intensive care unit'/exp OR 'pediatric intensive care unit'	22687
	4. 1 AND 2 AND 3	33
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Dates of coverage and database	Query Query	Retrieved records
10/23/22 LILACS	1. "DOR" or "avaliacao da DOR" or "escala analogica da DOR" or "escala analogica visual de DOR" or "intensida DOR" or "limiar da DOR" or "manejo da DOR" or "medicao da DOR" or "percepcao da DOR" or "unaliades da alivio da DOR" or "DOR aguda" or "DOR cronica" [Descritor de assunto]	

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2. "TERAPIAS COMPLEMENTARES" or "TERAPIAS COMPLEMENTARES e integrativas" [Descritor de assunto]	1429
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3. "unidade de terapia intensiva pediatrica" [Descritor de assunto]	767
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Dates of coverage and database	Query  Query  Query  1. Title, abstract, keyword: pain  Query  Qu	Retrieved records
SCIENCE DIRECT	1. Title, abstract, keyword: pain	232,587
	2. Title, abstract, keyword: complementary and alternative medicine	3342
	3. Title, abstract, keyword: integrative medicine	6951
	4. pediatric intensive care unit	3787
	1 AND 2 OR 3 AND 4	267
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Dates of coverage and database	Query Query	Retrieved records
09/23/22 SCOPUS	1. TITLE("Pain Management" OR "Pain Relief "OR "Pain Control" OR "Pain Reduction" OR "Management" OR Analgesia) OR ABS("Pain Management" OR "Pain Relief" OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR TITLE-ABS-KEY(Pain Management OR Pain Relief OR Pain Control OR "Managing Pain" OR Analgesia)	(344,701)
	2. TITLE("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Intervention" OR "Pain Measurement") OR ABS("Pain Assessment" OR "Pain Scale" Or "Pain Intervention" OR "Pain Measurement" OR "Pain Intervention" OR "Pain Measurement" OR "Pain Assessment Tool" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Measurement" OR "Pain Intervention" OR "Pain Measurement" OR "Pain Intervention" OR "Pain Measurement")	(145,947)
	3. 1 OR 2	(423,690)
	4. TITLE("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR ALE ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR TITLE-ABS KEY ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine")	(58,538)
	5. TITLE("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OF "Complementary Therapies" OR "Alternative Therapy" OR "Alternative Therapies" OR "Alternative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OF "Complementary Therapies" OR "Alternative Therapy" OR "Alternative Therapies" OR "Alternative Treatment" OF TITLE-ABS-KEY("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OF "Com	(59,454)
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6. TITLE("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Therapies" OR "Non-pharmacological Treatment") OR ABS("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" Ol "Non-pharmacological Therapies" OR "Non-pharmacological Treatment") OR TITLE ABS-KEY("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Interventions" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" Ol "Non-pharmacological Therapies" OR "Non-pharmacological Treatment")	R (7,752)
7. TITLE(Aromatherapy OR "Essential Oils" OR Aroma therapy) OR ABS(Aromatherapy OR "Essential Oils" Ol Aroma therapy) OR TITLE-ABS-KEY(Aromatherapy OR "Essential Oils" OR Aroma therapy)	(3.885)
8. TITLE("Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment") OR ABS (Acupuncture" OI "Acupuncture Therapy" OR "Acupuncture Treatment") OR TITLE-ABS-KEY("Acupuncture" Acupuncture Therapy" OR "Acupuncture Treatment")	
9. TITLE("Acupuncture, Ear") OR ABS("Acupuncture, Ear") OR TITLE-ABS-KEY("Acupuncture	(452)
10. TITLE("Mind Body Techniques" OR "Mind-body Therapies") OR ABS("Mind Body Techniques" On "Mind-body Therapies") OR TITLE-ABS-KEY("Mind Body Techniques" OR "Mind-body Therapies")	y (1.625)
11. TITLE("Breathing Techniques"OR Breathing OR "Breathing Exercise") OR ABS("Breathing Techniques"OI Breathing OR "Breathing Exercise") OR TITLE-ABS-KEY("Breathing Techniques"OR Breathing Exercise")	
12. TITLE("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images") Ol ABS("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images") Ol TITLE-ABS-KEY("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Image Therapy" OR "Guided Image Therapies")	R   4
13. TITLE("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques") OR ABS("Guided Imagery" OI "Guided Relaxation" OR "Visualization Techniques") OR TITLE-ABS-KEY("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques")	
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14. TITLE(Hypnosis OR Hypnotherapy) OR ABS(Hypnosis OR Hypnotherapy) OR TITLE-ABS-BEY-Hypnosis OR Hypnotherapy)	22,266
15. TITLE(Biofeedback OR "Biofeedback Therapy") OR ABS(Biofeedback OR "Biofeedback Therapy") OR TITLE-ABS-KEY(Biofeedback OR "Biofeedback Therapy")	17,108
16. TITLE("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music") OR ABS("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music") OR TITLE-ABS-KEY("Music Therapy" OR "Musical Therapy" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music")	11,454
17. TITLE("Progressive Muscle Relaxation" OR "Muscle Relaxation") OR ABS("Progressive Muscle Relaxation" OR "Muscle Relaxation") OR TITLE-ABS-KEY("Progressive Muscle Relaxation" OR "Muscle Relaxation")	34,970
18. TITLE("Sleep Therapy" OR Sleep) OR ABS("Sleep Therapy" OR Sleep) OR TITLE-ABS-KE**("Sleep Therapy" OR Sleep)	340,832
19. TITLE("Massage Therapy" OR Massage OR "Massage Therapies") OR ABS("Massage Therapy" OF Massage OR "Massage Therapy") OR TITLE-ABS-KEY("Massage Therapy" OR Massage OR "Massage Therapy")	28,624
20. TITLE("Physical Therapy" OR Physiotherapy) OR ABS("Physical Therapy" OR Physiotherapy" OR Physiotherapy)	129,632
21. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 (2) SOR 20	937,453
22. TITLE("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Latensive Care" OR "Paediatric Critical Care") OR ABS("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care") OR TITLE-ABS-KEY("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care")	20,379
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23. TITLE("Intensive Care Units, Pediatric") OR ABS(" KEY("Intensive Care Units, Pediatric")	المجالة (Intensive Care Units, Pediatric') المجالة (Particular Properties)	STITLE-ABS- 8,226
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09/21/22 WEB OF SCIENCE	1. TS= (pain management or pain relief or pain control or pain reduction or managing pain or analgesia) R TI= (pain management or pain relief or pain control or pain reduction or managing pain or analgesia) OR AB= (pain management or pain relief or pain control or pain reduction or managing pain or analgesia)	(376,576)
	2. TS= (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or pain intervention or pain measurement) OR TI= (pain assessment or pain scale or pain tool or pain assessment tool or pain intervention or pain measurement) OR AB= (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or pain intervention or pain measurement)	(241,031)
	3. 1 OR 2	(475,359)
	4. TS= (integrative medicine or complementary medicine or alternative medicine) OR TI= (integrative medicine or complementary medicine or alternative medicine) OR AB= (Integrative medicine or complementary medicine or alternative medicine)	(51,961)

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	5.	TS= (integrative therapy or integrative therapies or complementary therapy or complementary therapies or alternative therapies or alternative therapy or complementary therapies or alternative therapy or complementary therapies or alternative therapy or integrative therapies or alternative therapy or integrative therapies or complementary therapy or integrative therapies or complementary therapy or complementary therapies or alternative therap	(288,290)
	6.	TS= (non- pharmacological intervention or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological therapy or non-pharmacological therapy or non-pharmacological interventions or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological t	(12,420)
	7.	TS= (aromatherapy or essential oils or aroma therapy) OR TI= (aromatherapy or essential oils or aroma therapy) OR AB= (aromatherapy or essential oils or aroma therapy)	(86,864)
	8.	TS= (acupuncture or acupuncture therapy or acupuncture treatment) OR TI= (acupuncture or acupuncture therapy or acupuncture treatment) OR AB= (acupuncture or acupuncture therapy or acupuncture treatment)	(25,368)
	9.	TS= (acupuncture, ear) OR TI= (acupuncture, ear) OR AB= (acupuncture, ear)	(547)
	10.	TS= (mind body techniques or mind-body therapies) OR TI= (mind body techniques or mind-body therapies) OR AB= (mind body techniques or mind-body therapies)	(2,430)
•	11.	TS= (breathing techniques or breathing or breathing exercise) OR TI= (breathing techniques or breathing exercise)  OR AB= (breathing techniques or breathing or breathing exercise)	(99,065)
	12.	TS= (guided imagery for pain management or guided image therapy or guided images therapies) OR AB= (guided imagery for pain management or guided image therapy or guided images therapies) OR AB= (guided imagery for pain management or guided image therapy or guided images therapies)	(22,227)
		TS= (guided imagery for pain management or guided image therapy or guided images therapies) OR AB= (guided imagery for pain management or guided images therapies) OR AB= (guided imagery for pain management or guided image therapy or guided images therapies)  Constitution of the pain management or guided imagery for pain management or guided image therapy or guided images therapies)  For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	

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13. TS= (guided imagery or guided relaxation or visualization techniques) OR TI= (guided imagery or guided visualization techniques) OR AB= (guided imagery or guided relaxation or visualization techniques)	relaxation or (68,289)
14. TS= (hypnosis or hypnotherapy) OR TI= (hypnosis or hypnotherapy) OR AB= (hypnosis or hypnotherapy)	(10,831)
15. TS= (biofeedback or biofeedback therapy) OR TI= (biofeedback or biofeedback therapy) OR AB therapy)	or biofeedback (12,661)
16. TS= (music therapy or music intervention or musical therapy or music-based intervention or therapeutic music) C therapy or music intervention or musical therapy or music-based intervention or therapeutic music. AB= (music intervention or musical therapy or music-based intervention or therapeutic music)	OR TI= (music usic therapy or (11,018)
17. TS= (progressive muscle relaxation or muscle relaxation) OR TI= (progressive muscle relaxation progressive muscle relaxation)	tion) OR AB= (33,638)
18. TS= (sleep therapy or sleep) OR TI= (sleep therapy or sleep) OR AB= (sleep therapy or sleep)	(293,420)
19. TS= (massage therapy or massage or massage therapies) OR TI= (massage therapy or massage of massage therapy or massage therapy or massage therapies)	pies) OR AB= (11,659)
20. TS= (physical therapy or physiotherapy) OR TI= (physical therapy or physiotherapy) OR TI= (physical therapy or physiotherapy)	cal therapy or (121,548)
21. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 20	(1,058,477)
22. TS= (pediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care or prediatric critical care unit or paediatric critical ca	itical care) OR (21,834)
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	23. TS= (intensive care units, pediatric) OR TI= (intensive care units, pediatric) OR AB= (intensive care units, pediatric)	(14,677)
	24. 22 OR 23	(21,834)
	25. 3 AND 21 AND 24	(137)

Dates of coverage and database	Query Query	Retrieved records
09/26/22  Catálogo de Teses e Dissertações (CAPES)	1. ("Pain Management" OR "Pain Relief "OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR ("Pain Management" OR "Pain Relief" OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR (Pain Management OR Pain Relief OR Pain Control OR "Pain Reduction" OR "Managing Pain" OR Analgesia)	47.919
Dissertações (CAFES)	2. ("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Intervention" OR "Pain Measurement") OR ("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Instrument" OR "Pain Intervention" OR "Pain Measurement") OR ("Pain Assessment" OR "Pain Tool" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Measurement") OR "Pain Measurement")	17.688
	3. 1 OR 2	60.914
	4. ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR "Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine" OR "Alternative Medicine") OR "Integrative Medicine" OR "Alternative Medicine" OR "Alternative Medicine")	5.309
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5	6. ("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OR "Domplementary Therapies" OR "Alternative Therapy" OR "Alternative Treatment") OR ("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapies" OR "Alternative Therapies" OR "Alternative Therapies" OR "Alternative Therapy" OR "Integrative Therapy" OR "Integrative Therapy" OR "Complementary Therapy" OR "Complementary Therapy" OR "Complementary Therapy" OR "Alternative Therapies" OR "Alternative Treatment")	14.345
6	6. ("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Therapies" OR "Non-pharmacological Treatment") OR ("Non-pharmacological Intervention" OR "Non-pharmacological Therapy" OR "Non-pharmacological Therapies" OR "Non-pharmacological Treatment") OR ("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Th	20.398
7	7. (Aromatherapy OR "Essential Oils" OR Aroma therapy) OR (Aromatherapy OR "Essential Oils" OR Aroma therapy) OR (Aromatherapy OR "Essential Oils" OR Aroma therapy)	8.734
8	3. ("Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment") OR ("Acupuncture Treatment") OR ("Acupuncture Therapy" OR "Acupuncture Treatment")  "Acupuncture Treatment") OR ("Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment")	11.097
ç	O. ("Acupuncture, Ear") OR ("Acupuncture, Ear") OR ("Acupuncture, Ear")	468
1	0. ("Mind Body Techniques" OR "Mind-body Therapies") OR ("Mind Body Techniques" OR "Mind-body Therapies") OR ("Mind Body Techniques" OR "Mind-body Therapies") OR ("Mind Body Techniques" OR "Mind-body Therapies")	8.897
1	11. ("Breathing Techniques"OR Breathing OR "Breathing Exercise") OR ("Breathing Techniques"OR Breathing OR "Breathing Exercise")  Breathing Techniques"OR Breathing OR "Breathing Exercise")  Breathing Techniques"OR Breathing OR "Breathing Exercise")	12.400
1	2. ("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies") OR ("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies") OR "Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies")	63.039
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13	3. ("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques") OR ("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques") OR ("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques")	3.632
14	4. (Hypnosis OR Hypnotherapy) OR (Hypnosis OR Hypnotherapy) OR (Hypnosis OR Hypnotherapy)	19
15	5. (Biofeedback OR "Biofeedback Therapy") OR (Biofeedback OR "Biofeedback Therapy") OR (Biofeedback Therapy")  Therapy")  Therapy")	5.433
16	6. ("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music") OR ("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Herapy" OR "Therapeutic Music") OR ("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music")	25.370
17	7. ("Progressive Muscle Relaxation" OR "Muscle Relaxation") OR ("Progressive Muscle Relaxation") OR ("Progressive Muscle Relaxation") OR ("Progressive Muscle Relaxation")	2.847
18	8. ("Sleep Therapy" OR Sleep) OR("Sleep Therapy" OR Sleep) OR ("Sleep Therapy" OR Sleep)	13.033
19	OR ("Massage Therapy" OR Massage OR "Massage Therapies") OR ("Massage Therapy" OR Massage Therapies")  OR ("Massage Therapy" OR Massage OR "Massage Therapies")	5.587
20	O. ("Physical Therapy" OR Physiotherapy) OR ("Physical Therapy" OR Physiotherapy) OR ("Physical Therapy" OR Physiotherapy)	13.679
21	1. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OP 19 OR 20	120.654
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	or peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhttm	

22. ("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Titlensive Care" OR "Paediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Critical Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Critical Care")	Care" 21.859
23. ("Intensive Care Units, Pediatric") OR ("Intensive Care Units, Pediatric") OR ("Intensive Care Units, Pediatric")	16.055
24. 22 OR 23  text Suppersion  text and text are text and text are	22.946

Dates of coverage and database	Query Query Query Query	Retrieved records
11/05/22	1. pain	547
DART-E	2. ""complementary therapies" OR "alternative medicine" OR "integrative medicine" OR "nonparmacological	168
	3. "pediatric intensive care unit" or "paediatric intensive care unit"	51
	4. 1 AND 2 AND 3  4. 1 AND 2 AND 3  6. 2025 at	38
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Dates of coverage and database	on 12 February ding for uses relatives relatives	Retrieved records
11/05/22	1. "complementary therapies" OR "integrative medicine" OR "complementary and alternative therapies"  "complementary and alternative therapies"	17900
Google Scholar	2. nonpharmacologic and day	77700
	3. "pediatric intensive care" OR "paediatric intensive care"	17600
	4. 1 OR 2 AND 3 AND doc OR .txt OR . rtf OR .PDF OR .html	124
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Dates of coverage and database	Query Query	Retrieved records
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OATD	2. "complementary therapies" OR "alternative medicine" OR "integrative medicine" OR nonpharmacological	1819
	3. "pediatric intensive care unit" or "paediatric intensive care unit"	382

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# **BMJ Open**

# Non-pharmacological therapies for pain management in paediatric intensive care units: a protocol for a scoping review

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Journal:	BMJ Open
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Complete List of Authors:	Alencar, Isabele Gouveia Muniz; Universidade Federal do Rio Grande do Norte, Enfermagem Dantas, Joyce Karolayne; Universidade Federal do Rio Grande do Norte Matias de Araújo, Sara Cristina; Universidade Federal do Rio Grande do Norte Fernandes, Thatiane Evelyn; Universidade Federal do Rio Grande do Norte de Araújo, Pedro; Universidade Federal do Rio Grande do Norte da Costa, Alex; Universidade Federal do Rio Grande do Norte Takahashi, Juliana; São Paulo State University, Nursing School Oliveira, Jonas; Universidade Federal do Rio Grande do Norte
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Secondary Subject Heading:	Anaesthesia, Intensive care, Paediatrics, Medical management
Keywords:	Paediatric anaesthesia < ANAESTHETICS, Paediatric intensive & critical care < ANAESTHETICS, PAIN MANAGEMENT, COMPLEMENTARY MEDICINE

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Non-pharmacological therapies for pain management in paediatric intensive care units: a protocol for a scoping review

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#### **ABSTRACT**

**Introduction:** Pain management in critically ill children is complex for specific cognitive development and hospitalisation in paediatric intensive therapy units. Although there are many protocols and guidelines for pain control with pharmacological interventions, non-pharmacological practices should be explored and disseminated for their beneficial potential.

Methods and analysis: A systematic literature search will be performed in the following databases: Academic Search Premier, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Library, Excerpta Medica Database (Embase, Latin American and Caribbean Health Sciences Literature (LILACS) (VHL)), Medical Literature Analysis and Retrieval System Online (MEDLINE), Science Direct, Scopus, Web of Science Core Collection, Theses from *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (CAPES), Dart Europe (DART-E), Open Access Theses and Dissertations (OATD), and grey literature from Google Scholar. The research will consider quantitative and qualitative studies, mixed-methods studies, systematic reviews, text articles, opinion articles, letters to editors, and editorials in any language and database. The following will be eligible for inclusion: (i) newborns, infants, children, and adolescents; (ii) non-pharmacological therapies used for pain in paediatric intensive care (PICU).

**Ethics and dissemination:** This study does not require ethical approval. The results of this research will be disseminated through social media channels and podcasts about pain in children.

**Trail registration number:** This protocol has been registered with the Open Science Framework (DOI 10.17605/OSF.IO/DZHKT).

# STRENGTHS AND LIMITATIONS OF THIS STUDY

- Promote updates on what is known about non-pharmacological therapies.
- Present gaps in knowledge that still need to be filled.
- Enable the selection of studies in other languages.
  - Division of results by paediatric age groups can make the findings difficult in this population.



#### INTRODUCTION

 Admission to the PICU exposes the child to various experiences of pain, and approximately between 45–72% of them experience pain daily, either due to their critical illness, procedures, therapies, or surgeries to approach the disease that motivated hospitalisation in the unit [1]. As a result, critically ill children have more experience with intense pain. They are subjected to more painful procedures than children in other hospitalisation units, such as medical and surgical units [2]. In the PICU, pain can be caused by the underlying illness or injury, complications of the primary disease, frequent medical procedures that result in pain (e.g., incisions, wound care, and injections), and supporting and monitoring systems (e.g., suctioning an endotracheal tube, manipulation or stripping of drains, removal of catheters or drains) [2, 3]. Tissue hypoxia that develops due to low oxygen saturation, cardiac output, or anaemia can also cause pain. In the PICU, other types of pain include pain in the joints and pressure points and pain resulting from changing positions.

Despite recent scientific and technological developments, paediatric patients usually have no relief from pain [2-9]. It is essential to describe that no relief from pain is considered an adverse event, the most common type in the United States [2]. According to International Association for the Study of Pain (IASP), pain relief has been discussed as a human right by international institutions since 2004 [10]. However, it remains challenging to discuss topics such as treating pain in children. One of the obstacles to the management of pain control in this age group is the heterogeneity of pain perception and response [1, 10-11]. Although the diagnosis of pain is often performed using self-refined scales, this method has limitations. For example, neonates and young children do not have the level of development for appropriate verbal communication. In this group, the scales use behavioural observation and physiological measures. However, parents and non-professionals have more accurate observations than healthcare providers in identifying pain-related facial expressions and responses in children [1].

Smith *et al.* [12] in The Pain, Agitation, Neuromuscular Blockade, and Delirium in Critically III Paediatric Patients with Consideration of the PICU Environment and Early Mobility (PANDEM) Guidelines discussed that the pain assessment tools could be classified as self-report or observation scales. Self-report scales are considered the "gold standard" and were validated in children up to 3 years of age, although self-adherence from the age of 6 years was considered the most reliable. The most used paediatric self-report scales are the analogue visual scale, numerical classification scale, Ocher scale, and Wong-Baker pain

 Measuring and treating pain in critically ill children represents a significant obstacle for health professionals [1]. The risk factors for experiencing pain vary from specific factors in paediatric patients to PICU-related factors [12]. The perception of pain can be influenced by age, anxiety, fear, stigma, comorbidities, concern about family separation, strange environments, barriers to verbal communication, and racial bias. Another factor that can change the way children feel and demonstrate their pain is cultural and social differences [1]. The PICU-related factors involve mechanical ventilation, invasive procedures, invasive devices, the use of multiple medications, frequent sleep interruptions, and reduced mobility [12].

A proper administration of analgesia contributes to pain relief, improves psychomotor agitation, facilitates the maintenance of invasive devices, optimises synchronisation between the mechanical and child ventilators, and decreases oxygen consumption and stress response. The decrease in these events is related to proper pain management in PICUs [12]. Pain management in children requires pharmacological and non-pharmacological therapies [13]. The pharmacological interventions are usually lodged in protocols using opioids alone or associated with other non-opioid drugs [12]. As the use of pain medications is related to side effects and inadequate use of opioids, non-pharmacological interventions have been explored by professionals and researchers. Although there is a consensus that combining both approaches is more effective, the amount of information on non-pharmacological pain treatment in critically ill children is limited [13].

Non-pharmacological interventions can be categorised as behavioural, cognitive, restorative, and complementary therapies [14]. Psychological interventions (guided imagery, hypnosis, detailed inquiry, parent's presence, and distraction), physical interventions (acupuncture, stroking and soothing, holding, and rocking), and others (quiet environment, dim lights, limiting visitors, and music) are some of the non-pharmacological treatments already described for pain relief in PICUs [3]. They have the potential to alleviate stress generated by hospitalisation, improve quality of life, and prevent changes in the physiology and behaviour of neonates. Previous research raised concerns about the registration of this therapeutic modality by nursing professionals in the patient's medical

 record. The interventions used were oral sweet solution, non-nutritive sucking, positioning, skin-to-skin contact, and modifying environmental stimuli [15, 16]. In one of these studies, skin-to-skin contact between father/mother and baby was the most commonly used method [15].

Non-pharmacological therapies may also help improve the effectiveness of pharmacological therapies or even contribute to reducing their use, thus improving the scores related to adverse events of drug use. Another medical record analysis enabled an observational cohort study in 15 PICUs. The most used measures were repositioning, decreasing environmental stimuli, carer presence, distraction, and music therapy [13, 17]. Yaz and Atay (2000) [18] conducted a transverse study to describe the nurses' use of non-pharmacological methods in paediatric intensive care clinics during the pandemic. Although the pandemic has changed the work process, the non-pharmacological pain relief methods commonly used by nurses in interventional procedures for children are positioning, using a pacifier, embracing, massage, environmental modification, touching the treated area/therapeutic touch, toy distraction, musical therapy and speaking, providing pre-process information, heat/cold application, parent involvement, kangaroo care, giving sucrose, video distraction, post-application rewarding, breathing exercise, and dreaming.

Other forms of non-pharmacological therapies include their association with pharmacological therapies to decrease environmental stressors and facilitate relaxation, distraction, and sleep [12]. A scoping review held in 2019 mapped pain management in PICUs. The interventions involved guided image, hypnosis, detailed inquiry, the parent's presence, distraction, a combination of psychological, physical, and pharmacological interventions (such as positioning, guided imagery, hypnosis, and parental education), acupuncture, the use of positioning, stroking and soothing, touching, holding, and rocking, musical therapy, and environmental modifications (such as a quiet environment, dim lights, limiting visitors, and music) [19].

Despite the advancements in pain management protocols in PICUs, various methodologies and guidelines suggest the development of further research on this topic. Ismail *et al.* (2019) [19] cited that all the articles identified from the literature search were published in English and that the study focused only on quantitative designs. Recently, the PANDEM guidelines [12] suggested that research must be conducted to certify the information on the impact of acupuncture on postoperative or procedural pain. As a contribution, this scoping review protocol adds to the study other designs, languages, and some techniques of acupuncture to explore new evidence of pain management in critically

 Furthermore, paediatric intensive care professionals need access to the best and most up-to-date scientific evidence on non-pharmacological therapies for pain management in PICUs [6, 8-9]. The development of a quality scoping review protocol can provide data that explores the phenomenon of non-pharmacological therapies in critically ill children and helps interpret the various factors involved in paediatric critical care. Thus, this review aimed to map the research that used non-pharmacological therapies for pain management in PICUs and provide evidence from the literature to investigate the characteristics of these techniques.

#### METHODS AND ANALYSIS

Scoping reviews seek to synthesise evidence for researchers, clinicians, and policymakers, gather and describe the evidence, and present an easily illustrative summary [20]. As non-pharmacological therapies exhibit a multiplicity of techniques with varied health impacts and use according to different patient ages, the scoping review was deemed the most appropriate review to illustrate the different nuances of this topic in the paediatric spectrum, which is also heterogeneous.

This scoping review will be conducted according to the chapter on scoping reviews in the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis [21] and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Extension for Scoping Reviews (Appendix 1) [22]. This protocol is registered in the Open Science Framework (https://doi.org/10.17605/OSF.IO/GKETX). This review will be conducted in six phases: 1) identification of the research question; 2) identification of studies; 3) selection of studies; 4) mapping and comparison of the data; 5) collecting, summarising, and reporting the results [23]; 6) consultation with stakeholders about the results (optional) [24].

#### Patient and public involvement

This study does not involve patients or the public.

#### Identifying the research question

The research question for this scoping review is "What non-pharmacological therapies have been used for pain management in PICUs?" To support the research question, four sub-questions were developed:

- 1. What techniques were used in different age groups? What scores on the pain scales define the use of non-pharmacological therapy?
- 2. Were the techniques used for the management of pain? Are there differences between the moment (before or after pain/surgery/painful procedures) and the application time?
- 3. What therapies impacted decreased pain, mechanical ventilation duration, or reduction in length of stay in the PICU?
- 4. What factors assess their effectiveness?

To construct the research question, we used the Population, Concept, Context (PCC) strategy recommended by the JBI [20] and the table proposed by Ahmad *et al.* (2022) (Table 1) [25].

	Inclusion criteria	Exclusion criteria
Population	Newborns Infants Children Adolescents	-
Concept	Pain management Analgesia Pain measurement Complementary therapies Alternative therapies Integrative therapies Integrative medicine Aromatherapy Oils, volatile Acupuncture Acupuncture Acupuncture, ear Mind-Body therapies Breathing exercises Imagery, psychotherapy Hypnosis Biofeedback, psychology Music therapy Muscle relaxation Sleep Physical therapy modalities	Pharmacologic therapies
Context	Paediatric intensive care units (PICU)	Home assistance services outpatient care  Inpatient ward settings
Types of evidence	Quantitative studies Qualitative studies Mixed-methods studies Systematic reviews Text articles Opinion articles Grey literature Letters to the editor Editorials	-

This review will consider studies that exploit unconventional pain management therapies. In health treatments, "complementary" therapies mean associating an

unconventional approach with traditional medicine. If an unconventional health intervention is used instead of traditional medicine, we call it "alternative" therapy. If an intervention occurs through the coordinated action of traditional medicine and an unconventional approach, the term "integrative" therapy is used [26].

However, identifying what therapies constitute complementary, alternative, and integrative medicine is complex [27]. One operational definition of "complementary and alternative medicine" was proposed by Cochrane researchers in 2011. There was also a discussion on integrative health and integrative medicine that influenced the National Center for Complementary and Alternative Medicine in the U.S. and changed it to the National Center for Complementary and Integrative Health (NIH) [26, 28].

This review will adopt the term "non-pharmacological therapies," Even though it is not described in the Medical Subject Headings (MeSH) terms, it incorporates "complementary therapies, alternative therapies, integrative therapies, and integrative medicine."

## **Identifying relevant studies**

The search strategy was developed in collaboration with a librarian at a leading university in Brazil. The strategy was to locate primary published studies, reviews, and text articles. First, a limited initial search was performed on the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Medical Literature Analysis and Retrieval System Online (MEDLINE) to identify relevant terms and keywords to develop the final search strategy. For transparency and replication of the review, a chart was created based on the protocol by Ahmad *et al.* (2022) [25], which outlines the details of the strategy with MeSH terms and text words (Table 2).

## **Population**

Newborns, infants, children, and adolescents

#### Concept

- "pain management" [MeSH Terms] OR "pain management" [Text Word] OR "pain relief" [Text Word] OR "pain control" [Text Word] OR "pain reduction" [Text Word] OR "managing pain" [Text Word] OR "analgesia" [MeSH Terms] OR "analgesia" [Text Word]
- 2. "pain measurement" [MeSH Terms] OR "pain assessment" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain scale" [Text Word] OR "pain tool" [Text Word] OR "pain assessment tool "[Text Word] OR "pain instrument" [Text Word] OR "pain intervention" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain measurement" [Text Word]
- 3. 1 OR 2
- 4. "integrative medicine" [MeSH Terms] OR "integrative medicine" [Text Word] OR "complementary therapies "[MeSH Terms] OR "complementary medicine" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative medicine" [Text Word] OR "integrative therapy" [Text Word] OR "integrative therapies" [Text Word] OR "complementary therapies" [MeSH Terms] OR "complementary therapies" [Text Word] OR "alternative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative therapies" [Text Word] OR "alternative treatment" [Text Word]
- "non-pharmacological intervention" [Text Word] OR "non-pharmacological interventions" [Text Word] OR "non-pharmacological therapy" [Text Word] OR "non-pharmacological therapies" [Text Word] OR "non-pharmacological treatment" [Text Word]
- 6. "aromatherapy" [MeSH Terms] OR "aromatherapy" [Text Word] OR "oils, volatile" [MeSH Terms] OR "essential oils" [Text Word] OR "aromatherapy" [MeSH Terms] OR "aroma therapy" [Text Word]
- 7. "acupuncture" [MeSH Terms] OR "acupuncture therapy" [MeSH Terms] OR "acupuncture" [Text Word] OR "acupuncture therapy" [MeSH Terms] OR "acupuncture therapy" [Text Word] OR "acupuncture treatment" [Text Word] OR "acupuncture, ear" [MeSH Terms] OR "acupuncture ear" [Text Word]
- 8. "mind-body techniques" [Text Word] OR "mind-body therapies" [MeSH Terms] OR "mind-body therapies" [Text Word]
- 9. "breathing techniques" [Text Word] OR "breathing exercises" [MeSH Terms] OR "breathing exercise" [Text Word]

- 10. "guided imagery intervention" [Text Word] OR "guided imagery interventions" [Text Word] OR "imagery, psychotherapy" [MeSH Terms] OR "guided imagery" [Text Word] OR "guided relaxation" [Text Word]
- 11. "hypnosis" [MeSH Terms] OR "hypnosis" [Text Word] OR "hypnotherapy" [Text Word]
- 12. "biofeedback, psychology" [MeSH Terms] OR "biofeedback" [Text Word] OR "biofeedback therapy" [Text Word]
- 13. "music therapy" [MeSH Terms] OR "music therapy" [Text Word] OR "music intervention" [Text Word] OR "musical therapy" [Text Word] OR "music-based intervention" [Text Word] OR "therapeutic music" [Text Word]
- 14. "progressive muscle relaxation" [Text Word] OR "muscle relaxation" [MeSH Terms] OR "muscle relaxation" [Text Word]
- 15. "sleep therapy" [Text Word] OR "sleep" [MeSH Terms] OR "sleep" [Text Word]
- 16. "massage therapy" [Text Word] OR "massage" [Text Word] OR "massage therapies" [Text Word]
- 17. "physical therapy modalities" [MeSH Terms] OR "physical therapy" [Text Word] OR "physical therapy modalities" [MeSH Terms] OR "physiotherapy" [Text Word]
- 18. 4 OR 5 OR 6 OR 7 OR 8OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17

#### **Context**

 19. "paediatric intensive care unit" [Text Word] OR "picu" [Text Word] OR "paediatric critical care unit" [Text Word] OR "paediatric critical care" [Text Word] OR "intensive care units, paediatric" [MeSH Terms]

#### 20. 3 AND 18 AND 19

The keywords in the titles and abstracts of articles and the indexing terms used in the articles will be used to guide a complete search strategy for Academic Search Premier, CINAHL, Cochrane Library, Embase, LILACS, MEDLINE, Science Direct, Scopus, and Web of Science Core Collection to be disclosed with the results of the scoping review.

The search strategy will consider the particularity of each information source, including all the identified keywords and indexing terms. The strategy will consider articles published in any language and with any database at the start or date of insertion. We use independent professional translation services for the authors' translation of articles in non-native languages.

In addition to the electronic databases, contact will be made with the study authors, when necessary, to clarify any doubts. This protocol will consider sources of unpublished

studies: CAPES, DART-E, OATD, and grey literature in Google Scholar. The online supplemental Appendix 2 provides a list of possible search queries.

#### Study selection

The search process will be carried out in two stages: 1) reading the title and abstract (first set of records); and 2) reading the full article (second set of records). Screening, which will result in the first set of records, will be performed by two pairs of reviewers who will divide the search as follows: 1) Pair A (IGMA and JKSD) will perform the search using the following sources: Academic Search Premier, CINAHL, LILACS, Embase, Science Direct, Dart Europe, Open Access Theses and Dissertations, and Google Scholar; 2) Pair B (SCMA and JT) will perform the search using the following sources: Cochrane Library, MEDLINE, Scopus, Web of Science, and CAPES.

The first data record will be grouped and loaded in EndNote 2.0 (Clarivate Analytics, PA, USA), and duplicates will be removed. A pilot test will be carried out on two sources of information, CINAHL and PubMed, for an evaluation according to the inclusion criteria for the review. The potentially relevant articles will be retrieved in full, comprising the second set of records and their citation details, and will be imported into Rayyan (Rayyan Systems Inc., MA, Cambridge).

At this stage, if necessary, adjustments will be made to the search strategy to meet the inclusion criteria of the review. After completing the pilot test, two reviewers will evaluate the full text of the other selected citations to check whether they meet the inclusion criteria. The reasons for excluding full-text articles that do not meet the inclusion criteria will be recorded and reported in the scoping review. A third independent reviewer will resolve the disagreements at any stage of this process. The research results will be fully reported in the final scoping review and presented in a PRISMA [30] flow diagram (Figure 1).

#### Mapping and comparison of the data

Data will be extracted using a data extraction tool developed by the authors based on a model proposed by the JBI [20] in Table 3.

Source of	Year	Country	Partici	pants	Therapies	Moment	Impact	Assesses their
evidence			Sex	Age	techniques	and mode	on pain	effectiveness
(citation)						of use		

This can then be refined further to address the research question for the scoping review, as required. The feasibility of the extraction tool will be tested on a subset of the second set of records. This will be modified and revised for each article included in the data extraction process. Any modifications will be detailed in the full scoping review.

Two authors will be involved in data extraction (IGMA and AC). Data extraction will occur independently, with cross-checking of the extracted evidence. A third author (JT) will resolve any disagreements between the authors regarding dissimilarities in terms of data extraction.

# Collating, summarising, and reporting the results

The total number of studies included will be presented in a summarised table format, using the extraction tool as a guide. Subsequently, the data will be grouped according to the Patterns, Advances, Gaps, Evidence for Practice, and Research Recommendations strategy proposed by Jones and Aveyard. [24] Each component represents a domain. The starting point is to produce the "Chart of Patterns." It displays the articles included in the review on one axis and the themes on the other to report the themes expressed in the articles. After the patterns are identified, advances and gaps can be identified and reported, resulting in the last domain of the framework, which is to recommend future research. In addition, the strategy also makes it possible to identify topics that do not require further research; that is, the scientific community has explored them well.

#### ETHICS AND DISSEMINATION

As scoping reviews use secondary data from other primary sources, approval for the protocol and review by the Research Ethics Committee will not be necessary. The results of this review will be disseminated through publications in high-quality journals whose scope aligns with the theme.

#### **AUTHORS' CONTRIBUTIONS**

IGMA, and JT contributed to conception and design this protocol. IGMA, SCMA, JKD, PLOA, and TEF contributed to acquisition of data. IGMA conceptualised the research question, prepared the drafts and manuscript edits. JSAO provided methodological expertise. TEF, and ABC, helped refine the research question. All authors have contributed to the study design and revised the protocol. All authors have approved the final manuscript.

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#### **COMPETING INTERESTS STATEMENT**

None declared.

#### DATA SHARING STATEMENT

This protocol has been registered with the Open Science Framework (DOI 10.17605/OSF.IO/DZHKT).

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#### REFERENCES

- 1. Grunauer M,  $Mikesell\ C$ ,  $Bustamante\ G$ , et al. Pain assessment and management in pediatric intensive care units around the world, an international, multicenter study. Front Pediatr 2021;9:746489. Available:
  - https://www.frontiersin.org/articles/10.3389/fped.2021.746489/full
- LaFond CM, Hanrahan KS, Pierce NL, et al. Pain in the pediatric intensive care unit: how and what are we doing? Am J Crit Care 2019;28(4):265–273. Available: https://www.researchgate.net/profile/Patricia-Hickey/publication/334157872\_A\_Vision\_for\_Excellence\_by\_Design/links/5ef0e8df4 58515814a75119b/A-Vision-for-Excellence-by-Design.pdf#page=31
- 3. Ismail A. The challenges of providing effective pain management for children in the pediatric intensive care unit. *Pain Manag Nurs* 2016;17(6):372–383. Available: https://www-sciencedirect.ez18.periodicos.capes.gov.br/science/article/pii/S1524904216301072
- 4. Marchetti G, Vittori A, Mascilini I, *et al*. Pain prevalence and pain management in children and adolescents in an italian third level pediatric hospital: a cross-sectional study. *Ital J Pediatr* 2023;49(41). Available: https://ijponline.biomedcentral.com/articles/10.1186/s13052-023-01439-2
- 5. Andersson V, Bergman S, Henoch I, *et al.* Pain and pain management in children and adolescents receiving hospital care: a cross-sectional study from Sweden. *BMC Pediatr* 2022: 22:252. Available: https://d-nb.info/1262452287/34
- Quintero-Castellanos JM. Pain prevalence in infants and preschool children in a Colombian hospital. *Rev. colomb. anestesiol.* 2022;50(1):e202. Available: http://www.scielo.org.co/scielo.php?pid=S0120-33472022000100202&script=sci\_arttext
- 7. Matula ST, Irving SY, Deatrick JA, *et al*. The prevalence, intensity, assessment, and management of acute pain in hospitalized children in Botswana. *Pain Manag Nurs* 2022;23(4):548–558. Available:
  - https://www.sciencedirect.com/science/article/abs/pii/S1524904221002496
- 8. Senger A, Bryce R, McMahon C, *et al.* Cross-sectional study of pediatric pain prevalence, assessment, and treatment at a Canadian tertiary hospital. *Can J Pain* 2021;5(1):171–182. Available:
  - https://www.tandfonline.com/doi/full/10.1080/24740527.2021.1961081

- 9. Vejzovic V, Bozic J, Panova G, *et al*. Children still experience pain during hospital stay: a cross-sectional study from four countries in Europe. *BMC Pediatr* 2020;20(1):39. Available: https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-020-1937-1
- 10. Kopf A, Patel NB, editors. *Guide to pain management in low-resource settings*. Seattle: ©IASP; 2010. Available: https://www.iasp-pain.org/publications/free-ebooks/guide-to-pain-management-in-low-resource-settings/
- 11. The University of Arizona. Andrew Weil center for integrative medicine. *Integrative Pain Management Series 10 Hours (2022-2024)*. Tucson; 2022. Available: https://integrativemedicine.arizona.edu/online courses/pain series.html
- 12. Smith HA, Besunder JB, Betters K, *et al.* 2022 Society of critical care medicine clinical practice guidelines on prevention and management of pain, agitation, neuromuscular blockade, and delirium in critically ill pediatric patients with consideration of the ICU environment and early mobility. *Pediatr Crit Care Med* 2022;23(2):e74–e110. Available: https://journals.lww.com/pccmjournal/fulltext/2022/02000/2022\_society\_of\_critical\_c are\_medicine\_clinical.15.aspx
- 13. Bohr NL, Ely E, Hanrahan KS, *et al.* Interventions in the pediatric intensive care unit. *Pain Manag Nurs* 2022;23(3):267–272. Available: https://www.painmanagementnursing.org/article/S1524-9042(22)00004-2/fulltext
- 14. Wrona S, Czarnecki ML. Pediatric pain management. *American Nurse Journal* 2021. Available: https://www.myamericannurse.com/pediatric-pain-management-individualized-approach/
- 15. Peres AL, Barros FF, Mattei FD, et al. Rev Soc Bras Enferm Ped 2022;22:eSOBEP2022015. Available: https://journal.sobep.org.br/wp-content/uploads/articles\_xml/2238-202X-sobep-22-eSOBEP2022015/2238-202X-sobep-22-eSOBEP2022015.x33797.pdf
- 16. Abd El- Aziz DE, Abd El Aziz MA, Adly RM, et al. Improving nurses' performance towards non- pharmacological pain management among neonates in neonatal intensive care unit. IOSR-JNHS 2018; 7(4):83–97. Available: https://www.researchgate.net/publication/327622665\_Improving\_Nurses'\_Performance \_Towards\_Non-Pharmacological\_Pain\_Management\_Among\_Neonates\_In\_Neonatal\_Intensive\_Care\_Unit

- 17. Pierce N, LaFond C. (141) Nonpharmacological pain interventions in the pediatric intensive care unit: who receives what? *J Pain* 2019;20:z(4) Supplement. Available: https://www.sciencedirect.com/science/article/abs/pii/S1526590019301373
- 18. Yaz SB, Atay A. Use of nonpharmacological methods of nurses in pediatric intensive care clinics during pandemic. *Int J Caring Sci* 2022;15(1):589. Available: https://www.internationaljournalofcaringsciences.org/docs/60.pp\_589\_596-yaz.pdf
- 19. Ismail A, Forgeron P, Polemeno V, *et al.* Pain management interventions in the paediatric intensive care unit: a scoping review. *Intensive Crit Care Nurs* 2019;54:96–105. Available:
  - https://www.sciencedirect.com/science/article/abs/pii/S0964339718300594
- 20. Peters MDJ, Godfrey C, McInerney P, *et al.* Best practice guidance and reporting items for the development of scoping review protocols. *JBI Evid Synth* 2022;20(4):953–968. Available:
  - https://journals.lww.com/jbisrir/Fulltext/2022/04000/Best\_practice\_guidance\_and\_reporting\_items\_for\_the.3.aspx
- 21. Peters MDJ, Godfrey C, McInerney P, *et al.* Chapter 11: Scoping reviews: 2020 version. In: Aromataris E, Munn Z, editors. *JBI Evid Synth* Adelaide: JBI; 2020. Available: https://synthesismanual.jbi.global
- 22. Tricco AC, Lillie E, Zarin W, *et al.* PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. *Ann Inter Med* 2018;169(7):467–473. Available: https://www.acpjournals.org/doi/epdf/10.7326/M18-0850
- 23. Arksey H, O 'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol* 2007;19–32. Available: https://www.tandfonline.com/doi/full/10.1080/1364557032000119616?scroll=top&nee dAccess=true
- 24. Bradbury-Jones C, Aveyard H. The incomplete scope of scoping reviews: a framework for improving the quality of reporting. *J Clin Nurs* 2021;30(21-22):e67–e68. Available: https://pubmed.ncbi.nlm.nih.gov/34405465/
- 25. Ahmad T, Gopal D, Dayem Ullah AZM, *et al.* Multimorbidity in patients living with and beyond cancer: protocol for a scoping review. *BMJ Open* 2022;12(5):e057148. Available: https://bmjopen.bmj.com/content/12/5/e057148.info
- 26. Complementary, alternative, or integrative health: what's in a name? National Center for Complementary and Integrative Health (NCCIH). 2021. Available:

- https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name
- 27. Ng JY, Dhawan T, Dogadova E, et al. Operational definition of complementary, alternative, and integrative medicine derived from a systematic search. *BMC Complement Med Ther* 2022;22(104). Available: https://bmccomplementmedtherapies.biomedcentral.com/articles/10.1186/s12906-022-03556-7
- 28. Witt CM, Chiaramonte D, Berman S, *et al.* Defining health in a comprehensive context: a new definition of integrative health. *Am J Prev Med* 2017;53(1):134–137. Available: https://pubmed.ncbi.nlm.nih.gov/28161035/
- 29. Luberenga I, Kasujja R, Vasanthan LT, *et al*. Mental health awareness programmes to promote mental well-being at the workplace among workforce in the low-income and middle-income countries: a scoping review protocol. *BMJ Open* 2023;13(7). Available: https://bmjopen.bmj.com/content/13/7/e073012
- 30. Page MJ, McKenzie JE, Bossuyt PM, *et al*. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372:n71. Available: https://www.bmj.com/content/372/bmj.n71

#### FIGURE LEGEND

#### Figure 1.

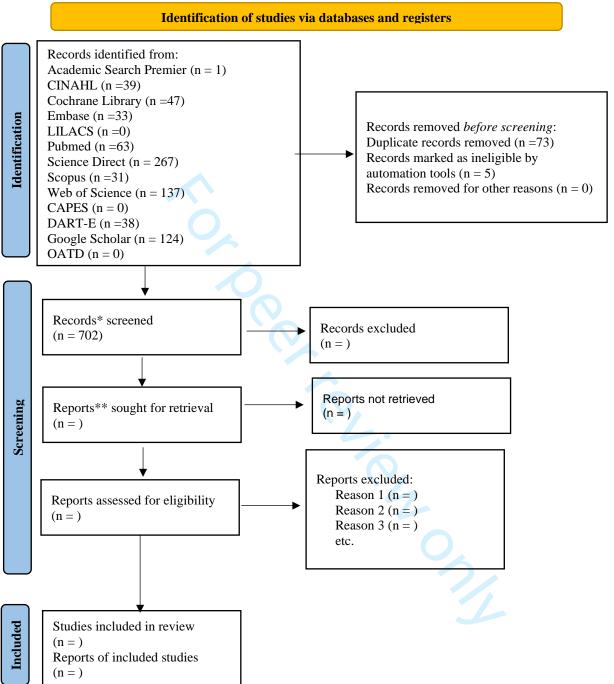
\*Report: A document (paper or electronic) supplying information about a particular study. It could be a journal article, preprint, conference abstract, study register entry, clinical study report, dissertation, unpublished manuscript, government report, or any other document providing relevant information.

\*\*Record: The title or abstract (or both) of a report indexed in a database or website (such as the title or abstract for an article indexed in Medline). Records that refer to the same report (such as the same journal article) are "duplicates"; however, records that refer to reports that are merely similar (such as a similar abstract submitted to two different conferences) should be considered unique.



Figure 1
PRISMA only. 30 I

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only. <sup>30</sup> Research results until July 2023.



# Apenddix1

Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist<sup>29</sup>

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED
	I I Elvi	FRISMA-SCR CHECKLIST ITEM	ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT	ı		
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	4, 5, 6 and 7
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	7
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	7
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	8
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	10
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	10,11 and 12
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	13
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	13
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	14
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	Not available
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	14



SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
RESULTS			, , , , , , , , , , , , , , , , , , , ,
Selection of sources of evidence		Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	Not started
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Not started
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	Not started
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Not started
Synthesis of results 18		Summarize and/or present the charting results as they relate to the review questions and objectives.	Not started
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	Not started
Limitations	20	Discuss the limitations of the scoping review process.	Not started
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	Not started
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Not one

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.



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<sup>\*</sup> Where sources of evidence (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

<sup>†</sup> A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with information sources (see first footnote).

<sup>‡</sup> The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

<sup>§</sup> The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

# Appendix 2

# Draft Search Strategy

Dates of coverage and database	Enseignen ges related	Retrieved records
09/21/22 CINAHL	1. MH (pain management or pain relief or pain control or pain reduction or managing pain or analysis) OR TI (pain management or pain relief or pain control or pain reduction or managing pain or analysis) OR AB (pain management or pain relief or pain control or pain reduction or managing pain or analysis)	84,304
	2. MH (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or pain measurement) OR TI (pain assessment or pain scale or pain tool or pain assessment tool or pain intervention or pain measurement) OR AB (pain assessment or pain scale or pain tool or pain tool or pain instrument or pa	75,339
	3. 1 OR 2	133,679
	4. MH (integrative medicine or complementary medicine or alternative medicine) OR TI (integrative medicine or complementary medicine or alternative medicine or alternative medicine) OR AB (integrative medicine or complementary medicine or alternative medicine)	16,007
	5. MH (integrative therapy or integrative therapies or complementary therapy or complementary therapies or alternative therapies or alternative therapies or alternative therapies or alternative therapy or complementary therapy or complementary therapy or alternative therapy or alternative therapy or alternative treatment)	60,250
	6. MH (non- pharmacological intervention or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological therapies or non-pharmacological treatment) OR TI (non- pharmacological treatment)	3,068

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non-pharmacological interventions or non-pharmacological therapy or non-pharmacological therapies or non-pharmacological treatment) OR AB (non- pharmacological intervention or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological therapy or non-pharmacological treatment)	- г
7. MH (aromatherapy or essential oils or aroma therapy) OR TI (aromatherapy or essential oils or aroma therapy) OR AB (aromatherapy or essential oils or aroma therapy)  AB (aromatherapy or essential oils or aroma therapy)  The state of the	7,565
8. MH (acupuncture or acupuncture therapy or acupuncture treatment) OR TI (acupuncture or acupuncture therapy or acupuncture treatment) OR AB (acupuncture or acupuncture therapy or acupuncture treatment)	r 20,538
9. MH acupuncture, ear OR TI acupuncture, ear OR AB acupuncture, ear	590
10. MH (mind body techniques or mind-body therapies) OR TI (mind body techniques or mind-body therapies) OR AE (mind body techniques or mind-body therapies)	3,952
11. MH (breathing techniques or breathing or breathing exercise) OR TI (breathing techniques or breathing exercise) OR AB (breathing techniques or breathing or breathing exercise)	20,189
12. MH (guided imagery for pain management or guided image therapy or guided images therapies) OR AB (guided imagery for pain management or guided image therapy or guided images therapies) OR AB (guided imagery for pain management or guided image therapy or guided images therapies)	
13. MH (guided imagery or guided relaxation or visualization techniques) OR TI (guided imagery g guided relaxation or visualization techniques) OR AB (guided imagery or guided relaxation or visualization techniques)	4,120
14. MH (hypnosis or hypnotherapy) OR TI (hypnosis or hypnotherapy) OR AB (hypnosis or hypnotherapy)	4,011
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15. MH (biofeedback or biofeedback therapy) OR TI (biofeedback or biofeedback therapy) OR AB (biofeedback or biofeedback therapy)	4,994
AB (music therapy or music intervention or musical therapy or music-based intervention or therapy music )	7,558
17. MH (progressive muscle relaxation or muscle relaxation) OR TI (progressive muscle relaxation or muscle relaxation) OR AB (progressive muscle relaxation or muscle relaxation)	2,299
a A F	77,183
19. MH (massage therapy or massage or massage therapies) OR TI (massage therapy or massage or massage therapies) OR AB (massage therapy or massage or massage therapies)	21,418
20. MH (physical therapy or physiotherapy) OR TI (physical therapy or physiotherapy) OR AB (physical therapy or physiotherapy)	61,296
21. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR S16 OR 17 OR 18 OR 20	277,529
22. MH (pediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care a paediatric critical care) OR TI (pediatric intensive care unit or picu or pediatric critical care unit or paediatric critical care) OR AB (pediatric intensive care unit or picu or pediatric critical care) or paediatric critical care)	9,239
23. MH intensive care units, pediatric OR TI intensive care units, pediatric OR AB intensive care units, pediatric or the ped	8,949
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25. 3 AND 21 AND 24		enseig uses rel	ruary	38
		neme	2024	

Dates of coverage and database	Download to text and Query	Retrieved records
09/21/22 MEDLINE	1. "pain management" [MeSH Terms] OR "pain management" [Text Word] OR "pain relief" [Text Word] OR "pain control" [Text Word] OR "pain reduction" [Text Word] OR "managing pain" [Text Word] OR "management" [MeSH Terms] OR "analgesia" [Text Word]	177,128
(PubMed)	2. "pain measurement" [MeSH Terms] OR "pain assessment" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain scale" [Text Word] OR "pain tool" [Text Word] OR "pain assessment tool" [Text Word] OR "pain instrument" [Text Word] OR "pain intervention" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain measurement" [Text Word] OR "pain measurement" [Text Word]	101,025
	3. 1 OR 2	246,193
	4. "integrative medicine" [MeSH Terms] OR "integrative medicine" [Text Word] OR "omplementary therapies" [MeSH Terms] OR "complementary medicine" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative medicine" [Text Word] OR "integrative therapy" [Text Word] OR "integrative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "complementary therapies" [Text Word] OR "alternative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative therapies" [Text Word] OR "alternative treatment" [Text Word] OR "complementary therapies" [Text Word] OR "alternative treatment" [Text Word]	274,042
	5. "nonpharmacological intervention"[Text Word] OR "nonpharmacological interventions"[Text Word] OR "nonpharmacological therapy"[Text Word] OR "nonpharmacological treatment"[Text Word] OR "nonpharmacological treatment"[Text Word]	5,292

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<u> </u>	
F F	23,007
7. "acupuncture" [MeSH Terms] OR "acupuncture therapy" [MeSH Terms] OR "acupuncture" [WeSH Terms] OR "acupuncture therapy" [Text Word] OR "acupuncture therapy" [Text Word] OR "acupuncture ear" [Text Word] OR "acupuncture, ear" [MeSH Terms] OR "acupuncture ear" [Text Word]	35,397
8. "mind body techniques"[Text Word] OR "mind body therapies"[MeSH Terms] OR "mind body therapies"[Text Word]	<u>46,477</u>
n ▶ ⊣	4,632
), Al t	2,746
11. "hypnosis"[MeSH Terms] OR "hypnosis"[Text Word] OR "hypnotherapy"[Text Word]	15,942
12. "biofeedback, psychology" [MeSH Terms] OR "biofeedback" [Text Word] OR "biofeedback thereby Text Word]	16,054
hno 9,	5,367
5	<u>35,626</u>
15. "sleep therapy"[Text Word] OR "sleep"[MeSH Terms] OR "sleep"[Text Word]	232,994
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16. "massage therapy"[Text Word] OR "massage"[Text Word] OR "massage therapies"[Text Word] Or "massage therapies"[Text Word] Or "Debug of the property of the	16,186
17. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word] OR and therapy modalities"[MeSH Terms] OR "physiotherapy"[Text Word]  17. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  18. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  19. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  19. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  19. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  19. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]	200,591
18. 4 OR 5 OR 6 OR 7 OR 8OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17  and data mining  https://doi.org/10.000/10.0000000000000000000000000000	746,903
19. "pediatric intensive care unit" [Text Word] OR "picu" [Text Word] OR "pediatric critical care unit" [Text Word] OR "paediatric critical care" [Text Word] OR "intensive care units, pediatric "[MeSH Terms]	31,624
20. 3 AND 18 AND 19	63
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Dates of coverage and database	Query Query	Retrieved records
09/14/22 ACADEMIC	1. (pain management) OR (DE "PAIN management" OR DE "DRY needling" OR DE "PAIN measurement" OR DE "BRIEF Pain Inventory" OR DE "MCGILL Pain Questionnaire")	81,825
SEARCH PREMIER	2. DE "ALTERNATIVE medicine" OR DE "ACUPUNCTURE" OR DE "ALTERNATIVE treatment" OR DE "BOTANIC medicine" OR DE "CHIROPRACTIC" OR DE "CHRONOTHERMAL medicine" OR DE "	38,185
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"DRY needling" OR DE "ENERGY medicine" OR DE "HOLISTIC medicine" OR DE "HOMEOPÆTH "OR DE "MENTAL healing" OR DE "NATUROPATHY"	
3. DE "PEDIATRIC intensive care" OR ""PEDIATRIC intensive care units" OR PICU	10,655
4. 1 AND 2 AND 3	1
text a	

Dates of coverage and database	Query  Query  1. ("pain"):ti,ab,kw OR ("pain assessment"):ti,ab,kw	Retrieved records
10/03/22	1. ("pain"):ti,ab,kw OR ("pain assessment"):ti,ab,kw	215514
COCHRANE	2. ("integrative medicine"):ti,ab,kw OR ("complementary medicine"):ti,ab,kw DR ("complementary medicine"):ti,ab,kw	e 4013
	3. ("non-pharmacological"):ti,ab,kw AND ("therapies"):ti,ab,kw OR ("treatment"):ti,ab,kw OI ("intervention"):ti,ab,kw	R 1147812
	4. ("aromatherapies"):ti,ab,kw OR ("essential oil"):ti,ab,kw	2174
	5. ("acupuncture"):ti,ab,kw OR ("acupuncture analgesia"):ti,ab,kw	17333
	6. ("mind body"):ti,ab,kw OR ("mind body medicine"):ti,ab,kw OR ("mind body therapies"):ti,ab,kw	1248
	7. ("breathing"):ti,ab,kw	34728
	8. ("guided imagery"):ti,ab,kw	806
	ographique	

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9. ("hypnotherapy"):ti,ab,kw  10. ("biofeedback"):ti,ab,kw OR ("biofeedback training"):ti,ab,kw  11. ("music therapy"):ti,ab,kw  12. ("progressive muscle relaxation"):ti,ab,kw OR ("progressive muscle relaxation training"):ti,ab,kw  13. ("sleep"):ti,ab,kw  14. ("massage therapy"):ti,ab,kw  15. ("physical therapy"):ti,ab,kw OR ("physical therapy")	
9. ("hypnotherapy"):ti,ab,kw	380
10. ("biofeedback"):ti,ab,kw OR ("biofeedback training"):ti,ab,kw	3897
11. ("music therapy"):ti,ab,kw	2613
12. ("progressive muscle relaxation"):ti,ab,kw OR ("progressive muscle relaxation training"):ti,ab,kw OR ("progressive mu	820
13. ("sleep"):ti,ab,kw	46268
14. ("massage therapy"):ti,ab,kw	875
15. ("physical therapy"):ti,ab,kw OR ("physical therapy	11504
16. ("pediatric intensive care unit"):ti,ab,kw OR ("paediatric intensive care"):ti,ab,kw OR ("paediatric intensive care unit"):ti,ab,kw OR ("paediatric intensive care units"):ti,ab,kw	1095
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23. 1 AND 3 AND 16 OR 1 AND 7 AND 16 OR 1 AND 11 AND 16 OR 1 AND 13 AND 16 OF	diag 1 ag for	0 15 AND 12	) 16	47	

Dates of coverage and database	Query elated to	Retrieved record
10/23/22 EMBASE	1. pain'/exp OR 'pain' OR 'analgesia'/exp OR 'analgesia'  1. pain'/exp OR 'pain' OR 'analgesia'/exp OR 'analgesia'  2. pain'/exp OR 'pain' OR 'analgesia'/exp OR 'analgesia'	2062548
	2. 'integrative medicine'/exp OR 'integrative medicine' OR 'alternative medicine'/exp OR 'alternative medicine' OR 'aromatherapy' OR 'aromatherapy' OR 'essential oil' OR 'acupuncture'/exp OR 'auricular acupuncture' OR 'auricular acupuncture' OR breathing exercise'/exp OR 'breathing exercise' OR 'guided imagery'/exp OR 'guided imagery' OR 'breathing exercise'/exp OR 'breathing exercise' OR 'guided imagery'/exp OR 'music therapy' OR 'physiotherapy'/exp OR 'physiotherapy'/exp OR 'physiotherapy' OR 'physio	255690
	3. 'pediatric intensive care unit'/exp OR 'pediatric intensive care unit'	22687
	4. 1 AND 2 AND 3	33

Dates of coverage and database	Query O 9, 2025	Retrieved records
10/23/22 LILACS	1. "DOR" or "avaliacao da DOR" or "escala analogica da DOR" or "escala analogica visual de DOR" or "intensidade da DOR" or "limiar da DOR" or "manejo da DOR" or "medicao da DOR" or "percepcao da DOR" or "unaliades de alivio da DOR" or "DOR aguda" or "DOR cronica" [Descritor de assunto]	5862
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2. "TERAPIAS COMPLEMENTARES" or "TERAPIAS COMPLEMENTARES e integrativas" [Descritor de assunto]	1429
3. "unidade de terapia intensiva pediatrica" [Descritor de assunto]	767
4. 1 and 2 and 3	0

Dates of coverage and database	Query  Query  1. Title, abstract, keyword: pain  Query  Query  1. Title, abstract, keyword: pain	Retrieved records
SCIENCE DIRECT	1. Title, abstract, keyword: pain	232,587
	2. Title, abstract, keyword: complementary and alternative medicine	3342
	3. Title, abstract, keyword: integrative medicine	6951
	4. pediatric intensive care unit	3787
	1 AND 2 OR 3 AND 4	267
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Dates of coverage and database	Query Query	Retrieved records
09/23/22 SCOPUS	1. TITLE("Pain Management" OR "Pain Relief "OR "Pain Control" OR "Pain Reduction" OR "Management" OR Analgesia) OR ABS("Pain Management" OR "Pain Relief" OR "Pain Control" OR "Pain Reduction" OR "Management" OR TITLE-ABS-KEY(Pain Management OR Pain Relief OR Pain Control OR "Pain Reduction" OR "Managing Pain" OR Analgesia)	(344,701)
	2. TITLE("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Intervention" OR "Pain Measurement") OR ABS("Pain Assessment" OR "Pain Scale" Or "Pain Intervention" OR "Pain Measurement") OR "Pain Intervention" OR "Pain Measurement" OR "Pain Assessment Tool" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Intervention" OR "Pain Intervention" OR "Pain Measurement" OR "Pain Intervention" OR "Pain Measurement" OR "Pain Intervention" OR "Pain Measurement")	(145,947)
	3. 1 OR 2	(423,690)
	4. TITLE("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR ALS ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR TITLE-ABS KEY ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine")	(58,538)
	5. TITLE("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OF "Complementary Therapies" OR "Alternative Therapy" OR "Alternative Therapies" OR "Alternative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OF "Complementary Therapies" OR "Alternative Therapy" OR "Alternative Therapies" OR "Alternative Treatment" OF TITLE-ABS-KEY("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OF "Com	(59,454)
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6. TITLE("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Therapies" OR "Non-pharmacological Treatment") OK ABS("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Interv	on- (7,752) OR on-
7. TITLE(Aromatherapy OR "Essential Oils" OR Aroma therapy) OR ABS(Aromatherapy OR "Essential Oils" Of Aroma therapy) OR TITLE-ABS-KEY(Aromatherapy OR "Essential Oils" OR Aroma therapy)	(3.885)
8. TITLE("Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment") OR ABS (Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment") OR TITLE-ABS-KEY("Acupuncture" OR "Acupuncture" OR "Acupuncture Treatment")	OR (52,587)
9. TITLE("Acupuncture, Ear") OR ABS("Acupuncture, Ear") OR TITLE-ABS-KEY("Acupuncture Ear")	(452)
10. TITLE("Mind Body Techniques" OR "Mind-body Therapies") OR ABS("Mind Body Techniques" OR "Mind-body Therapies") OR TITLE-ABS-KEY("Mind Body Techniques" OR "Mind-body Therapies")	(1.625)
11. TITLE("Breathing Techniques"OR Breathing OR "Breathing Exercise") OR ABS("Breathing Techniques"OR Breathing OR "Breathing Exercise") OR TITLE-ABS-KEY("Breathing Techniques"OR Breathing Exercise")	OR (279.806)
12. TITLE("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies") Of ABS("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies") Of TITLE-ABS-KEY("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Image Therapy" OR "Guided Image Therapies")	OR 4
13. TITLE("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques") OR ABS("Guided Imagery" Of "Guided Relaxation" OR "Visualization Techniques") OR TITLE-ABS-KEY("Guided Imagery" Of Relaxation" OR "Visualization Techniques")	OR led 17,176
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14.	TITLE(Hypnosis OR Hypnotherapy) OR ABS(Hypnosis OR Hypnotherapy) OR TITLE-ABS-BEY-Hypnosis OR Hypnotherapy)	22,266
15.	TITLE(Biofeedback OR "Biofeedback Therapy") OR ABS(Biofeedback OR "Biofeedback Therapy") OR TITLE-ABS-KEY(Biofeedback OR "Biofeedback Therapy")	17,108
16.	TITLE("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Extervention" OR "Therapeutic Music") OR ABS("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music	11,454
17.	TITLE("Progressive Muscle Relaxation" OR "Muscle Relaxation") OR ABS("Progressive Muscle Relaxation" OR "Muscle Relaxation" OR "Muscle Relaxation" OR "Muscle Relaxation" OR "Muscle Relaxation")	34,970
18.	TITLE("Sleep Therapy" OR Sleep) OR ABS("Sleep Therapy" OR Sleep) OR TITLE-ABS-KEr ("Sleep Therapy" OR Sleep)	340,832
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20.	TITLE("Physical Therapy" OR Physiotherapy) OR ABS("Physical Therapy" OR Physiotherapy" OR Physiotherapy)	129,632
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# **BMJ Open**

# Non-pharmacological therapies for pain management in paediatric intensive care units: a protocol for a scoping review

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Non-pharmacological therapies for pain management in paediatric intensive care units: a protocol for a scoping review

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**Keywords:** Pain Management Complementary Therapies; Pain Management; Intensive Care Units, Pediatric.

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# **ABSTRACT**

**Introduction:** In critically ill children, pain management is complex owing to cognitive development and the nature of hospitalisation in paediatric intensive therapy units. Although there are many protocols and guidelines for pain control via pharmacological interventions, non-pharmacological practices should be also explored and disseminated for their potential benefit.

Methods and analysis: A systematic literature search will be performed using the following databases: Academic Search Premier, Cumulative Index to Nursing and Allied Health Literature, Cochrane Library, Excerpta Medica Database, Virtual Health Library, Medical Literature Analysis and Retrieval System Online, ScienceDirect, Scopus, Web of Science Core Collection, Theses from *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior*, Dart Europe, Open Access Theses and Dissertations, and grey literature from Google Scholar. The research will consider quantitative and qualitative studies, mixedmethods studies, systematic reviews, text articles, opinion articles, letters to editors, and editorials in any language and from any database. The following will be eligible for inclusion: (i) newborns, infants, children, and adolescents; and (ii) non-pharmacological therapies used for pain in paediatric intensive care.

**Ethics and dissemination:** This study does not require ethical approval. The results of this research will be disseminated through social media channels and podcasts about pain in children.

**Trail registration number:** This protocol has been registered with the Open Science Framework (DOI 10.17605/OSF.IO/DZHKT).

- Promotes updates on what is known about non-pharmacological therapies.
- Presents gaps in knowledge that still need to be filled.
- Enables the selection of studies in other languages.
- There was a change and reduction of the initial reviewer's team, which may bias the
  evidence.



#### INTRODUCTION

 Admission to the paediatric intensive care unit (PICU) exposes paediatric patients to various pain experiences, and approximately 45–72% of these patients experience pain daily either due to their critical illness, procedures, therapies, or surgeries [1]. As a result, critically ill children have more experience with intense pain. They are subjected to more painful procedures than children in other hospital divisions such as medical and surgical units [2]. In the PICU, pain can be caused by the underlying illness or injury, complications of the primary disease, frequent medical procedures that result in pain (e.g., incisions, wound care, and injections), and supporting and monitoring systems (e.g., suctioning an endotracheal tube, manipulation or stripping of drains, removal of catheters or drains) [2, 3]. Tissue hypoxia that develops due to low oxygen saturation, cardiac output, or anaemia can also cause pain[2,3]; prolonged immobilization can result in pain in the joints and pressure points and from changing positions [2,3].

Despite recent scientific and technological developments, paediatric patients frequently have no adequate pain relief [2-9]. Moreover, lack of pain relief is considered an adverse event and is the most common type in the United States [2]. According to the International Association for the Study of Pain, pain relief has been discussed as a human right by international institutions since 2004 [10]. However, treating pain in children remains challenging. One of the obstacles to the management of pain control in paediatrics is the heterogeneity of pain perception and response among different paediatric age groups [1, 10-11]. Although the diagnosis of pain is often performed using self-refined scales, this method has limitations in paediatrics. For example, neonates and young children have not yet achieved the developmental level necessary for the required verbal communication. In this group, the scales use behavioural observation and physiological measures; moreover, parents and caregivers have more accurate observations than healthcare providers in identifying pain-related facial expressions and responses in children [1].

In The Pain, Agitation, Neuromuscular Blockade, and Delirium in Critically Ill Paediatric Patients with Consideration of the PICU Environment and Early Mobility (PANDEM) Guidelines, Smith *et al.* discussed that the pain assessment tools could be classified as self-report or observation scales [12]. Self-report scales are considered the gold standard and have been validated in children down to 3 years of age, although self-adherence from the age of 6 years was considered the most reliable. The most used paediatric self-report scales are the Analogue Visual Scale, Numerical Classification Scale, Ocher Scale, and Wong-Baker Pain Scale. Alternatively, observation scales incorporate behavioural

aspects associated with physiological variables to evaluate the pain in children who are unable to self-report the pain. This way, Face, Legs, Activity, Cry, Consolability, Comfort, and Comfort-B scales are the most commonly used observation tools in critically ill children [12].

Measuring and treating pain in critically ill children represents a significant endeavour for health professionals [1], and the risk factors for experiencing pain vary from specific factors in paediatric patients to PICU-related factors [12]. The perception of pain may be influenced by age, anxiety, fear, comorbidities, concern about family separation, strange environments, barriers to verbal communication, and racial bias. Another factor that can change the way children feel and show their pain is cultural and social differences [1]. The PICU-related factors involve mechanical ventilation, invasive procedures, invasive devices, the use of multiple medications, frequent sleep interruptions, and reduced mobility [12].

The proper administration of analgesia contributes to pain relief, improves psychomotor agitation, facilitates the maintenance of invasive devices, optimises synchronisation between the mechanical ventilator and child, and decreases oxygen consumption and stress response. The decrease in these events is related to proper pain management in PICUs [12]. Pain management in children requires pharmacological and non-pharmacological therapies [13], with pharmacological interventions typically involving protocols of opioids alone or with other non-opioid drugs [12]. As the use of pain medications is related to side effects and misuse of opioids, non-pharmacological interventions have been explored by professionals and researchers. Although there is a consensus that combining both approaches is more effective, the amount of information on non-pharmacological pain treatment in critically ill children is limited [13].

Non-pharmacological interventions can be categorised as behavioural, cognitive, restorative, and complementary therapies [14]. Interventions as oral sweet solution, non-nutritive sucking, positioning, skin-to-skin contact, and modifying environmental stimuli [15, 16] have the potential to alleviate stress generated by hospitalisation, improve quality of life, and prevent changes in the physiology and behaviour of neonates [15].

Non-pharmacological therapies may also help improve the effectiveness of medications or even contribute to reducing their use, thus improving the scores related to adverse events of drug use. A previous medical record analysis enabled an observational cohort study in 15 PICUs [17]; the most used measures were repositioning, decreasing environmental stimuli, carer presence, distraction, and music therapy [13, 17]. Additionally,

 Yaz and Atay (2022) conducted a transverse study to describe the nurses' use of non-pharmacological methods in paediatric intensive care clinics during the COVID-19 pandemic [18]. While the pandemic changed the time and training available for healthcare staff interested in this area, the alternatives to pharmacotherapy commonly used by nurses in paediatric interventions remain the same and include embracing, massage, pacifier use, therapeutic touch, toy distraction, musical therapy and speaking, providing pre-process information, heat/cold application, parent involvement, kangaroo care, giving sucrose, video distraction, post-application rewarding, breathing exercise, and dreaming [18].

Other forms of non-pharmacological therapies involve integration with medication to decrease environmental stressors and facilitate relaxation, distraction, and sleep [12]. A scoping review held in 2019 mapped pain management in PICUs. These interventions involved guided imagery; hypnosis; detailed inquiry (interview technique that rescues information on thoughts and feelings related to pain); parental presence; distraction; a combination of psychological, physical, and pharmacological interventions (such as positioning, guided imagery, hypnosis, and parental education); acupuncture; stroking and soothing, holding, and rocking; and environmental modifications (such as a quiet environment, dim lights, limiting visitors to decrease noise, and music) [19].

Despite the advancements in pain management protocols in PICUs, various methodologies and guidelines suggest the development of further research on this topic. Ismail *et al.* (2019) reported that all the articles identified from the literature search were published in English and that the study focused only on quantitative designs [19]. Recently, the PANDEM guidelines [12] suggested that research must be conducted to certify the information on the impact of acupuncture on postoperative or procedural pain. As a contribution to the knowledge of nonpharmacological therapies, this scoping review protocol aims to add data collected from other study designs, languages, and acupuncture techniques to explore new evidence on pain management in critically ill patients. In addition, it addresses aspects related to the different ages of children in PICUs who are receiving non-pharmacological treatment for pain.

Furthermore, paediatric intensive care professionals need access to the best and most up-to-date scientific evidence on non-pharmacological therapies for pain management in PICUs [6, 8-9]. The development of a quality scoping review protocol can provide data that explores the phenomenon of non-pharmacological therapies in critically ill children and helps interpret the various factors involved in paediatric critical care. Thus, this review aims to map the research that used non-pharmacological therapies for pain management in PICUs

and provide evidence from the literature to investigate the characteristics of these techniques.

#### METHODS AND ANALYSIS

Scoping reviews seek to synthesise evidence for researchers, clinicians, and policymakers, gather and describe the evidence, and present an easily illustrative summary [20]. As non-pharmacological therapies exhibit a multiplicity of techniques with varied health impacts and use according to different patient ages, the scoping review was deemed the most appropriate review to illustrate the different nuances of this topic in the paediatric spectrum, which is also heterogeneous.

This scoping review will be conducted according to the chapter on scoping reviews in the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis [21] and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Extension for Scoping Reviews (Appendix 1) [22]. This protocol is registered in the Open Science Framework (https://doi.org/10.17605/OSF.IO/GKETX). This review will be conducted in five phases: 1) identification of the research question; 2) identification of studies; 3) selection of studies; 4) mapping and comparison of the data; 5) collecting, summarising, and reporting the results [23]; 6) consultation with stakeholders about the results (optional) [24].

# Patient and public involvement

This study does not involve patients or the public.

# Identifying the research question

The research question for this scoping review is "What non-pharmacological therapies have been used for pain management in PICUs?" To support this query, four subquestions were developed:

- 1. What techniques were used among different age groups?
- 2. What scores on the pain scales define the use of non-pharmacological therapy?
- 3. How the techniques used for the management of pain?
- 4. What therapies impacted decreased pain, mechanical ventilation duration, or reduction in length of stay in the PICU?
- 5. What factors assess their effectiveness?

To construct the research question, we used the Population, Concept, Context (PCC) strategy recommended by the JBI [20] and the table proposed by Ahmad *et al.* (2022) (Table 1) [25].



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This review will consider studies that explore unconventional pain management therapies. In healthcare, complementary therapies indicate the integration of an alternative

approach with conventional medicine. If an unconventional health intervention is used instead of traditional medicine, we call it "alternative" therapy. If an intervention occurs through the coordinated action of traditional medicine and an unconventional approach, the term "integrative" therapy is used [26].

However, identifying what therapies constitute complementary, alternative, and integrative medicine is complex [27]. One operational definition of "complementary and alternative medicine" was proposed by Cochrane researchers in 2011. There was also a discussion on integrative health and integrative medicine that influenced the National Center for Complementary and Alternative Medicine in the U.S. and changed it to the National Center for Complementary and Integrative Health (NIH) [26, 28].

This review will adopt the term non-pharmacological therapies, even though it is not described in the US National Library of Medicine Medical Subject Headings (MeSH) terms, it incorporates complementary therapies, alternative therapies, integrative therapies, and integrative medicine.

## **Identifying relevant studies**

Our search strategy was developed in collaboration with a librarian at a leading university in Brazil and aims to locate primary published studies, reviews, and text articles. First, a limited initial search will be performed on the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Medical Literature Analysis and Retrieval System Online (MEDLINE) to identify relevant terms and keywords to develop the final search strategy. For transparency and replication of the review, a chart was created based on the protocol by Ahmad *et al.* (2022) [25], which outlines the details of the strategy with MeSH terms and text words (Table 2).

# **Population**

Newborns, infants, children, and adolescents

## Concept

- "pain management" [MeSH Terms] OR "pain management" [Text Word] OR "pain relief" [Text Word] OR "pain control" [Text Word] OR "pain reduction" [Text Word] OR "managing pain" [Text Word] OR "analgesia" [MeSH Terms] OR "analgesia" [Text Word]
- 2. "pain measurement" [MeSH Terms] OR "pain assessment" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain scale" [Text Word] OR "pain tool" [Text Word] OR "pain assessment tool "[Text Word] OR "pain instrument" [Text Word] OR "pain intervention" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain measurement" [Text Word]
- 3. 1 OR 2
- 4. "integrative medicine" [MeSH Terms] OR "integrative medicine" [Text Word] OR "complementary therapies "[MeSH Terms] OR "complementary medicine" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative medicine" [Text Word] OR "integrative therapy" [Text Word] OR "integrative therapies" [Text Word] OR "complementary therapies" [MeSH Terms] OR "complementary therapies" [Text Word] OR "alternative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative therapies" [Text Word] OR "alternative treatment" [Text Word]
- "non-pharmacological intervention" [Text Word] OR "non-pharmacological interventions" [Text Word] OR "non-pharmacological therapy" [Text Word] OR "non-pharmacological therapies" [Text Word] OR "non-pharmacological treatment" [Text Word]
- 6. "aromatherapy" [MeSH Terms] OR "aromatherapy" [Text Word] OR "oils, volatile" [MeSH Terms] OR "essential oils" [Text Word] OR "aromatherapy" [MeSH Terms] OR "aroma therapy" [Text Word]
- 7. "acupuncture" [MeSH Terms] OR "acupuncture therapy" [MeSH Terms] OR "acupuncture" [Text Word] OR "acupuncture therapy" [MeSH Terms] OR "acupuncture therapy" [Text Word] OR "acupuncture treatment" [Text Word] OR "acupuncture, ear" [MeSH Terms] OR "acupuncture ear" [Text Word]
- 8. "mind-body techniques" [Text Word] OR "mind-body therapies" [MeSH Terms] OR "mind-body therapies" [Text Word]
- 9. "breathing techniques" [Text Word] OR "breathing exercises" [MeSH Terms] OR "breathing exercise" [Text Word]

- 10. "guided imagery intervention" [Text Word] OR "guided imagery interventions" [Text Word] OR "imagery, psychotherapy" [MeSH Terms] OR "guided imagery" [Text Word] OR "guided relaxation" [Text Word]
- 11. "hypnosis" [MeSH Terms] OR "hypnosis" [Text Word] OR "hypnotherapy" [Text Word]
- 12. "biofeedback, psychology" [MeSH Terms] OR "biofeedback" [Text Word] OR "biofeedback therapy" [Text Word]
- 13. "music therapy" [MeSH Terms] OR "music therapy" [Text Word] OR "music intervention" [Text Word] OR "musical therapy" [Text Word] OR "music-based intervention" [Text Word] OR "therapeutic music" [Text Word]
- 14. "progressive muscle relaxation" [Text Word] OR "muscle relaxation" [MeSH Terms] OR "muscle relaxation" [Text Word]
- 15. "sleep therapy" [Text Word] OR "sleep" [MeSH Terms] OR "sleep" [Text Word]
- 16. "massage therapy" [Text Word] OR "massage" [Text Word] OR "massage therapies" [Text Word]
- 17. "physical therapy modalities" [MeSH Terms] OR "physical therapy" [Text Word] OR "physical therapy modalities" [MeSH Terms] OR "physiotherapy" [Text Word]
- 18. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17

#### **Context**

19. "paediatric intensive care unit" [Text Word] OR "picu" [Text Word] OR "paediatric critical care unit" [Text Word] OR "paediatric critical care" [Text Word] OR "intensive care units, paediatric" [MeSH Terms]

#### 20. 3 AND 18 AND 19

The keywords in the titles and abstracts of articles and the indexing terms used in the articles will be used to guide a complete search strategy for Academic Search Premier, CINAHL, Cochrane Library, Excerpta Medica Database (Embase), Virtual Health Library (VHL), MEDLINE, Science-Direct, Scopus, and Web of Science Core Collection to be disclosed with the results of the scoping review.

The search strategy will consider the particularity of each information source, including all the identified keywords and indexing terms. The strategy will consider articles published in any language and with any database at the start or date of insertion. We use independent professional translation services for the authors' translation of articles in non-native languages.

 In addition to the electronic databases, contact will be made with the study authors, when necessary, to clarify any doubts. This protocol will consider sources of unpublished studies: Theses from *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (CAPES), Dart Europe (DART-E), Open Access Theses and Dissertations (OATD), and grey literature in Google Scholar. The online supplemental Appendix 2 provides a list of possible search queries.

#### **Study selection**

The search process will be carried out in two stages: 1) reading the title and abstract (first set of records); and 2) reading the full article (second set of records). Screening, which will result in the first set of records, will be performed by two pairs of reviewers who will divide the search as follows: 1) Pair A (IGMA and JKSD) will perform the search using the following sources: Academic Search Premier, CINAHL, VHL, Embase, Science-Direct, DART-E, OATD, and grey literature from Google Scholar; 2) Pair B (SCMA and JT) will perform the search using the following sources: Cochrane Library, MEDLINE, Scopus, Web of Science, and CAPES.

The first data record will be grouped and loaded in EndNote 2.0 (Clarivate Analytics, PA, USA), and duplicates will be removed. A pilot test will be carried out on two sources of information, CINAHL and MEDLINE, for evaluation according to the inclusion criteria for the review. The potentially relevant articles will be retrieved in full, comprising the second set of records and their citation details, and will be imported into Rayyan (Rayyan Systems Inc., MA, Cambridge).

At this stage, any necessary adjustments will be made to the search strategy to meet the inclusion criteria of the review. After completing the pilot test, two reviewers (IGMA and ABC) will evaluate the full text of the other selected citations to check whether they meet the inclusion criteria. The reasons for excluding full-text articles that do not meet the inclusion criteria will be recorded and reported in the scoping review. A third reviewer (JT) will resolve the disagreements at any stage of this process. The research results will be fully reported in the final scoping review and presented in a [30] flow diagram (Figure 1) [30].

#### Mapping and comparison of the data

Data will be extracted using a data extraction tool developed by the authors based on a model proposed by the JBI in Table 3 [20].

**Table 3.** Outline of the extraction tool

Source of	Year	Country	Participants		Therapies	Moment	Impact	Assesses their
evidence			Sex	Age	techniques	and mode	on pain	effectiveness
(citation)						of use		

This can then be refined further to address the research question for the scoping review, as required. The feasibility of the extraction tool will be tested on a subset of the second set of records, and this will then be modified and revised for each article included in the data extraction process. Any modifications will be detailed in the full scoping review.

Two reviewers will be involved in data extraction (IGMA and ABC). Data extraction will occur independently, with cross-checking of the extracted evidence. A third reviewer (JT) will resolve any disagreements between the authors regarding dissimilarities in terms of data extraction.

# Collating, summarising, and reporting the results

The total number of studies included will be presented in a summarised table format, using the extraction tool as a guide. Subsequently, the data will be grouped according to the Patterns, Advances, Gaps, Evidence for Practice, and Research Recommendations strategy proposed by Jones and Aveyard. [24] Each component represents a domain. The starting point is to produce the "Chart of Patterns." It displays the articles included in the review on one axis and the themes on the other to report the themes expressed in the articles. After the patterns are identified, advances and gaps can be identified and reported, resulting in the last domain of the framework, which is to recommend future research. In addition, the strategy also makes it possible to identify topics that do not require further research; that is, the scientific community has explored them well.

#### ETHICS AND DISSEMINATION

As scoping reviews use secondary data from other primary sources, approval for the protocol and review by the Research Ethics Committee will not be necessary. The results of this research will be disseminated through social media channels and podcasts about pain in children.

#### **AUTHORS' CONTRIBUTIONS**

IGMA and JT contributed to conception and design of this protocol. IGMA, SCMA, JKD, PLOA, and TEF contributed to acquisition of data. IGMA conceptualised the research question, and prepared the drafts and manuscript edits. JSAO provided methodological expertise. TEF, and ABC, helped refine the research question. All authors have contributed to the study design and revised the protocol. All authors have approved the final manuscript.

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#### **COMPETING INTERESTS STATEMENT**

None declared.

#### DATA SHARING STATEMENT

This protocol has been registered with the Open Science Framework (DOI 10.17605/OSF.IO/DZHKT).

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#### REFERENCES

- 1. Grunauer M, Mikesell C, Bustamante G, *et al.* Pain assessment and management in pediatric intensive care units around the world, an international, multicenter study. *Front Pediatr* 2021; 9:746489. Available: https://www.frontiersin.org/articles/10.3389/fped.2021.746489/full
- LaFond CM, Hanrahan KS, Pierce NL, et al. Pain in the pediatric intensive care unit: how and what are we doing? Am J Crit Care 2019;28(4):265–273. Available: https://www.researchgate.net/profile/Patricia-Hickey/publication/334157872\_A\_Vision\_for\_Excellence\_by\_Design/links/5ef0e8df4 58515814a75119b/A-Vision-for-Excellence-by-Design.pdf#page=31
- Ismail A. The challenges of providing effective pain management for children in the pediatric intensive care unit. *Pain Manag Nurs* 2016;17(6):372–383. Available: https://www-sciencedirect.ez18.periodicos.capes.gov.br/science/article/pii/S1524904216301072
- 4. Marchetti G, Vittori A, Mascilini I, *et al*. Pain prevalence and pain management in children and adolescents in an italian third level pediatric hospital: a cross-sectional study. *Ital J Pediatr* 2023;49(41). Available: https://ijponline.biomedcentral.com/articles/10.1186/s13052-023-01439-2
- 5. Andersson V, Bergman S, Henoch I, *et al.* Pain and pain management in children and adolescents receiving hospital care: a cross-sectional study from Sweden. *BMC Pediatr* 2022: 22:252. Available: https://d-nb.info/1262452287/34
- Quintero-Castellanos JM. Pain prevalence in infants and preschool children in a Colombian hospital. *Rev. colomb. anestesiol.* 2022;50(1): e202. Available: http://www.scielo.org.co/scielo.php?pid=S0120-33472022000100202&script=sci\_arttext
- 7. Matula ST, Irving SY, Deatrick JA, *et al*. The prevalence, intensity, assessment, and management of acute pain in hospitalized children in Botswana. *Pain Manag Nurs* 2022;23(4):548–558. Available:
  - https://www.sciencedirect.com/science/article/abs/pii/S1524904221002496
- 8. Senger A, Bryce R, McMahon C, *et al.* Cross-sectional study of pediatric pain prevalence, assessment, and treatment at a Canadian tertiary hospital. *Can J Pain* 2021;5(1):171–182. Available:
  - https://www.tandfonline.com/doi/full/10.1080/24740527.2021.1961081

- 9. Vejzovic V, Bozic J, Panova G, *et al*. Children still experience pain during hospital stay: a cross-sectional study from four countries in Europe. *BMC Pediatr* 2020;20(1):39. Available:
- 10. Kopf A, Patel NB, editors. *Guide to pain management in low-resource settings*.

https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-020-1937-1

- Seattle: ©IASP; 2010. Available: https://www.iasp-pain.org/publications/free-ebooks/guide-to-pain-management-in-low-resource-settings/
- 11. The University of Arizona. Andrew Weil center for integrative medicine. *Integrative Pain Management Series 10 Hours (2022-2024)*. Tucson; 2022. Available: https://integrativemedicine.arizona.edu/online courses/pain series.html
- 12. Smith HA, Besunder JB, Betters K, *et al.* 2022 Society of critical care medicine clinical practice guidelines on prevention and management of pain, agitation, neuromuscular blockade, and delirium in critically ill pediatric patients with consideration of the ICU environment and early mobility. *Pediatr Crit Care Med* 2022;23(2): e74–e110. Available: https://journals.lww.com/pccmjournal/fulltext/2022/02000/2022\_society\_of\_critical\_c are medicine clinical.15.aspx
- 13. Bohr NL, Ely E, Hanrahan KS, *et al.* Interventions in the pediatric intensive care unit. *Pain Manag Nurs* 2022;23(3):267–272. Available: https://www.painmanagementnursing.org/article/S1524-9042(22)00004-2/fulltext
- 14. Wrona S, Czarnecki ML. Pediatric pain management. *American Nurse Journal* 2021. Available: https://www.myamericannurse.com/pediatric-pain-management-individualized-approach/
- 15. Peres AL, Barros FF, Mattei FD, et al. Rev Soc Bras Enferm Ped 2022;22: eSOBEP2022015. Available: https://journal.sobep.org.br/wp-content/uploads/articles\_xml/2238-202X-sobep-22-eSOBEP2022015/2238-202X-sobep-22-eSOBEP2022015.x33797.pdf
- 16. Abd El- Aziz DE, Abd El Aziz MA, Adly RM, et al. Improving nurses' performance towards non- pharmacological pain management among neonates in neonatal intensive care unit. IOSR-JNHS 2018; 7(4):83–97. Available: https://www.researchgate.net/publication/327622665\_Improving\_Nurses'\_Performance \_Towards\_Non-Pharmacological\_Pain\_Management\_Among\_Neonates\_In\_Neonatal\_Intensive\_Care\_Unit

- 17. Pierce N, LaFond C. (141) Nonpharmacological pain interventions in the pediatric intensive care unit: who receives what? *J Pain* 2019;20: z(4) Supplement. Available: https://www.sciencedirect.com/science/article/abs/pii/S1526590019301373
- 18. Yaz SB, Atay A. Use of nonpharmacological methods of nurses in pediatric intensive care clinics during pandemic. *Int J Caring Sci* 2022;15(1):589. Available: https://www.internationaljournalofcaringsciences.org/docs/60.pp\_589\_596-yaz.pdf
- 19. Ismail A, Forgeron P, Polemeno V, *et al.* Pain management interventions in the paediatric intensive care unit: a scoping review. *Intensive Crit Care Nurs* 2019; 54:96–105. Available:
  - https://www.sciencedirect.com/science/article/abs/pii/S0964339718300594
- 20. Peters MDJ, Godfrey C, McInerney P, *et al.* Best practice guidance and reporting items for the development of scoping review protocols. *JBI Evid Synth* 2022;20(4):953–968. Available:
  - https://journals.lww.com/jbisrir/Fulltext/2022/04000/Best\_practice\_guidance\_and\_reporting\_items\_for\_the.3.aspx
- 21. Peters MDJ, Godfrey C, McInerney P, *et al.* Chapter 11: Scoping reviews: 2020 version. In: Aromataris E, Munn Z, editors. *JBI Evid Synth* Adelaide: JBI; 2020. Available: https://synthesismanual.jbi.global
- 22. Tricco AC, Lillie E, Zarin W, *et al.* PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. *Ann Inter Med* 2018;169(7):467–473. Available: https://www.acpjournals.org/doi/epdf/10.7326/M18-0850
- 23. Arksey H, O 'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol* 2007;19–32. Available: https://www.tandfonline.com/doi/full/10.1080/1364557032000119616?scroll=top&nee dAccess=true
- 24. Bradbury-Jones C, Aveyard H. The incomplete scope of scoping reviews: a framework for improving the quality of reporting. *J Clin Nurs* 2021;30(21-22): e67–e68. Available: https://pubmed.ncbi.nlm.nih.gov/34405465/
- 25. Ahmad T, Gopal D, Dayem Ullah AZM, *et al*. Multimorbidity in patients living with and beyond cancer: protocol for a scoping review. *BMJ Open* 2022;12(5): e057148. Available: https://bmjopen.bmj.com/content/12/5/e057148.info
- 26. Complementary, alternative, or integrative health: what's in a name? National Center for Complementary and Integrative Health (NCCIH). 2021. Available:

- https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name
- 27. Ng JY, Dhawan T, Dogadova E, et al. Operational definition of complementary, alternative, and integrative medicine derived from a systematic search. *BMC Complement Med Ther* 2022;22(104). Available: https://bmccomplementmedtherapies.biomedcentral.com/articles/10.1186/s12906-022-03556-7
- 28. Witt CM, Chiaramonte D, Berman S, *et al.* Defining health in a comprehensive context: a new definition of integrative health. *Am J Prev Med* 2017;53(1):134–137. Available: https://pubmed.ncbi.nlm.nih.gov/28161035/
- 29. Luberenga I, Kasujja R, Vasanthan LT, *et al*. Mental health awareness programmes to promote mental well-being at the workplace among workforce in the low-income and middle-income countries: a scoping review protocol. *BMJ Open* 2023;13(7). Available: https://bmjopen.bmj.com/content/13/7/e073012
- 30. Page MJ, McKenzie JE, Bossuyt PM, *et al*. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372:n71. Available: https://www.bmj.com/content/372/bmj.n71

#### FIGURE LEGEND

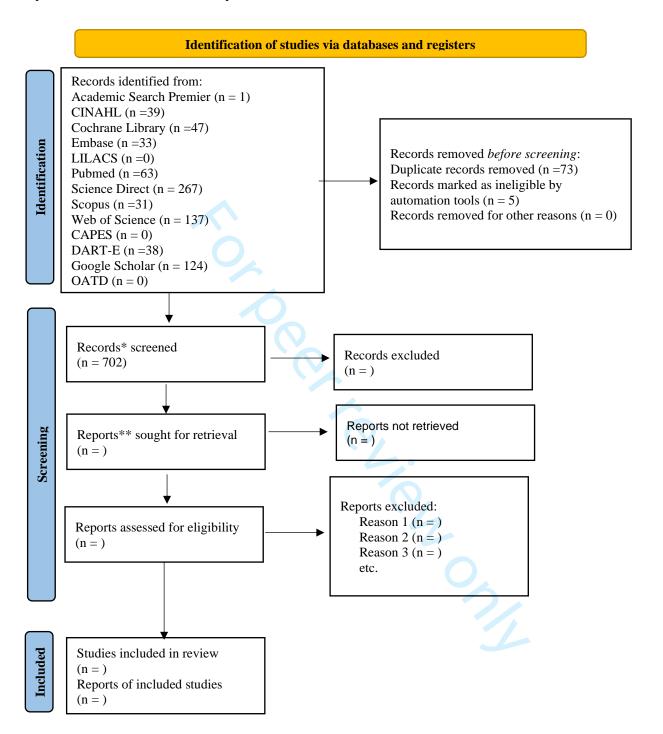
# Figure 1.

\*Report: A document (paper or electronic) supplying information about a particular study. It could be a journal article, preprint, conference abstract, study register entry, clinical study report, dissertation, unpublished manuscript, government report, or any other document providing relevant information.

\*\*Record: The title or abstract (or both) of a report indexed in a database or website (such as the title or abstract for an article indexed in Medline). Records that refer to the same report (such as the same journal article) are "duplicates"; however, records that refer to reports that are merely similar (such as a similar abstract submitted to two different conferences) should be considered unique.



PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only. <sup>30</sup> Research results until July 2023.



Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist $^{22}$ 

SECTION	ITEM	PRISMA-SeR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			ONT MOE !!
Title	1	Identify the report as a scoping review.	1
ABSTRACT			-
Structured summary			2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	4-7
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	6 and 7
METHODS			
Protocol and registration  5 Indicate whether a review protocol exists; it can be accessed (e.g., a Web address); at provide registration information, including number.  Specify characteristics of the sources of eveligibility criteria (e.g., years considered, I publication status), and provide a rationale Describe all information sources in the sea databases with dates of coverage and contained identify additional sources), as well as the		Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	7
		Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	9
		Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	10-13
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	11 and 12
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	13
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	13 and 14
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	14
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	Not available
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	14



SECTION ITEM		PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
RESULTS			, , , , , , , , , , , , , , , , , , , ,
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	Not started
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Not started
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	Not started
Results of For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.		Not started	
Synthesis of results  Summarize and/or present the charting results as they relate to the review questions and objectives.		Not started	
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	Not started
Limitations	20	Discuss the limitations of the scoping review process.	Not started
Conclusions  Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.		Not started	
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Not one

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.



<sup>\*</sup> Where sources of evidence (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

<sup>†</sup> A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

<sup>‡</sup> The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

<sup>§</sup> The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

# Appendix 2 Draft Search Strategy

Dates of coverage and database	Rinselgnen ses related Query	Retrieved records
09/21/22 CINAHL	1. MH (pain management or pain relief or pain control or pain reduction or managing pain or analysis) OR TI (pain management or pain relief or pain control or pain reduction or managing pain or analysis) R AB (pain management or pain relief or pain control or pain reduction or managing pain or analysis)	84,304
	2. MH (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or pain measurement) OR TI (pain assessment or pain scale or pain tool or pain assessment tool or pain intervention or pain measurement) OR AB (pain assessment or pain scale or pain tool or pain tool or pain instrument or pa	75,339
	3. 1 OR 2	133,679
	4. MH (integrative medicine or complementary medicine or alternative medicine) OR TI (integrative medicine or complementary medicine or alternative medicine or alternative medicine) OR AB (integrative medicine or complementary medicine or alternative medicine)	16,007
	5. MH (integrative therapy or integrative therapies or complementary therapy or complementary therapies or alternative therapy or alternative therapies or alternative therapies or complementary therapies or alternative therapy or complementary therapy or complementary therapies or alternative therapy or alternative therapy or alternative treatment)	60,250
	6. MH (non- pharmacological intervention or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological therapies or non-pharmacological treatment) OR TI (non- pharmacological intervention or non-pharmacological intervention)	3,068

BMJ Open BMJ Open	
njopen-2023-074952 d by copyright, inclu BMJ Open	
non-pharmacological interventions or non-pharmacological therapy or non-pharmacological therapies or non-pharmacological treatment) OR AB (non- pharmacological intervention or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological therapy or non-pharmacological treatment)	- г
7. MH (aromatherapy or essential oils or aroma therapy) OR TI (aromatherapy or essential oils or aroma therapy) OR AB (aromatherapy or essential oils or aroma therapy)  AB (aromatherapy or essential oils or aroma therapy)	7,565
8. MH (acupuncture or acupuncture therapy or acupuncture treatment) OR TI (acupuncture or acupuncture therapy or acupuncture treatment) OR AB (acupuncture or acupuncture therapy or acupuncture treatment)	r 20,538
9. MH acupuncture, ear OR TI acupuncture, ear OR AB acupuncture, ear	590
10. MH (mind body techniques or mind-body therapies) OR TI (mind body techniques or mind-body therapies) OR AE (mind body techniques or mind-body therapies)	3,952
11. MH (breathing techniques or breathing or breathing exercise) OR TI (breathing techniques or breathing exercise) OR AB (breathing techniques or breathing or breathing exercise)	20,189
12. MH (guided imagery for pain management or guided image therapy or guided images therapies) OR AB (guided imagery for pain management or guided image therapy or guided images therapies) OR AB (guided imagery for pain management or guided image therapy or guided images therapies)	
13. MH (guided imagery or guided relaxation or visualization techniques) OR TI (guided imagery g guided relaxation or visualization techniques) OR AB (guided imagery or guided relaxation or visualization techniques)	4,120
14. MH (hypnosis or hypnotherapy) OR TI (hypnosis or hypnotherapy) OR AB (hypnosis or hypnotherapy)	4,011
For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	
For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	

BMJ Open	
njopen-2023-074952 d by copyright, inclu BMJ Open	
15. MH (biofeedback or biofeedback therapy) OR TI (biofeedback or biofeedback therapy) OR AB (biofeedback or biofeedback therapy)	4,994
AB (music therapy or music intervention or musical therapy or music-based intervention or therapy music)	7,558
17. MH (progressive muscle relaxation or muscle relaxation) OR TI (progressive muscle relaxation or muscle relaxation) OR AB (progressive muscle relaxation or muscle relaxation)	2,299
18. MH (sleep therapy or sleep) OR TI (sleep therapy or sleep) OR AB (sleep therapy or sleep)	77,183
19. MH (massage therapy or massage or massage therapies) OR TI (massage therapy or massage or massage therapies) OR AB (massage therapy or massage or massage therapies)	21,418
20. MH (physical therapy or physiotherapy) OR TI (physical therapy or physiotherapy) OR AB (Physical therapy or physiotherapy)	61,296
21. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR S16 OR 17 OR 18 OR 20	277,529
22. MH (pediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care expandiatric critical care) OR TI (pediatric intensive care unit or picu or pediatric critical care unit or paediatric critical care) OR AB (pediatric intensive care unit or picu or pediatric critical care) or paediatric critical care)	9,239
23. MH intensive care units, pediatric OR TI intensive care units, pediatric OR AB intensive care units, pediatric or the ped	8,949
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24. 22 OR 23		ding for	on 12 F	11,491
25. 3 AND 21 AND 24		enseig uses rel	ruary	38
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Dates of coverage and database	Download to text and	Retrieved records
09/21/22 MEDLINE	1. "pain management" [MeSH Terms] OR "pain management" [Text Word] OR "pain relief" [Text Word] OR "pain control" [Text Word] OR "pain reduction" [Text Word] OR "managing pain" [Text Word] OR "management" [MeSH Terms] OR "analgesia" [Text Word]	177,128
(PubMed)	2. "pain measurement" [MeSH Terms] OR "pain assessment" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain scale" [Text Word] OR "pain tool" [Text Word] OR "pain assessment tool" [Text Word] OR "pain instrument" [Text Word] OR "pain intervention" [Text Word] OR "pain measurement" [MeSH Tems] OR "pain measurement" [Text Word]	101,025
	3. 1 OR 2	246,193
	4. "integrative medicine" [MeSH Terms] OR "integrative medicine" [Text Word] OR "omplementary therapies" [MeSH Terms] OR "complementary medicine" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative medicine" [Text Word] OR "integrative therapy" [Text Word] OR "integrative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "complementary therapies" [Text Word] OR "alternative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative therapies" [Text Word] OR "alternative treatment" [Text Word] OR "complementary therapies" [Text Word] OR "alternative treatment" [Text Word]	274,042
	5. "nonpharmacological intervention"[Text Word] OR "nonpharmacological interventions"[Text Word] OR "nonpharmacological therapy"[Text Word] OR "nonpharmacological treatment"[Text Word] OR "nonpharmacological treatment"[Text Word]	5,292

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F F	23,007
7. "acupuncture" [MeSH Terms] OR "acupuncture therapy" [MeSH Terms] OR "acupuncture" [WeSH Terms] OR "acupuncture therapy" [Text Word] OR "acupuncture therapy" [Text Word] OR "acupuncture ear" [Text Word] OR "acupuncture, ear" [MeSH Terms] OR "acupuncture ear" [Text Word]	35,397
8. "mind body techniques"[Text Word] OR "mind body therapies"[MeSH Terms] OR "mind body therapies"[Text Word]	<u>46,477</u>
n ⊅ ⊣	4,632
), Al t	2,746
11. "hypnosis"[MeSH Terms] OR "hypnosis"[Text Word] OR "hypnotherapy"[Text Word]	15,942
12. "biofeedback, psychology" [MeSH Terms] OR "biofeedback" [Text Word] OR "biofeedback thereby Text Word]	16,054
hno 9,	5,367
5	<u>35,626</u>
15. "sleep therapy"[Text Word] OR "sleep"[MeSH Terms] OR "sleep"[Text Word]	232,994
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16. "massage therapy"[Text Word] OR "massage"[Text Word] OR "massage therapies"[Text Word] Or "massage therapies"[Text Word] Or "Debug of the property of the	16,186
17. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word] OR and therapy modalities"[MeSH Terms] OR "physiotherapy"[Text Word]  17. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  18. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  19. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  19. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  19. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  19. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]	200,591
18. 4 OR 5 OR 6 OR 7 OR 8OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17  and data mining  https://doi.org/10.000/10.0000000000000000000000000000	746,903
19. "pediatric intensive care unit" [Text Word] OR "picu" [Text Word] OR "pediatric critical care unit" [Text Word] OR "paediatric critical care" [Text Word] OR "intensive care units, pediatric "[MeSH Terms]	31,624
20. 3 AND 18 AND 19	63
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Dates of coverage and database	Query Query	Retrieved records
09/14/22 ACADEMIC	1. (pain management) OR (DE "PAIN management" OR DE "DRY needling" OR DE "PAIN measurement" OR DE "BRIEF Pain Inventory" OR DE "MCGILL Pain Questionnaire")	81,825
SEARCH PREMIER	2. DE "ALTERNATIVE medicine" OR DE "ACUPUNCTURE" OR DE "ALTERNATIVE treatment" OR DE "BOTANIC medicine" OR DE "CHIROPRACTIC" OR DE "CHRONOTHERMAL medicine" OR DE "	38,185
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"DRY needling" OR DE "ENERGY medicine" OR DE "HOLISTIC medicine" OR DE "HOMEOPÆTH "OR DE "MENTAL healing" OR DE "NATUROPATHY"	
3. DE "PEDIATRIC intensive care" OR ""PEDIATRIC intensive care units" OR PICU	10,655
4. 1 AND 2 AND 3	1
text a	

Dates of coverage and database	Query  Query  1. ("pain"):ti,ab,kw OR ("pain assessment"):ti,ab,kw	Retrieved records
10/03/22	1. ("pain"):ti,ab,kw OR ("pain assessment"):ti,ab,kw	215514
COCHRANE	2. ("integrative medicine"):ti,ab,kw OR ("complementary medicine"):ti,ab,kw DR ("complementary medicine"):ti,ab,kw	e 4013
	3. ("non-pharmacological"):ti,ab,kw AND ("therapies"):ti,ab,kw OR ("treatment"):ti,ab,kw OI ("intervention"):ti,ab,kw	R 1147812
	4. ("aromatherapies"):ti,ab,kw OR ("essential oil"):ti,ab,kw	2174
	5. ("acupuncture"):ti,ab,kw OR ("acupuncture analgesia"):ti,ab,kw	17333
	6. ("mind body"):ti,ab,kw OR ("mind body medicine"):ti,ab,kw OR ("mind body therapies"):ti,ab,kw	1248
	7. ("breathing"):ti,ab,kw	34728
	8. ("guided imagery"):ti,ab,kw	806
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9. ("hypnotherapy"):ti,ab,kw  10. ("biofeedback"):ti,ab,kw OR ("biofeedback training"):ti,ab,kw  11. ("music therapy"):ti,ab,kw  12. ("progressive muscle relaxation"):ti,ab,kw OR ("progressive muscle relaxation training"):ti,ab,kw  13. ("sleep"):ti,ab,kw  14. ("massage therapy"):ti,ab,kw  15. ("physical therapy"):ti,ab,kw OR ("physical therapy")	
9. ("hypnotherapy"):ti,ab,kw	380
10. ("biofeedback"):ti,ab,kw OR ("biofeedback training"):ti,ab,kw	3897
11. ("music therapy"):ti,ab,kw	2613
12. ("progressive muscle relaxation"):ti,ab,kw OR ("progressive muscle relaxation training"):ti,ab,kw OR ("progressive mu	820
13. ("sleep"):ti,ab,kw	46268
14. ("massage therapy"):ti,ab,kw	875
15. ("physical therapy"):ti,ab,kw OR ("physical therapy	11504
16. ("pediatric intensive care unit"):ti,ab,kw OR ("paediatric intensive care"):ti,ab,kw OR ("paediatric intensive care unit"):ti,ab,kw OR ("paediatric intensive care units"):ti,ab,kw	1095
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22. 1 AND 15 AND 16  Biggraphique of phique of	
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	23. 1 AND 3 AND 16 OR 1 AND 7 AND 16 OR 1 AND 11 AND 16 OR 1 AND 13 AND 16 OR 1 AND 16 OR 1 7 15 AND 16	47
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~~	Output Output	Detrieved records

Dates of coverage and database	Query Query	Retrieved records
10/23/22 EMBASE	1. pain'/exp OR 'pain' OR 'analgesia'/exp OR 'analgesia'  1. pain'/exp OR 'pain' OR 'analgesia'/exp OR 'analgesia'  1. pain'/exp OR 'pain' OR 'analgesia'/exp OR 'analgesia'	2062548
	2. 'integrative medicine'/exp OR 'integrative medicine' OR 'alternative medicine'/exp OR 'alternative medicine' OR 'aromatherapy'/exp OR 'aromatherapy' OR 'essential oil'/exp OR 'essential oil' OR 'acupuncture'/exp OR 'auricular acupuncture' OR 'auricular acupuncture' OR 'breathing exercise'/exp OR 'breathing exercise' OR 'guided imagery'/exp OR 'guided imagery' OR 'breathing exercise'/exp OR 'breathing exercise' OR 'guided imagery'/exp OR 'music therapy' OR 'physiotherapy'/exp OR 'physiotherapy' OR 'p	255690
	3. 'pediatric intensive care unit'/exp OR 'pediatric intensive care unit'	22687
	4. 1 AND 2 AND 3	33

	l Juna	
Dates of coverage and database	Query Query	Retrieved records
10/23/22 LILACS	1. "DOR" or "avaliacao da DOR" or "escala analogica da DOR" or "escala analogica visual de DOR" or "intensidade da DOR" or "limiar da DOR" or "manejo da DOR" or "medicao da DOR" or "percepcao da DOR" or "unadades de alivio da DOR" or "DOR aguda" or "DOR cronica" [Descritor de assunto]	5862
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2. "TERAPIAS COMPLEMENTARES" or "TERAPIAS COMPLEMENTARES e integrativas" [Descritor de assunto]	1429
3. "unidade de terapia intensiva pediatrica" [Descritor de assunto]	767
4. 1 and 2 and 3	0

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Dates of coverage and database	Query	v/nloaded fron Superieur (ABI ext and data m	Retrieved records
SCIENCE DIRECT	1. Title, abstract, keyword: pain	om http:// BES) . mining, /	232,587
	2. Title, abstract, keyword: complementary and alternative medicine	omjoper trainin	3342
	3. Title, abstract, keyword: integrative medicine	u.bmj.co	6951
	4. pediatric intensive care unit	n/ on June 9, 2025 milar technologies.	3787
	1 AND 2 OR 3 AND 4	ne 9, 20: hnologi	267
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Dates of coverage and database	Query Query	Retrieved records
09/23/22 SCOPUS	1. TITLE("Pain Management" OR "Pain Relief "OR "Pain Control" OR "Pain Reduction" OR "Management" OR Analgesia) OR ABS("Pain Management" OR "Pain Relief" OR "Pain Control" OR "Pain Reduction" OR "Management" OR TITLE-ABS-KEY(Pain Management OR Pain Relief OR Pain Control OR "Pain Reduction" OR "Managing Pain" OR Analgesia)	(344,701)
	2. TITLE("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Intervention" OR "Pain Measurement") OR ABS("Pain Assessment" OR "Pain Scale" Or "Pain Intervention" OR "Pain Measurement") OR "Pain Intervention" OR "Pain Measurement" OR "Pain Assessment Tool" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Intervention" OR "Pain Intervention" OR "Pain Measurement" OR "Pain Intervention" OR "Pain Measurement" OR "Pain Intervention" OR "Pain Measurement")	(145,947)
	3. 1 OR 2	(423,690)
	4. TITLE("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR TITLE-ABSKEY ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR TITLE-ABSKEY ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine")	(58,538)
	5. TITLE("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OF "Complementary Therapies" OR "Alternative Therapy" OR "Alternative Therapies" OR "Alternative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OF "Complementary Therapies" OR "Alternative Therapy" OR "Alternative Therapies" OR "Alternative Treatment" OF TITLE-ABS-KEY("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OF "Com	(59,454)
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6. TITLE("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Therapies" OR "Non-pharmacological Treatment") OK ABS("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Interv	on- (7,752) OR on-
7. TITLE(Aromatherapy OR "Essential Oils" OR Aroma therapy) OR ABS(Aromatherapy OR "Essential Oils" Of Aroma therapy) OR TITLE-ABS-KEY(Aromatherapy OR "Essential Oils" OR Aroma therapy)	(3.885)
8. TITLE("Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment") OR ABS (Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment") OR TITLE-ABS-KEY("Acupuncture" OR "Acupuncture" OR "Acupuncture Treatment")	OR (52,587)
9. TITLE("Acupuncture, Ear") OR ABS("Acupuncture, Ear") OR TITLE-ABS-KEY("Acupuncture Ear")	(452)
10. TITLE("Mind Body Techniques" OR "Mind-body Therapies") OR ABS("Mind Body Techniques" OR "Mind-body Therapies") OR TITLE-ABS-KEY("Mind Body Techniques" OR "Mind-body Therapies")	(1.625)
11. TITLE("Breathing Techniques"OR Breathing OR "Breathing Exercise") OR ABS("Breathing Techniques"OR Breathing OR "Breathing Exercise") OR TITLE-ABS-KEY("Breathing Techniques"OR Breathing Exercise")	OR (279.806)
12. TITLE("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies") Of ABS("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies") Of TITLE-ABS-KEY("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Image Therapy" OR "Guided Image Therapies")	OR 4
13. TITLE("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques") OR ABS("Guided Imagery" Of "Guided Relaxation" OR "Visualization Techniques") OR TITLE-ABS-KEY("Guided Imagery" Of Relaxation" OR "Visualization Techniques")	OR led 17,176
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14.	TITLE(Hypnosis OR Hypnotherapy) OR ABS(Hypnosis OR Hypnotherapy) OR TITLE-ABS-BEY-Hypnosis OR Hypnotherapy)	22,266
15.	TITLE(Biofeedback OR "Biofeedback Therapy") OR ABS(Biofeedback OR "Biofeedback Therapy") OR TITLE-ABS-KEY(Biofeedback OR "Biofeedback Therapy")	17,108
16.	TITLE("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Extervention" OR "Therapeutic Music") OR ABS("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music	11,454
17.	TITLE("Progressive Muscle Relaxation" OR "Muscle Relaxation") OR ABS("Progressive Muscle Relaxation" OR "Muscle Relaxation" OR "Muscle Relaxation" OR "Muscle Relaxation" OR "Muscle Relaxation")	34,970
18.	TITLE("Sleep Therapy" OR Sleep) OR ABS("Sleep Therapy" OR Sleep) OR TITLE-ABS-KEr ("Sleep Therapy" OR Sleep)	340,832
19.	TITLE("Massage Therapy" OR Massage OR "Massage Therapies") OR ABS("Massage Therapy" OF Massage OR "Massage Therapies") OR TITLE-ABS-KEY("Massage Therapy" OR Massage OR "Massage Therapy" or Massage Therapy" OF Massage OR "Massage Therapy" or Massage Therapy" OF Massage OR "Massage O	28,624
20.	TITLE("Physical Therapy" OR Physiotherapy) OR ABS("Physical Therapy" OR Physiotherapy" OR Physiotherapy)	129,632
21.	4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 @R 180 OR 20	937,453
22.	TITLE("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Care" OR "Paediatric Critical Care") OR ABS("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care") OR "Paediatric Intensive Care") OR TITLE-ABS-KEY("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Critical Care")	20,379
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23. TITLE("Intensive Care Units, Pediatric") OF KEY("Intensive Care Units, Pediatric")	R ABS("Intensive Care Units, Pediatric")	TITLE-ABS-	8,226
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25. 3 AND 21 AND 24		2024. Donement	31

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09/21/22 WEB OF SCIENCE	1. TS= (pain management or pain relief or pain control or pain reduction or managing pain or analgesia) R TI= (pain management or pain relief or pain control or pain reduction or managing pain or analgesia) OR AB= (pain management or pain relief or pain control or pain reduction or managing pain or analgesia)	(376,576)
	2. TS= (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or pain intervention or pain measurement) OR TI= (pain assessment or pain scale or pain tool or pain assessment tool or pain intervention or pain measurement) OR AB= (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or pain intervention or pain measurement)	(241,031)
	3. 1 OR 2	(475,359)
	4. TS= (integrative medicine or complementary medicine or alternative medicine) OR TI= (integrative medicine or complementary medicine or alternative medicine) OR AB= (Integrative medicine or complementary medicine or alternative medicine)	(51,961)
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	5.	TS= (integrative therapy or integrative therapies or complementary therapy or complementary therapies or alternative therapies or alternative therapy or complementary therapies or alternative therapy or complementary therapies or alternative therapy or integrative therapies or alternative therapy or integrative therapies or complementary therapy or integrative therapies or complementary therapy or complementary therapies or alternative therap	(288,290)
	6.	TS= (non- pharmacological intervention or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological therapy or non-pharmacological therapy or non-pharmacological interventions or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological t	(12,420)
	7.	TS= (aromatherapy or essential oils or aroma therapy) OR TI= (aromatherapy or essential oils or aroma therapy) OR AB= (aromatherapy or essential oils or aroma therapy)	(86,864)
	8.	TS= (acupuncture or acupuncture therapy or acupuncture treatment) OR TI= (acupuncture or acupuncture therapy or acupuncture treatment) OR AB= (acupuncture or acupuncture therapy or acupuncture treatment)	(25,368)
	9.	TS= (acupuncture, ear) OR TI= (acupuncture, ear) OR AB= (acupuncture, ear)	(547)
	10.	TS= (mind body techniques or mind-body therapies) OR TI= (mind body techniques or mind-body therapies) OR AB= (mind body techniques or mind-body therapies)	(2,430)
•	11.	TS= (breathing techniques or breathing or breathing exercise) OR TI= (breathing techniques or breathing exercise)  OR AB= (breathing techniques or breathing or breathing exercise)	(99,065)
	12.	TS= (guided imagery for pain management or guided image therapy or guided images therapies) OR AB= (guided imagery for pain management or guided image therapy or guided images therapies) OR AB= (guided imagery for pain management or guided image therapy or guided images therapies)	(22,227)
		TS= (guided imagery for pain management or guided image therapy or guided images therapies) OR AB= (guided imagery for pain management or guided images therapies) OR AB= (guided imagery for pain management or guided image therapy or guided images therapies)  Constitution of the pain management or guided imagery for pain management or guided image therapy or guided images therapies)  For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	

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13. TS= (guided imagery or guided relaxation or visualization techniques) OR TI= (guided imagery or guided visualization techniques) OR AB= (guided imagery or guided relaxation or visualization techniques)	relaxation or (68,289)
14. TS= (hypnosis or hypnotherapy) OR TI= (hypnosis or hypnotherapy) OR AB= (hypnosis or hypnotherapy)	(10,831)
15. TS= (biofeedback or biofeedback therapy) OR TI= (biofeedback or biofeedback therapy) OR AB therapy)	or biofeedback (12,661)
16. TS= (music therapy or music intervention or musical therapy or music-based intervention or therapeutic music) C therapy or music intervention or musical therapy or music-based intervention or therapeutic music. AB= (music intervention or musical therapy or music-based intervention or therapeutic music)	OR TI= (music usic therapy or (11,018)
17. TS= (progressive muscle relaxation or muscle relaxation) OR TI= (progressive muscle relaxation progressive muscle relaxation)	tion) OR AB= (33,638)
18. TS= (sleep therapy or sleep) OR TI= (sleep therapy or sleep) OR AB= (sleep therapy or sleep)	(293,420)
19. TS= (massage therapy or massage or massage therapies) OR TI= (massage therapy or massage of massage therapy or massage therapy or massage therapies)	pies) OR AB= (11,659)
20. TS= (physical therapy or physiotherapy) OR TI= (physical therapy or physiotherapy) OR TI= (physical therapy or physiotherapy)	cal therapy or (121,548)
21. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 20	(1,058,477)
22. TS= (pediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care or prediatric critical care unit or paediatric critical ca	itical care) OR (21,834)
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23. TS= (intensive care units, pediatric) OR TI= (intensive care units, pediatric) OR AB= (intensive care units, pediatric)	(14,677)
24. 22 OR 23 ses religion	(21,834)
25. 3 AND 21 AND 24	(137)
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1. ("Pain Management" OR "Pain Relief "OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR ("Pain Management" OR "Pain Relief" OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR (Pain Management OR Pain Relief OR Pain Control OR "Pain Reduction" OR "Managing Pain" OR Analgesia)	47.919
2. ("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Intervention" OR "Pain Measurement") OR ("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Tool" OR "Pain Instrument" OR "Pain Intervention" OR "Pain Measurement") OR ("Pain Assessment" OR "Pain Tool" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Instrument" OR "Pain Intervention" OR "Pain Measurement") OR "Pain Measurement")	17.688
3. 1 OR 2	60.914
4. ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine")	5.309
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	1. ("Pain Management" OR "Pain Relief "OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR ("Pain Management" OR "Pain Relief" OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR (Pain Management OR Pain Relief OR Pain Control OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR (Pain Management OR Pain Relief OR Pain Control OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR (Pain Management OR Pain Relief OR Pain Control OR "Pain Reduction" OR "Pain Instrument" OR "Pain Scale" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Measurement") OR ("Pain Assessment Tool" OR "Pain Instrument" OR "Pain Instrument" OR "Pain Measurement") OR ("Pain Assessment Tool" OR "Pain Tool" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Instrument" OR "Pain Intervention" OR "Pain Measurement") On the Pain Instrument of the Pain Measurement of the Pain Measurement of the Pain Instrument of the Pain Instrument of the Pain Measurement of the Pain Instrument of the Pain Measurement of the Pain Instrument

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5. ("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OR "Alternative Therapy" OR "Alternative Treatment") OR ("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapies" OR "Alternative Therapies" OR "Alternative Therapies" OR "Alternative Treatment") OR ("Integrative Therapy" OR "Integrative Therapies" OR "Alternative Treatment") OR ("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OR "Alternative Therapies" OR "Alternative Treatment")	14.345
6. ("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Treatment") OR ("Non-pharmacological Intervention" OR "Non-pharmacological Intervention" OR "Non-pharmacological Therapy" OR "Non-pharmacological Therapies" OR "Non-pharmacological Intervention" OR "Non-pharmacological Intervention" OR "Non-pharmacological Intervention" OR "Non-pharmacological Therapy" OR "Non-pharmacological Intervention" OR "Non-pharmacological Therapy" OR "Non-pharmacolo	20.398
7. (Aromatherapy OR "Essential Oils" OR Aroma therapy) OR (Aromatherapy OR "Essential Oils" OR Aroma therapy) OR (Aromatherapy OR "Essential Oils" OR Aroma therapy)	8.734
8. ("Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment") OR ("Acupuncture Therapy" OR "Acupuncture Treatment") OR ("Acupuncture Therapy" OR "Acupuncture Ther	11.097
9. ("Acupuncture, Ear") OR ("Acupuncture, Ear") OR ("Acupuncture, Ear")	468
10. ("Mind Body Techniques" OR "Mind-body Therapies") OR ("Mind Body Techniques" OR "Mind-body Therapies") OR ("Mind Body Techniques" OR "Mind-body Therapies") OR ("Mind Body Techniques" OR "Mind-body Therapies")	8.897
11. ("Breathing Techniques"OR Breathing OR "Breathing Exercise") OR ("Breathing Techniques"OR Breathing OR "Breathing Exercise")  Breathing Techniques"OR Breathing OR "Breathing Exercise")  Breathing OR "Breathing Exercise"	12.400
12. ("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies") OR ("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies") OR "Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies")	63.039
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	13. ("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques") OR ("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques") OR ("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques")	3.632
	14. (Hypnosis OR Hypnotherapy) OR (Hypnosis OR Hypnotherapy) OR (Hypnosis OR Hypnotherapy) OR (Hypnosis OR Hypnotherapy)	19
	15. (Biofeedback OR "Biofeedback Therapy") OR (Biofeedback OR "Biofeedback Therapy") OR (Biofeedback OR "Biofeedback OR "Biofe	5.433
	16. ("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music") OR ("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Herapy" OR "Therapeutic Music") OR ("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Musical Therapy" OR "Therapeutic Music")	25.370
•	17. ("Progressive Muscle Relaxation" OR "Muscle Relaxation") OR ("Progressive Muscle Relaxation") OR ("Progressive Muscle Relaxation") OR ("Progressive Muscle Relaxation")	2.847
•	18. ("Sleep Therapy" OR Sleep) OR ("Sleep Therapy" OR Sleep) OR ("Sleep Therapy" OR Sleep)	13.033
	19. ("Massage Therapy" OR Massage OR "Massage Therapies") OR ("Massage Therapy" OR Massage Therapies") OR ("Massage Therapy" OR Massage OR "Massage Therapies")	5.587
•	20. ("Physical Therapy" OR Physiotherapy) OR ("Physical Therapy" OR Physiotherapy) OR ("Physical Therapy" OR Physiotherapy)	13.679
,	21. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OP 19 OR 20	120.654
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22. ("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Entensive Care" OR "Paediatric Critical Care") OR ("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Care" OR "Paediatric Critical Care") OR ("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care")	21.859
23. ("Intensive Care Units, Pediatric") OR ("Intensive Care Units, Pediatric") OR ("Intensive Care Tribles, Pediatric")	16.055
24. 22 OR 23	22.946
 ided da	

Dates of coverage and database	Query Query Query	Retrieved records
11/05/22	1. pain	547
DART-E	2. ""complementary therapies" OR "alternative medicine" OR "integrative medicine" OR nonparmacological	168
	3. "pediatric intensive care unit" or "paediatric intensive care unit"	51
	4. 1 AND 2 AND 3  4. 1 AND 2 AND 3  9, 2025 at	38
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Dates of coverage and database	on 12 February Enseig ding for uses reli	Retrieved records
11/05/22	1. "complementary therapies" OR "integrative medicine" OR "complementary and alternative therapies"  "complementary and alternative therapies"	17900
Google Scholar	2. nonpharmacologic and da and	77700
	3. "pediatric intensive care" OR "paediatric intensive care"	17600
	4. 1 OR 2 AND 3 AND doc OR .txt OR . rtf OR .PDF OR .html  Al training a	124

Dates of coverage and database	om/ on Ju similar tec Query	Retrieved records
11/05/22	ne 9, 200 hnologi	38650
OATD	2. "complementary therapies" OR "alternative medicine" OR "integrative medicine" OR nonpharmacological	1819
	3. "pediatric intensive care unit" or "paediatric intensive care unit"	382
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# **BMJ Open**

# Non-pharmacological therapies for pain management in paediatric intensive care units: a protocol for a scoping review

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#### **ABSTRACT**

**Introduction:** In critically ill children, pain management is complex owing to cognitive development and the nature of hospitalisation in paediatric intensive therapy units. Although there are many protocols and guidelines for pain control via pharmacological interventions, non-pharmacological practices should also be explored and disseminated for their potential benefit.

Methods and analysis: A systematic literature search will be performed using the following databases: Academic Search Premier, Cumulative Index to Nursing and Allied Health Literature, Cochrane Library, Excerpta Medica Database, Virtual Health Library, Medical Literature Analysis and Retrieval System Online, ScienceDirect, Scopus, Web of Science Core Collection, Theses from *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior*, Dart Europe, Open Access Theses and Dissertations, and grey literature from Google Scholar. The research will consider quantitative and qualitative studies, mixedmethods studies, systematic reviews, text articles, opinion articles, letters to editors, and editorials in any language and from any database. The following will be eligible for inclusion: (i) newborns, infants, children, and adolescents; and (ii) non-pharmacological therapies used for pain in paediatric intensive care.

**Ethics and dissemination:** This study does not require ethical approval. The results of this research will be disseminated through social media channels and podcasts about pain in children.

**Trial registration number:** This protocol has been registered with the Open Science Framework (DOI 10.17605/OSF.IO/DZHKT).

#### STRENGTHS AND LIMITATIONS OF THIS STUDY

- Promotes updates on what is known about non-pharmacological therapies.
- Presents gaps in knowledge that still need to be addressed.
- Enables the selection of studies in other languages.
- A modification and downsizing occurred within the initial reviewer's team, potentially introducing bias to the evidence.

#### INTRODUCTION

Admission to the paediatric intensive care unit (PICU) exposes paediatric patients to various pain experiences, and approximately 45–72% of these patients experience pain daily either due to their critical illness, procedures, therapies, or surgeries [1]. As a result, critically ill children have more experience with intense pain, as they are subjected to more painful procedures than children in other hospital divisions, such as medical and surgical units [2]. In the PICU, pain can be caused by the underlying illness or injury, complications of the primary disease, frequent medical procedures that result in pain (e.g., incisions, wound care, and injections), and supporting and monitoring systems (e.g., suctioning an endotracheal tube, manipulation or stripping of drains, removal of catheters or drains) [2, 3]. Tissue hypoxia that develops due to low oxygen saturation, cardiac output, or anaemia can also cause pain [2,3]; prolonged immobilisation can result in pain in the joints and pressure points and from changing positions [2,3].

Despite recent scientific and technological developments, paediatric patients frequently lack adequate pain relief [2-9].

Moreover, lack of pain relief is considered one of the most commonly reported adverse events in United States PICUs [2]. According to the International Association for the Study of Pain, pain relief has been discussed as a human right by international institutions since 2004 [10]. However, treating pain in children remains challenging. One of the obstacles to the management of pain control in paediatrics is the heterogeneity of pain perception and response among different paediatric age groups [1, 10-11].

Although pain diagnosis is often performed using self-reporting scales, this method has limitations in paediatrics. For example, neonates and young children may not have yet achieved the developmental level necessary for effective verbal communication. In this group, the scales use behavioural observation and physiological measures. Moreover, parents and caregivers have more accurate observations than healthcare providers in identifying pain-related facial expressions and responses in children [1]. In The Pain, Agitation, Neuromuscular Blockade, and Delirium in Critically III Paediatric Patients with Consideration of the PICU Environment and Early Mobility (PANDEM) Guidelines, Smith *et al.* discussed that the pain assessment tools could be classified as self-report or observation scales [12]. Self-report scales are considered the gold standard and have been validated in children over 3 years of age, although self-assessment from the age of 6 years was considered more reliable. The most used paediatric self-report scales are the Analogue Visual Scale, Numerical Classification Scale, OUCHER Scale, and Wong-Baker Pain Scale.

 Alternatively, observation scales incorporate behavioural aspects associated with physiological variables to evaluate the pain in children who are unable to self-report the pain. Among these tools, the Face, Legs, Activity, Cry, Consolability, Comfort, and Comfort-B scales are the most commonly used observation tools in critically ill children [12].

Measuring and treating pain in critically ill children represents a significant endeavour for health professionals [1], and the risk factors for experiencing pain vary from specific factors in paediatric patients to PICU-related factors [12]. The perception of pain may be influenced by age, anxiety, fear, comorbidities, concern about family separation, strange environments, barriers to verbal communication, and racial bias. Indeed, another factor that can change the way children feel and show their pain is cultural and social differences [1]. The PICU-related factors involve mechanical ventilation, invasive procedures, invasive devices, the use of multiple medications, frequent sleep interruptions, and reduced mobility [12].

The proper administration of analgesia contributes to pain relief, improves psychomotor agitation, facilitates the maintenance of invasive devices, optimises synchronisation between the mechanical ventilator and child, and decreases oxygen consumption and stress response. The decrease in these events is related to proper pain management in PICUs [12]. Pain management in children requires pharmacological and non-pharmacological therapies [13], with pharmacological interventions typically involving protocols of opioids alone or with other non-opioid drugs [12]. As the use of pain medications is related to side effects and misuse of opioids, non-pharmacological interventions have been explored by professionals and researchers. Although there is a consensus that combining both approaches is more effective, the amount of information on non-pharmacological pain treatment in critically ill children is limited [13].

Non-pharmacological interventions can be categorised as behavioural, cognitive, restorative, and complementary therapies [14]. Interventions, such as oral sweet solution, non-nutritive sucking, positioning, skin-to-skin contact, and modifying environmental stimuli [15, 16], have the potential to alleviate stress generated by hospitalisation, improve quality of life, and prevent changes in the physiology and behaviour of neonates [15]. Non-pharmacological therapies may also help improve the effectiveness of medications or even contribute to reducing their use, thus improving the scores related to adverse events of drug use. A previous medical record analysis enabled an observational cohort study in 15 PICUs [17]; the most used measures were repositioning, decreasing environmental stimuli, carer

 presence, distraction, and music therapy [13, 17]. Additionally, Yaz and Atay (2022) conducted a transverse study to describe the nurses' use of non-pharmacological methods in paediatric intensive care clinics during the COVID-19 pandemic [18]. While the pandemic changed the time and training available for healthcare staff interested in this area, the alternatives to pharmacotherapy commonly used by nurses in paediatric interventions remain the same and include embracing, massage, pacifier use, therapeutic touch, toy distraction, musical therapy and speaking, providing pre-process information, heat/cold application, parent involvement, kangaroo care, giving sucrose, video distraction, post-application rewarding, breathing exercise, and dreaming [18].

Other forms of non-pharmacological therapies involve integration with medication to decrease environmental stressors and facilitate relaxation, distraction, and sleep [12]. A scoping review held in 2019 mapped pain management in PICUs. These interventions involved guided imagery; hypnosis; detailed inquiry, including interview technique that rescues information on thoughts and feelings related to pain; parental presence; distraction; a combination of psychological, physical, and pharmacological interventions, such as positioning, guided imagery, hypnosis, and parental education; acupuncture; stroking and soothing, holding, and rocking; and environmental modifications, such as a quiet environment, dim lights, limiting visitors to decrease noise, and music [19].

Despite advancements in pain management in PICUs, various methodologies and guidelines advocate the development of further research on this topic. Ismail et al. (2019) reported that all the articles identified from the literature search were published in English and that the studies focused only on quantitative designs [19]. Recently, the PANDEM guidelines [12] suggested that research must be conducted to validate the information on the impact of acupuncture on postoperative or procedural pain. As a contribution to the knowledge of non-pharmacological therapies, this scoping review aims to add data collected from other study designs and languages to explore new evidence on pain management in critically ill children with a focus on acupuncture techniques. In addition, it addresses aspects related to the different ages of children in PICUs who are receiving nonpharmacological treatment for pain. Furthermore, paediatric intensive care professionals need access to the best and most up-to-date scientific evidence on non-pharmacological therapies for pain management in PICUs [6, 8-9]. The development of a quality scoping review can provide data that explores the phenomenon of non-pharmacological therapies in critically ill children and helps interpret the various factors involved in paediatric critical care. Thus, this review aims to map the research that used non-pharmacological therapies

for pain management in PICUs and provide information to investigate the characteristics of these techniques.

#### METHODS AND ANALYSIS

Scoping reviews aim to synthesise evidence for researchers, clinicians, and policymakers, gather and describe the evidence, and present an easily illustrative summary [20]. As non-pharmacological therapies exhibit a multiplicity of techniques with varied health impacts and use according to different patient ages, the scoping review was deemed the most appropriate review to illustrate the different nuances of this topic in the paediatric spectrum, which is also heterogeneous.

This scoping review will be conducted according to the chapter on scoping reviews in the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis [21] and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Extension for Scoping Reviews (Appendix 1) [22]. This protocol is registered in the Open Science Framework (https://doi.org/10.17605/OSF.IO/GKETX). This review will be conducted in five phases: 1) identification of the research question; 2) identification of studies; 3) selection of studies; 4) mapping and comparison of the data; 5) collecting, summarising, and reporting the results [23]; 6) consultation with stakeholders about the results (optional) [24].

### Patient and public involvement

This study does not involve patients or the public.

### **Identifying the research question**

The research question for this scoping review is "What non-pharmacological therapies have been used for pain management in PICUs?" To support this query, four subquestions were developed:

- 1. What techniques were used among different age groups?
- 2. What scores on the pain scales define the use of non-pharmacological therapy?
- 3. How were non-pharmacological therapies used to reduce pain in the PICU?
- 4. What therapies impacted decreased pain, mechanical ventilation duration, or reduction in length of stay in the PICU?
- 5. What factors assess the effectiveness of non-pharmacological interventions?

To construct the research question, we used the Population, Concept, Context (PCC) strategy recommended by the JBI [20] and the table proposed by Ahmad *et al.* (2022) (Table 1) [25].

TO COLOR ONL

	Inclusion criteria	Exclusion criteria
Population	Newborns Infants Children Adolescents	-
Concept	Pain management Analgesia Pain measurement Complementary therapies Alternative therapies Integrative therapies Integrative medicine Aromatherapy Oils, volatile Acupuncture Acupuncture therapy Acupuncture, ear Mind-Body therapies Breathing exercises Imagery, psychotherapy Hypnosis Biofeedback, psychology Music therapy Muscle relaxation Sleep Physical therapy modalities	Pharmacologic therapies
Context	Paediatric intensive care units (PICU)	Home assistance services outpatient care  Inpatient ward settings
Types of evidence	Quantitative studies Qualitative studies Mixed-methods studies Systematic reviews Opinion articles Grey literature Letters to the editor Editorials Others	

This review will consider studies that explore unconventional pain management therapies. In healthcare, complementary therapies indicate the integration of an alternative approach with conventional medicine. If an unconventional health intervention is used instead of traditional medicine, we call it "alternative" therapy. If an intervention occurs through the coordinated action of traditional medicine and an unconventional approach, the term "integrative" therapy is used [26].

However, identifying what therapies constitute complementary, alternative, and integrative medicine is complex [27]. One operational definition of "complementary and alternative medicine" was proposed by Cochrane researchers in 2011. There was also a discussion on integrative health and integrative medicine that influenced the National Center for Complementary and Alternative Medicine in the U.S. and changed it to the National Center for Complementary and Integrative Health (NIH) [26, 28].

This review will adopt the term non-pharmacological therapies; although it is not described in the U.S. National Library of Medicine Medical Subject Headings (MeSH) terms, it incorporates complementary therapies, alternative therapies, integrative therapies, and integrative medicine.

## **Identifying relevant studies**

Our search strategy was developed in collaboration with a librarian at a leading university in Brazil and aims to locate primary published studies, reviews, and text articles. First, a limited initial search will be performed on the Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Medical Literature Analysis and Retrieval System Online (MEDLINE) to identify relevant terms and keywords to develop the final search strategy. For transparency and replication of the review, a chart was created based on the protocol by Ahmad *et al.* (2022) [25] and Luberenga et al. (2023) [29], which outlines the details of the strategy with MeSH terms and text words (Table 2).

**Table 2.** Medical Subject Headings (MeSH) terms/text words.

### **Population**

 Newborns, infants, children, and adolescents

#### Concept

- . "pain management" [MeSH Terms] OR "pain management" [Text Word] OR "pain relief" [Text Word] OR "pain control" [Text Word] OR "pain reduction" [Text Word] OR "managing pain" [Text Word] OR "analgesia" [MeSH Terms] OR "analgesia" [Text Word]
- 2. "pain measurement" [MeSH Terms] OR "pain assessment" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain scale" [Text Word] OR "pain tool" [Text Word] OR "pain assessment tool "[Text Word] OR "pain instrument" [Text Word] OR "pain intervention" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain measurement" [Text Word]
- 3. 1 OR 2
- 4. "integrative medicine" [MeSH Terms] OR "integrative medicine" [Text Word] OR "complementary therapies "[MeSH Terms] OR "complementary medicine" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative medicine" [Text Word] OR "integrative therapy" [Text Word] OR "complementary therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "complementary therapies" [Text Word] OR "alternative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative therapies" [Text Word] OR "alternative treatment" [Text Word]
- 5. "non-pharmacological intervention" [Text Word] OR "non-pharmacological interventions" [Text Word] OR "non-pharmacological therapy" [Text Word] OR "non-pharmacological therapies" [Text Word] OR "non-pharmacological treatment" [Text Word]
- 6. "aromatherapy" [MeSH Terms] OR "aromatherapy" [Text Word] OR "oils, volatile" [MeSH Terms] OR "essential oils" [Text Word] OR "aromatherapy" [MeSH Terms] OR "aroma therapy" [Text Word]
- 7. "acupuncture" [MeSH Terms] OR "acupuncture therapy" [MeSH Terms] OR "acupuncture" [Text Word] OR "acupuncture therapy" [MeSH Terms] OR "acupuncture therapy" [Text Word] OR "acupuncture treatment" [Text Word] OR "acupuncture, ear" [MeSH Terms] OR "acupuncture ear" [Text Word]
- 8. "mind-body techniques" [Text Word] OR "mind-body therapies" [MeSH Terms] OR "mind-body therapies" [Text Word]
- 9. "breathing techniques" [Text Word] OR "breathing exercises" [MeSH Terms] OR "breathing exercise" [Text Word]
- 10. "guided imagery intervention" [Text Word] OR "guided imagery interventions" [Text Word] OR "imagery, psychotherapy" [MeSH Terms] OR "guided imagery" [Text Word] OR "guided relaxation" [Text Word]
- 11. "hypnosis" [MeSH Terms] OR "hypnosis" [Text Word] OR "hypnotherapy" [Text Word]
- 12. "biofeedback, psychology" [MeSH Terms] OR "biofeedback" [Text Word] OR "biofeedback therapy" [Text Word]
- 13. "music therapy" [MeSH Terms] OR "music therapy" [Text Word] OR "music intervention" [Text Word] OR "musical therapy" [Text Word] OR "music-based intervention" [Text Word] OR "therapeutic music" [Text Word]

- 15. "sleep therapy" [Text Word] OR "sleep" [MeSH Terms] OR "sleep" [Text Word]
- 16. "massage therapy" [Text Word] OR "massage" [Text Word] OR "massage therapies" [Text Word]
- 17. "physical therapy modalities" [MeSH Terms] OR "physical therapy" [Text Word] OR "physical therapy modalities" [MeSH Terms] OR "physiotherapy" [Text Word]
- 18. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17

#### Context

- 19. "paediatric intensive care unit" [Text Word] OR "picu" [Text Word] OR "paediatric critical care unit" [Text Word] OR "paediatric critical care" [Text Word] OR "intensive care units, paediatric" [MeSH Terms]
- 20. 3 AND 18 AND 19

The keywords in the titles and abstracts of articles and the indexing terms used in the articles will be used to guide a complete search strategy for Academic Search Premier, CINAHL, Cochrane Library, Excerpta Medica Database (Embase), Virtual Health Library (VHL), MEDLINE, Science-Direct, Scopus, and Web of Science Core Collection to be disclosed with the results of the scoping review.

The search strategy will consider the particularity of each information source, including all the identified keywords and indexing terms. The strategy will consider articles published in any language and with any database at the start or date of insertion. We use independent professional translation services for the authors' translation of articles in non-native languages.

In addition to the electronic databases, contact will be made with the study authors, when necessary, to clarify any doubts. This protocol will consider sources of unpublished studies: Theses from *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* (CAPES), Dart Europe (DART-E), Open Access Theses and Dissertations (OATD), and grey literature in Google Scholar. The online supplemental Appendix 2 provides a list of possible search queries.

#### **Study selection**

The search process will be carried out in two stages: 1) reading the title and abstract (first set of records); and 2) reading the full article (second set of records). Screening, which will result in the first set of records, will be performed by two pairs of reviewers who will divide the search as follows: 1) Pair A (IGMA and JKSD) will perform the search using the

following sources: Academic Search Premier, CINAHL, VHL, Embase, Science-Direct, DART-E, OATD, and grey literature from Google Scholar; 2) Pair B (SCMA and JT) will perform the search using the following sources: Cochrane Library, MEDLINE, Scopus, Web of Science, and CAPES.

The first data record will be grouped and loaded in EndNote 2.0 (Clarivate Analytics, PA, USA), and duplicates will be removed. A pilot test will be carried out on two sources of information, CINAHL and MEDLINE, for evaluation according to the inclusion criteria for the review. The potentially relevant articles will be retrieved in full, comprising the second set of records and their citation details, and will be imported into Rayyan (Rayyan Systems Inc., MA, Cambridge).

At this stage, any necessary adjustments will be made to the search strategy to meet the inclusion criteria of the review. After completing the pilot test, two reviewers (IGMA and ABC) will evaluate the full text of the other selected citations to check whether they meet the inclusion criteria. The reasons for excluding full-text articles that do not meet the inclusion criteria will be recorded and reported in the scoping review. A third reviewer (JT) will resolve the disagreements at any stage of this process. The research results will be fully reported in the final scoping review and presented in a [30] flow diagram (Figure 1) [30].

## Mapping and comparison of the data

Data will be extracted using a data extraction tool developed by the authors based on a model proposed by the JBI in Table 3 [20].

**Table 3.** Outline of the extraction tool.

Source of	Year	Country	Partici	pants	Therapies	Moment	Impact	Assesses their
evidence			Sex	Age	techniques	and mode	on pain	effectiveness
(citation)						of use		

This tool can then be refined further to address the research question for the scoping review, as required. The feasibility of the extraction tool will be tested on a subset of the second set of records, and this will then be modified and revised for each article included in the data extraction process. Any modifications will be detailed in the full scoping review.

Two reviewers will be involved in data extraction (IGMA and ABC). Data extraction will occur independently, with cross-checking of the extracted evidence. A third reviewer (JT) will resolve any disagreements between the authors regarding dissimilarities in terms of data extraction.

# Collating, summarising, and reporting the results

The total number of studies included will be presented in a summarised table format, using the extraction tool as a guide. Subsequently, the data will be grouped according to the Patterns, Advances, Gaps, Evidence for Practice, and Research Recommendations strategy proposed by Jones and Aveyard. [24] Each component represents a domain. The starting point is to produce the "Chart of Patterns." It displays the articles included in the review on one axis and the themes on the other to report the themes expressed in the articles. After the patterns are identified, advances and gaps can be identified and reported, resulting in the last domain of the framework, which is to recommend future research. In addition, the strategy also enables the identification of topics that do not require further research; that is, the scientific community has explored them well.

#### ETHICS AND DISSEMINATION

As scoping reviews use secondary data from other primary sources, approval for the protocol and review by the Research Ethics Committee will not be necessary. The results of this research will be disseminated through social media channels and podcasts about pain in children.

#### **AUTHORS' CONTRIBUTIONS**

IGMA and JT contributed to the conception and design of this protocol. IGMA, SCMA, JKD, PLOA, and TEF contributed to data acquisition. IGMA conceptualised the research question and prepared the drafts and manuscript edits. JSAO provided methodological expertise. TEF, and ABC, helped refine the research question. All authors have contributed to the study design and revised the protocol. All authors have approved the final manuscript.

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#### **COMPETING INTERESTS STATEMENT**

None declared.

#### DATA SHARING STATEMENT

This protocol has been registered with the Open Science Framework (DOI 10.17605/OSF.IO/DZHKT).

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#### REFERENCES

- 1. Grunauer M, Mikesell C, Bustamante G, et al. Pain assessment and management in pediatric intensive care units around the world, an international, multicenter study. Front Pediatr 2021;9:746489. doi: 10.3389/fped.2021.746489
- 2. LaFond CM, Hanrahan KS, Pierce NL, et al. Pain in the pediatric intensive care unit: how and what are we doing? Am J Crit Care 2019;28:265–73. doi: 10.4037/ajcc2019836.
- 3. Ismail A. The challenges of providing effective pain management for children in the pediatric intensive care unit. Pain Manag Nurs 2016;17:372–83. doi: 10.1016/j.pmn.2016.08.005.
- 4. Marchetti G, Vittori A, Mascilini I, et al. Pain prevalence and pain management in children and adolescents in an italian third level pediatric hospital: a cross-sectional study. Ital J Pediatr 2023;49:41. doi: 10.1186/s13052-023-01439-2
- Andersson V, Bergman S, Henoch I, et al. Pain and pain management in children and adolescents receiving hospital care: a cross-sectional study from Sweden. BMC Pediatr 2022:22:252. doi: 10.1186/s12887-022-03319-w.
- Quintero-Castellanos JM. Pain prevalence in infants and preschool children in a Colombian hospital. Rev Colomb Anestesiol 2022;50: e202. doi: 10.5554/22562087.e1000
- 7. Matula ST, Irving SY, Deatrick JA, et al. The prevalence, intensity, assessment, and management of acute pain in hospitalized children in Botswana. Pain Manag Nurs 2022; 23:548–58. doi: 10.1016/j.pmn.2021.11.012.
- 8. Senger A, Bryce R, McMahon C, et al. Cross-sectional study of pediatric pain prevalence, assessment, and treatment at a Canadian tertiary hospital. Can J Pain 2021;5:171–82. doi: 10.1080/24740527.2021.1961081.
- 9. <u>Vejzovic V, Bozic J, Panova G</u>, et al. Children still experience pain during hospital stay: a cross-sectional study from four countries in Europe. BMC Pediatr 2020;20:39. doi: 10.1186/s12887-020-1937-1.
- 10. Kopf A, Patel NB, editors. Guide to pain management in low-resource settings. Seattle: ©IASP; 2010. https://www.iasp-pain.org/publications/free-ebooks/guide-to-pain-management-in-low-resource-settings/

- 11. The University of Arizona. Andrew Weil center for integrative medicine. Integrative Pain Management Series 10 Hours (2022-2024). Tucson; 2022. https://integrativemedicine.arizona.edu/online\_courses/pain\_series.html
- 12. Smith HAB, Besunder JB, Betters K, et al. 2022 Society of critical care medicine clinical practice guidelines on prevention and management of pain, agitation, neuromuscular blockade, and delirium in critically ill pediatric patients with consideration of the ICU environment and early mobility. Pediatr Crit Care Med 2022;23:e74–110. e74-e110.
- 13. Bohr NL, Ely E, Hanrahan KS, et al. Interventions in the pediatric intensive care unit. Pain Manag Nurs 2022;23:267–72. doi: 10.1016/j.pmn.2022.01.005.
- 14. Wrona S, Czarnecki ML. Pediatric pain management. American Nurse Journal, 2021. <a href="https://www.myamericannurse.com/pediatric-pain-management-individualized-approach/">https://www.myamericannurse.com/pediatric-pain-management-individualized-approach/</a>
- 15. Peres AL, Barros FF, Mattei FD, *et al.* Non-pharmacological methods for pain and stress relief in neonates admitted in intensive care. Rev Soc Bras Enferm Ped 2022;22: eSOBEP2022015. doi: 10.31508/1676-379320220015
- 16. Abd El- Aziz DE, Abd El Aziz MA, Adly RM, et al. Improving nurses' performance towards non- pharmacological pain management among neonates in neonatal intensive care unit. IOSR-JNHS 2018;7:83–97. doi: 10.9790/1959-0704118397
- 17. Pierce N, LaFond C. (141) Nonpharmacological pain interventions in the pediatric intensive care unit: who receives what? J Pain 2019;20:S11-S12. Available: <a href="https://www.sciencedirect.com/science/article/abs/pii/S1526590019301373">https://www.sciencedirect.com/science/article/abs/pii/S1526590019301373</a>
- 18. Yaz SB, Atay A. Use of nonpharmacological methods of nurses in pediatric intensive care clinics during pandemic. Int J Caring Sci 2022;15(1):589. doi: 10.1016/j.jpain.2019.01.060
- 19. Ismail A, Forgeron P, Polemeno V, et al. Pain management interventions in the paediatric intensive care unit: a scoping review. Intensive Crit Care Nurs 2019;54:96–105. doi: 10.1016/j.iccn.2019.05.002.
- 20. Peters MDJ, Godfrey C, McInerney P, et al. Best practice guidance and reporting items for the development of scoping review protocols. JBI Evid Synth 2022;20:953–68. doi: 10.11124/JBIES-21-00242.
- 21. Peters MDJ, Godfrey C, McInerney P, et al. Chapter 11: Scoping Reviews (2020 version). In: Aromataris E, Munn Z, eds. JBI Manual for Evidence Synthesis. JBI; 2020. doi: 10.46658/JBIMES-20-12

- 22. Tricco AC, Lillie E, Zarin W, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. Ann Inter Med 2018;169:467–73. doi: 10.7326/M18-0850.
- 23. Arksey H, O 'Malley L. Scoping studies: towards a methodological framework. Int J Soc Res Methodol 2007;8:19–32. doi: 10.1080/1364557032000119616
- 24. Bradbury-Jones C, Aveyard H. The incomplete scope of scoping reviews: a framework for improving the quality of reporting. J Clin Nurs 2021;30:e67–e8. doi: 10.1111/jocn.15998.
- 25. Ahmad T, Gopal D, Dayem Ullah AZM, et al. Multimorbidity in patients living with and beyond cancer: protocol for a scoping review. BMJ Open 2022;12:e057148. doi: 10.1136/bmjopen-2021-057148.
- 26. Complementary, alternative, or integrative health: what's in a name? National Center for Complementary and Integrative Health (NCCIH). 2021.
  <a href="https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name">https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name</a>
- 27. Ng JY, Dhawan T, Dogadova E, et al. Operational definition of complementary, alternative, and integrative medicine derived from a systematic search. BMC Complement Med Ther 2022;22:104. doi: 10.1186/s12906-022-03556-7.
- 28. Witt CM, Chiaramonte D, Berman S, et al. Defining health in a comprehensive context: a new definition of integrative health. Am J Prev Med 2017;53:134–7. doi: 10.1016/j.amepre.2016.11.029.
- 29. Luberenga I, Kasujja R, Vasanthan LT, et al. Mental health awareness programmes to promote mental well-being at the workplace among workforce in the low-income and middle-income countries: a scoping review protocol. BMJ Open 2023;13:e073012. doi: 10.1136/bmjopen-2023-073012.
- 30. Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

#### FIGURE LEGEND

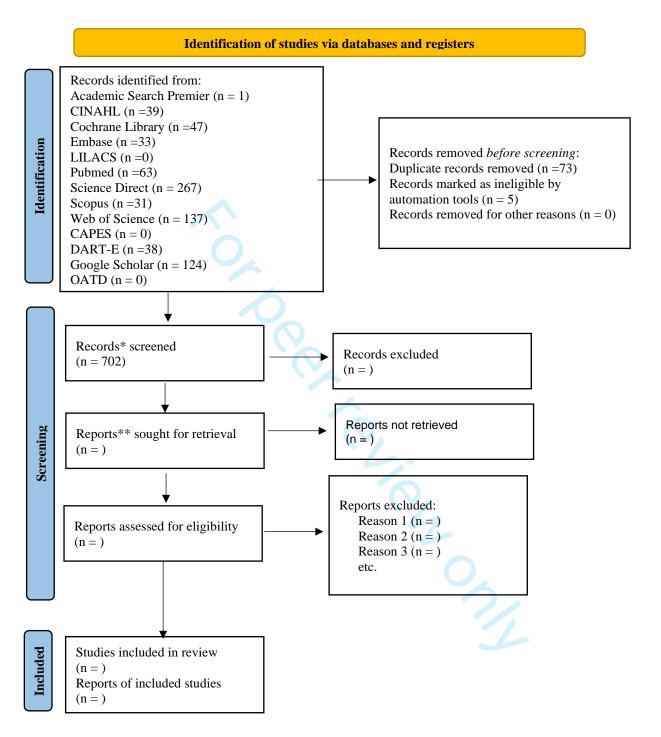
# Figure 1.

\*Report: A document (paper or electronic) supplying information about a particular study. It could be a journal article, preprint, conference abstract, study register entry, clinical study report, dissertation, unpublished manuscript, government report, or any other document providing relevant information.

\*\*Record: The title or abstract (or both) of a report indexed in a database or website (such as the title or abstract for an article indexed in MEDLINE). Records that refer to the same report (such as the same journal article) are "duplicates"; however, records that refer to reports that are merely similar (such as a similar abstract submitted to two different conferences) should be considered unique.



 PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only. <sup>30</sup> Research results until July 2023.



# Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist<sup>22</sup>

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			ON FAGE#
Title	1	Identify the report as a scoping review.	1
ABSTRACT			-
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	3-5
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	5-6
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	6
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	8
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	8-9
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	10-11
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	11-12
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	12-13
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	13
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	Not available
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	13



SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
RESULTS			
Selection of sources of evidence		Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	Not started
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Not started
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	Not started
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Not started
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	Not started
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	Not started
Limitations	20	Discuss the limitations of the scoping review process.	Not started
Conclusions 21		Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	Not started
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Not one

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.



<sup>\*</sup> Where sources of evidence (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

<sup>†</sup> A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

<sup>‡</sup> The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

<sup>§</sup> The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

# Appendix 2

# Draft Search Strategy

Appendix 2 Draft Search Strateg	mjopen-2023-074952 on 12 February 202 Enseignen by copyright, including for uses related  Query  Query	
	S E E E E E E E E E E E E E E E E E E E	
Dates of coverage and database		Retrieved records
09/21/22 CINAHL	1. MH (pain management or pain relief or pain control or pain reduction or managing pain or analysis) OR TI (pain management or pain relief or pain control or pain reduction or managing pain or analysis) OR TI (pain management or pain relief or pain control or pain reduction or managing pain or analysis)  AB (pain management or pain relief or pain control or pain reduction or managing pain or analysis)  AB (pain management or pain relief or pain control or pain reduction or managing pain or analysis)  AB (pain management or pain relief or pain control or pain reduction or managing pain or analysis)  AB (pain management or pain relief or pain control or pain reduction or managing pain or analysis)  AB (pain management or pain relief or pain control or pain reduction or managing pain or analysis)  AB (pain management or pain relief or pain control or pain reduction or managing pain or analysis)	84,304
	2. MH (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or pain measurement) OR TI (pain assessment or pain scale or pain tool or pain assessment tool or pain intervention or pain measurement) OR AB (pain assessment or pain scale or pain tool or pain tool or pain instrument or pa	75,339
	3. 1 OR 2	133,679
	4. MH (integrative medicine or complementary medicine or alternative medicine) OR TI (integrative medicine or complementary medicine or alternative medicine or alternative medicine) OR AB (integrative medicine or complementary medicine or alternative medicine)	16,007
	5. MH (integrative therapy or integrative therapies or complementary therapy or complementary therapies or alternative therapies or alternative therapies or alternative therapies or complementary therapies or alternative therapy or complementary therapy or complementary therapies or alternative therapies or alternative therapy or complementary therapies or alternative treatment)	60,250
	6. MH (non- pharmacological intervention or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological therapies or non-pharmacological treatment) OR TI (non- pharmacological treatment)	3,068

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	py or essential oils or aroma therapy) OR TI (aromatherapy or essential oils or aroma therapy) or essential oils or aroma therapy	7,565
	or acupuncture therapy or acupuncture treatment) OR TI (acupuncture or acupuncture therapy or acupuncture treatment) OR AB (acupuncture or acupuncture therapy or acupuncture treatment)	20,538
9. MH acupuncture,	ear OR TI acupuncture, ear OR AB acupuncture, ear	590
	echniques or mind-body therapies) OR TI (mind body techniques or mind-body therapies) OF iques or mind-body therapies)	3,952
	chniques or breathing or breathing exercise) OR TI (breathing techniques or breathing or breathing techniques or breathing or breathing exercise)	20,189
imagery for pain n	gery for pain management or guided image therapy or guided images therapes of R TI (gumanagement or guided image therapy or guided images therapies) OR AB (guided imagery for uided image therapy or guided images therapies)	
13. MH (guided image or visualization ted	gery or guided relaxation or visualization techniques) OR TI (guided imagery graded relaxation) OR AB (guided imagery or guided relaxation or visualization techniques) or guided relaxation or visualization techniques)	4,120
14. MH (hypnosis or h	hypnotherapy) OR TI (hypnosis or hypnotherapy) OR AB (hypnosis or hypnotherapy)	4,011
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F	For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	

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15. MH (biofeedback or biofeedback therapy) OR TI (biofeedback or biofeedback therapy) OR AB (biofeedback or biofeedback therapy)	4,994
AB (music therapy or music intervention or musical therapy or music-based intervention or therapy music)	7,558
17. MH (progressive muscle relaxation or muscle relaxation) OR TI (progressive muscle relaxation or muscle relaxation) OR AB (progressive muscle relaxation or muscle relaxation)	2,299
18. MH (sleep therapy or sleep) OR TI (sleep therapy or sleep) OR AB (sleep therapy or sleep)	77,183
19. MH (massage therapy or massage or massage therapies) OR TI (massage therapy or massage or massage therapies) OR AB (massage therapy or massage or massage therapies)	21,418
20. MH (physical therapy or physiotherapy) OR TI (physical therapy or physiotherapy) OR AB (Physical therapy or physiotherapy)	61,296
21. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR S16 OR 17 OR 18 OR 20	277,529
22. MH (pediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care expandiatric critical care) OR TI (pediatric intensive care unit or picu or pediatric critical care unit or paediatric critical care) OR AB (pediatric intensive care unit or picu or pediatric critical care) or paediatric critical care)	9,239
23. MH intensive care units, pediatric OR TI intensive care units, pediatric OR AB intensive care units, pediatric or an units, pediatric	8,949
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Dates of coverage and database	Download Query	Retrieved records
09/21/22 MEDLINE	1. "pain management" [MeSH Terms] OR "pain management" [Text Word] OR "pain relief" [Text Word] OR "pain control" [Text Word] OR "pain reduction" [Text Word] OR "managing pain" [Text Word] OR "management" [MeSH Terms] OR "analgesia" [Text Word]	177,128
(PubMed)	2. "pain measurement" [MeSH Terms] OR "pain assessment" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain scale" [Text Word] OR "pain tool" [Text Word] OR "pain assessment tool" [Text Word] OR "pain instrument" [Text Word] OR "pain intervention" [Text Word] OR "pain measurement" [MeSH Terms] OR "pain measurement" [Text Word] OR "pain measurement" [Text Word]	101,025
	3. 1 OR 2	246,193
	4. "integrative medicine" [MeSH Terms] OR "integrative medicine" [Text Word] OR "mplementary therapies" [MeSH Terms] OR "complementary medicine" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative medicine" [Text Word] OR "integrative therapy" [Text Word] OR "integrative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "complementary therapies" [Text Word] OR "alternative therapy" [Text Word] OR "complementary therapies" [MeSH Terms] OR "alternative therapies" [Text Word] OR "alternative treatment" [Text Word] OR "complementary therapies" [Text Word] OR "alternative treatment" [Text Word]	274,042
	5. "nonpharmacological intervention"[Text Word] OR "nonpharmacological interventions"[Text Word] OR "nonpharmacological therapy"[Text Word] OR "nonpharmacological treatment"[Text Word] OR "nonpharmacological treatment"[Text Word]	5,292
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oils"[Text Word] OR "aromatherapy"[MeSH Terms] OR "aromatherapy"[Text Word] OR "oils, volatile"[MeSH Terms] OR "essential oils"[Text Word] OR "aromatherapy"[MeSH Terms] OR "aroma therapy"[Text Word]	23,007
7. "acupuncture" [MeSH Terms] OR "acupuncture therapy" [MeSH Terms] OR "acupuncture therapy" [MeSH Terms] OR "acupuncture therapy" [Text Word] OR "acupuncture therapy" [Text Word] OR "acupuncture, ear" [MeSH Terms] OR "acupuncture ear" [Text Word]	35,397
8. "mind body techniques"[Text Word] OR "mind body therapies"[MeSH Terms] OR "mind body techniques"[Text Word]	46,477
9. "breathing techniques"[Text Word] OR "breathing exercises"[MeSH Terms] OR "breathing exercises"[Text Word]	<u>4,632</u>
10. "guided imagery intervention" [Text Word] OR "guided imagery interventions" [Text Word] OR "guided relaxation" [Text	2,746
11. "hypnosis"[MeSH Terms] OR "hypnosis"[Text Word] OR "hypnotherapy"[Text Word]	15,942
12. "biofeedback, psychology"[MeSH Terms] OR "biofeedback"[Text Word] OR "biofeedback thereby Text Word]	<u>16,054</u>
13. "music therapy"[MeSH Terms] OR "music therapy"[Text Word] OR "music intervention"[Text Word] OR "musical therapy"[Text Word] OR "music based intervention"[Text Word] OR "therapeutic music"[Text Word] OR "musical therapy"[Text Word] OR "music based intervention"[Text Word] OR "therapeutic music" [Text Word] OR "musical therapy"[Text Word] OR "musical therapy"[Text Word] OR "music intervention" [Text Word] OR "musical therapy" [Text Word] OR "music intervention" [Text Word] OR "musical therapy" [Text Word] OR "m	5,367
14. "progressive muscle relaxation"[Text Word] OR "muscle relaxation"[MeSH Terms] OR "muscle relaxation"[Text Word]	<u>35,626</u>
15. "sleep therapy"[Text Word] OR "sleep"[MeSH Terms] OR "sleep"[Text Word]	232,994

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16. "massage therapy"[Text Word] OR "massage"[Text Word] OR "massage therapies"[Text Word] Or "massage therapies"[Text Word] Or "Debug of the property of the	16,186
17. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word] OR and therapy modalities"[MeSH Terms] OR "physiotherapy"[Text Word]  17. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  18. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  19. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  19. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  19. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]  19. "physical therapy modalities"[MeSH Terms] OR "physical therapy"[Text Word]	200,591
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19. "pediatric intensive care unit" [Text Word] OR "picu" [Text Word] OR "pediatric critical care unit" [Text Word] OR "paediatric critical care" [Text Word] OR "intensive care units, pediatric "[MeSH Terms]	31,624
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Dates of coverage and database	Query Query	Retrieved records
09/14/22 ACADEMIC	1. (pain management) OR (DE "PAIN management" OR DE "DRY needling" OR DE "PAIN measurement" OR DE "BRIEF Pain Inventory" OR DE "MCGILL Pain Questionnaire")	81,825
SEARCH PREMIER	2. DE "ALTERNATIVE medicine" OR DE "ACUPUNCTURE" OR DE "ALTERNATIVE treatment" OR DE "BOTANIC medicine" OR DE "CHIROPRACTIC" OR DE "CHRONOTHERMAL medicine" OR DE "	38,185
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3. DE "PEDIATRIC intensive care" OR ""PEDIATRIC intensive care units" OR PICU	10,655
4. 1 AND 2 AND 3	1
text a	

Dates of coverage and database	Query  Query  1. ("pain"):ti,ab,kw OR ("pain assessment"):ti,ab,kw	Retrieved records
10/03/22	1. ("pain"):ti,ab,kw OR ("pain assessment"):ti,ab,kw	215514
COCHRANE	2. ("integrative medicine"):ti,ab,kw OR ("complementary medicine"):ti,ab,kw DR ("complementary medicine"):ti,ab,kw	e 4013
	3. ("non-pharmacological"):ti,ab,kw AND ("therapies"):ti,ab,kw OR ("treatment"):ti,ab,kw OI ("intervention"):ti,ab,kw	R 1147812
	4. ("aromatherapies"):ti,ab,kw OR ("essential oil"):ti,ab,kw	2174
	5. ("acupuncture"):ti,ab,kw OR ("acupuncture analgesia"):ti,ab,kw	17333
	6. ("mind body"):ti,ab,kw OR ("mind body medicine"):ti,ab,kw OR ("mind body therapies"):ti,ab,kw	1248
	7. ("breathing"):ti,ab,kw	34728
	8. ("guided imagery"):ti,ab,kw	806
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9. ("hypnotherapy"):ti,ab,kw	380
10. ("biofeedback"):ti,ab,kw OR ("biofeedback training"):ti,ab,kw	3897
11. ("music therapy"):ti,ab,kw	2613
12. ("progressive muscle relaxation"):ti,ab,kw OR ("progressive muscle relaxation training"):ti,ab,kw	820
13. ("sleep"):ti,ab,kw	46268
	875
15. ("physical therapy"):ti,ab,kw OR ("physical therapy	11504
16. ("pediatric intensive care unit"):ti,ab,kw OR ("paediatric intensive care"):ti,ab,kw OR ("paediatric intensive care unit"):ti,ab,kw OR ("paediatric intensive care units"):ti,ab,kw OR ("paediatric intensive care units"):ti,ab,kw	1095
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10/23/22 EMBASE	1. pain'/exp OR 'pain' OR 'analgesia'/exp OR 'analgesia'  **Superior**  **Superior**  **Townloan**	2062548
	2. 'integrative medicine'/exp OR 'integrative medicine' OR 'alternative medicine'/exp OR 'alternative medicine' OR 'aromatherapy' OR 'aromatherapy' OR 'essential oil' OR 'essential oil' OR 'acupuncture'/exp OR 'auricular acupuncture' OR 'auricular acupuncture' OR 'breathing exercise'/exp OR 'breathing exercise' OR 'guided imagery'/exp OR 'guided imagery' OR 'breathing exercise'/exp OR 'breathing exercise' OR 'guided imagery'/exp OR 'music therapy' OR 'physiotherapy'/exp OR 'physiotherapy' OR 'physiothe	255690
	3. 'pediatric intensive care unit'/exp OR 'pediatric intensive care unit'	22687
	4. 1 AND 2 AND 3	33

	l Juna	
Dates of coverage and database	Query Query	Retrieved records
10/23/22 LILACS	1. "DOR" or "avaliacao da DOR" or "escala analogica da DOR" or "escala analogica visual de DOR" or "intensidade da DOR" or "limiar da DOR" or "manejo da DOR" or "medicao da DOR" or "percepcao da DOR" or "unadades de alivio da DOR" or "DOR aguda" or "DOR cronica" [Descritor de assunto]	5862
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2. "TERAPIAS COMPLEMENTARES" or "TERAPIAS COMPLEMENTARES e integrativas" [Descritor de assunto]	1429
3. "unidade de terapia intensiva pediatrica" [Descritor de assunto]	767
4. 1 and 2 and 3	0
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Dates of coverage and database	Query	wnloaded from	Retrieved records
SCIENCE DIRECT	1. Title, abstract, keyword: pain	om http://	232,587
	2. Title, abstract, keyword: complementary and alternative medicine	omjope	3342
	Title, abstract, keyword: complementary and alternative medicine  3. Title, abstract, keyword: integrative medicine	n.bmj.co	6951
	4. pediatric intensive care unit	m/ on Ju	3787
	1 AND 2 OR 3 AND 4	ne 9,	267
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Query Query Query	Retrieved records
1. TITLE("Pain Management" OR "Pain Relief "OR "Pain Control" OR "Pain Reduction" OR "Management" OR Analgesia) OR ABS("Pain Management" OR "Pain Relief" OR "Pain Control" OR "Pain Reduction" OR "Management" OR TITLE-ABS-KEY(Pain Management OR Pain Relief OR Pain Control OR "Pain Reduction" OR "Managing Pain" OR Analgesia)	(344,701)
2. TITLE("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Scale" OR "Pain Intervention" OR "Pain Measurement") OR ABS("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Intervention" OR "Pain Measurement" OR "Pain Assessment Tool" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Intervention" OR "Pain Measurement")	(145,947)
3. 1 OR 2	(423,690)
4. TITLE("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR TITLE-ABSKEY ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR TITLE-ABSKEY ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine")	(58,538)
5. TITLE("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OR "Alternative Therapy" OR "Alternative Therapies" OR "Alternative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OR "Integrative Therapies" OR "Alternative Therapies" OR "Alternative Treatment" OR TITLE-ABS-KEY("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OR "Integrative Therapies" OR "Alternative Treatment" OR "Complementary Therapy" OR "Alternative Therapies" OR "Alternative Treatment") Integrative Therapies" OR "Alternative Therapies" OR "Alternative Treatment") Integrative Therapies" OR "Alternative Treatment") Integrative Therapies" OR "Alternative Therapies" OR "Alternative Treatment") Integrative Therapies" OR "Alternative Treatment" Integrative Therapies" OR "Alternative Therapies" OR "Alternative Treatment" Integrative Therapies" OR "Alternative Therapies" OR "Alternative Treatment" Integrative Therapies" OR "Alternative Treatment" Integrative Therapies" OR "Alternative Treatment" Integrative Therapies Integrative T	(59,454)
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	1. TITLE("Pain Management" OR "Pain Relief "OR "Pain Control" OR "Pain Reduction" OR "Management" OR "Pain Management" OR "Pain Relief" OR "Pain Control" OR "Pain Reduction" OR "Management" OR "Pain Relief" OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR TITLE-ABS-KEY(Pain Management OR Pain Relief OR Pain Control Or "Pain Reduction" OR "Managing Pain" OR Analgesia)  2. TITLE("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Intervention" OR "Pain Massurement") OR ABS("Pain Assessment" OR "Pain Massurement" OR "Pain Intervention" OR "Pain Massessment Tool" OR "Pain Massessment Tool" OR "Pain Massessment" OR "Pain Intervention" OR "Pain Massessment" OR "Pain Massessment" OR "Pain Massessment" OR "Pain Intervention" OR "Pain Massessment" OR "Pain Massessment Tool" OR "Pain Massessment" OR "Pain Massessment Tool" OR "Pain Massessment" OR "Pain Massessment Tool" OR "Pain Massessment" OR "Pain Massessment" OR "Pain Massessment" OR "Pain Massessment Tool" OR "Pain Massessment" OR "Pain Massessment Tool" OR "Pain Massessment Tool" OR "Pain Massessment" OR "Pain Massessment Tool" OR "Allegative Medicine" OR "Alternative Medicine") OR "Alternative Medicine") OR "Alternative Medicine") OR "Alternative Therapies" OR "Alternative Therapy" OR "Alternative Therapies"

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6. TITLE("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Therapies" OR "Non-pharmacological Treatment") OK ABS("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Interv	on- (7,752) OR on-
7. TITLE(Aromatherapy OR "Essential Oils" OR Aroma therapy) OR ABS(Aromatherapy OR "Essential Oils" Of Aroma therapy) OR TITLE-ABS-KEY(Aromatherapy OR "Essential Oils" OR Aroma therapy)	(3.885)
8. TITLE("Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment") OR ABS (Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment") OR TITLE-ABS-KEY("Acupuncture" OR "Acupuncture" OR "Acupunct	OR (52,587)
9. TITLE("Acupuncture, Ear") OR ABS("Acupuncture, Ear") OR TITLE-ABS-KEY("Acupuncture Ear")	(452)
10. TITLE("Mind Body Techniques" OR "Mind-body Therapies") OR ABS("Mind Body Techniques" OR "Mind-body Therapies") OR TITLE-ABS-KEY("Mind Body Techniques" OR "Mind-body Therapies")	(1.625)
11. TITLE("Breathing Techniques"OR Breathing OR "Breathing Exercise") OR ABS("Breathing Techniques"OR Breathing OR "Breathing Exercise") OR TITLE-ABS-KEY("Breathing Techniques"OR Breathing Exercise")	OR (279.806)
12. TITLE("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies") Of ABS("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies") Of TITLE-ABS-KEY("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Image Therapy" OR "Guided Image Therapies")	OR 4
13. TITLE("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques") OR ABS("Guided Imagery" Of "Guided Relaxation" OR "Visualization Techniques") OR TITLE-ABS-KEY("Guided Imagery" Of Relaxation" OR "Visualization Techniques")	OR led 17,176
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14. TITLE(Hypnosis OR Hypnotherapy) OR ABS(Hypnosis OR Hypnotherapy) OR TITLE-ABS-EEY-Hypnosis OR Hypnotherapy)	22,266
15. TITLE(Biofeedback OR "Biofeedback Therapy") OR ABS(Biofeedback OR "Biofeedback Therapy") OR TITLE-ABS-KEY(Biofeedback OR "Biofeedback Therapy")	17,108
16. TITLE("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music") OR ABS("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music") OR TITLE-ABS-KEY("Music Therapy" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music")	11,454
17. TITLE("Progressive Muscle Relaxation" OR "Muscle Relaxation") OR ABS("Progressive Muscle Relaxation" OR "Muscle Relaxation") OR TITLE-ABS-KEY("Progressive Muscle Relaxation" OR "Muscle Relaxation")	34,970
18. TITLE("Sleep Therapy" OR Sleep) OR ABS("Sleep Therapy" OR Sleep) OR TITLE-ABS-KE**("Sleep Therapy" OR Sleep)	340,832
19. TITLE("Massage Therapy" OR Massage OR "Massage Therapies") OR ABS("Massage Therapy" Or Massage OR "Massage Therapy" OR Massage OR "Massage Therapy" OR Massage Therapy" OR Massage Therapy" OR Massage OR "Massage	28,624
20. TITLE("Physical Therapy" OR Physiotherapy) OR ABS("Physical Therapy" OR Physiotherapy" OR Physiotherapy" OR Physiotherapy)	129,632
21. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 (2) 20 20 20 20 20 20 20 20 20 20 20 20 20	937,453
22. TITLE("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Latensive Care" OR "Paediatric Critical Care") OR ABS("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care") OR "Paediatric Intensive Care") OR TITLE-ABS-KEY("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Critical Care Unit" OR "Paediatric Critical Care")	20,379
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	23. TITLE("Intensive Care Units, Pediatric") OR ABS("Intensive Care Units, Pediatric") OR ABS("Intensive Care Units, Pediatric")	8,226
	24. 22 OR 23  Enseig	22,008
	25. 3 AND 21 AND 24 ted to 3	31

Dates of coverage and database	nd data mining, A	Retrieved records
09/21/22 WEB OF SCIENCE	1. TS= (pain management or pain relief or pain control or pain reduction or managing pain or analge and experiment or pain relief or pain control or pain reduction or managing pain or analgesia) OR AB= (pain management or pain relief or pain control or pain reduction or managing pain or analgesia)	(376,576)
	2. TS= (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or pain intervention or pain measurement) OR TI= (pain assessment or pain scale or pain tool or pain assessment tool or pain intervention or pain measurement) OR AB= (pain assessment or pain scale or pain tool or pain assessment tool or pain instrument or pain intervention or pain measurement)	(241,031)
	3. 1 OR 2	(475,359)
	4. TS= (integrative medicine or complementary medicine or alternative medicine) OR TI= (integrative medicine or complementary medicine or alternative medicine) OR AB= (Integrative medicine or complementary medicine or alternative medicine)	(51,961)
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	5.	TS= (integrative therapy or integrative therapies or complementary therapy or complementary therapies or alternative therapies or alternative therapy or complementary therapies or alternative therapy or complementary therapies or alternative therapy or integrative therapies or alternative therapy or integrative therapies or complementary therapy or integrative therapies or complementary therapy or complementary therapies or alternative therap	(288,290)
	6.	TS= (non- pharmacological intervention or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological therapy or non-pharmacological therapy or non-pharmacological interventions or non-pharmacological interventions or non-pharmacological therapy or non-pharmacological t	(12,420)
	7.	TS= (aromatherapy or essential oils or aroma therapy) OR TI= (aromatherapy or essential oils or aroma therapy) OR AB= (aromatherapy or essential oils or aroma therapy)	(86,864)
	8.	TS= (acupuncture or acupuncture therapy or acupuncture treatment) OR TI= (acupuncture or acupuncture therapy or acupuncture treatment) OR AB= (acupuncture or acupuncture therapy or acupuncture treatment)	(25,368)
	9.	TS= (acupuncture, ear) OR TI= (acupuncture, ear) OR AB= (acupuncture, ear)	(547)
	10.	TS= (mind body techniques or mind-body therapies) OR TI= (mind body techniques or mind-body therapies) OR AB= (mind body techniques or mind-body therapies)	(2,430)
•	11.	TS= (breathing techniques or breathing or breathing exercise) OR TI= (breathing techniques or breathing exercise)  OR AB= (breathing techniques or breathing or breathing exercise)	(99,065)
	12.	TS= (guided imagery for pain management or guided image therapy or guided images therapies) OR AB= (guided imagery for pain management or guided image therapy or guided images therapies) OR AB= (guided imagery for pain management or guided image therapy or guided images therapies)	(22,227)
		TS= (guided imagery for pain management or guided image therapy or guided images therapies) OR AB= (guided imagery for pain management or guided images therapies) OR AB= (guided imagery for pain management or guided image therapy or guided images therapies)  Constitution of the pain management or guided imagery for pain management or guided image therapy or guided images therapies)  For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	

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13.	TS= (guided imagery or guided relaxation or visualization techniques) OR TI= (guided imagery or guided relaxation or visualization techniques) OR AB= (guided imagery or guided relaxation or visualization techniques)	(68,289)
14.	TS= (hypnosis or hypnotherapy) OR TI= (hypnosis or hypnotherapy) OR AB= (hypnosis or hypnotherapy)	(10,831)
15.	TS= (biofeedback or biofeedback therapy) OR TI= (biofeedback or biofeedback therapy) OR AB TI= (biofeedback therapy) OR AB TI=	(12,661)
	TS= (music therapy or music intervention or musical therapy or music-based intervention or therapeutic music) OR TI= (music therapy or music intervention or musical therapy or music-based intervention or therapeutic music AB= (music therapy or music intervention or musical therapy or music-based intervention or therapeutic music)	(11,018)
17.	TS= (progressive muscle relaxation or muscle relaxation) OR TI= (progressive muscle relaxation) OR AB= (progressive muscle relaxation or muscle relaxation)	(33,638)
	TS= (sleep therapy or sleep) OR TI= (sleep therapy or sleep) OR AB= (sleep therapy or sleep)	(293,420)
19.	TS= (massage therapy or massage or massage therapies) OR TI= (massage therapy or massage of massage therapies) OR AB= (massage therapy or massage or massage therapies)	(11,659)
20.	TS= (physical therapy or physiotherapy) OR TI= (physical therapy or physiotherapy) OF AF (physical therapy or physiotherapy)	(121,548)
21.	4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 18 OR 20	(1,058,477)
22.	TS= (pediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care or prediatric critical care) OR AB= (pediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care or prediatric critical care) OR AB= (pediatric intensive care unit or picu or pediatric critical care unit or paediatric intensive care or prediatric critical care)	(21,834)

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23. TS= (intensive care units, pediatric) OR TI= (intensive care units, pediatric) OR AB= (intensive care units, pediatric)	(14,677)
24. 22 OR 23	(21,834)
25. 3 AND 21 AND 24	(137)
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Dates of coverage and database	Query Query	Retrieved records
09/26/22  Catálogo de Teses e Dissertações (CAPES)	1. ("Pain Management" OR "Pain Relief "OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR ("Pain Management" OR "Pain Relief" OR "Pain Control" OR "Pain Reduction" OR "Managing Pain" OR Analgesia) OR (Pain Management OR Pain Relief OR Pain Control OR "Pain Reduction" OR "Managing Pain" OR Analgesia)	47.919
Dissertações (CAFES)	2. ("Pain Assessment" OR "Pain Scale" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Intervention" OR "Pain Measurement") OR ("Pain Assessment" OR "Pain Tool" OR "Pain Tool" OR "Pain Instrument" OR "Pain Intervention" OR "Pain Measurement") OR ("Pain Assessment" OR "Pain Tool" OR "Pain Tool" OR "Pain Assessment Tool" OR "Pain Instrument" OR "Pain Instrument" OR "Pain Instrument" OR "Pain Instrument" OR "Pain Measurement")	17.688
	3. 1 OR 2	60.914
	4. ("Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR "Integrative Medicine" OR "Complementary Medicine" OR "Alternative Medicine") OR ("Integrative Medicine") OR "Alternative Medicine") OR "Alternative Medicine")	5.309
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5	("Integrative Therapy" OR "Integrative Therapies" OR "Complementary Therapy" OR "Alternative Therapy" OR "Alternative Therapies" OR "Alternative Therapies" OR "Complementary Therapies" OR "Alternative Therapy" OR "Integrative Therapy" OR "Complementary Therapy" OR "Alternative Therapies" OR "Alternative Therapy" OR "Alternative Th	14.345
$\epsilon$	6. ("Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Interventions" OR "Non-pharmacological Therapy" OR "Non-pharmacological Intervention" OR "Non-pharmacological Intervention" OR "Non-pharmacological Intervention" OR "Non-pharmacological Interventions" OR "Non-pharmacological Intervention" OR "Non-pharmacological Intervent	20.398
7	7. (Aromatherapy OR "Essential Oils" OR Aroma therapy) OR (Aromatherapy OR "Essential Oils" OR Aroma therapy) OR (Aromatherapy OR "Essential Oils" OR Aroma therapy)	8.734
8	8. ("Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment") OR ("Acupuncture Treatment") OR ("Acupuncture Therapy" OR "Acupuncture Treatment") OR ("Acupuncture" OR "Acupuncture Therapy" OR "Acupuncture Treatment")	11.097
ç	9. ("Acupuncture, Ear") OR ("Acupuncture, Ear") OR ("Acupuncture, Ear")	468
1	10. ("Mind Body Techniques" OR "Mind-body Therapies") OR ("Mind Body Techniques" OR "Mind-body Therapies") OR ("Mind Body Techniques" OR "Mind-body Therapies")	8.897
1	11. ("Breathing Techniques"OR Breathing OR "Breathing Exercise") OR ("Breathing Techniques" Breathing OR "Breathing Exercise")  Breathing Techniques"OR Breathing OR "Breathing Exercise")  Breathing OR "Breathing Exercise"	12.400
1	12. ("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies") OR ("Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies") OR "Guided Imagery for Pain Management" OR "Guided Image Therapy" OR "Guided Images Therapies")	63.039
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	13. ("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques") OR ("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques") OR ("Guided Imagery" OR "Guided Relaxation" OR "Visualization Techniques")	3.632
•	14. (Hypnosis OR Hypnotherapy) OR (Hypnosis OR Hypnotherapy) OR (Hypnosis OR Hypnotherapy) OR (Hypnosis OR Hypnotherapy)	19
	15. (Biofeedback OR "Biofeedback Therapy") OR (Biofeedback OR "Biofeedback Therapy") OF (Biofeedback OR "Biofeedback OR "Biofe	5.433
	16. ("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music") OR ("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Music-based Intervention" OR "Therapeutic Music") OR ("Music Therapy" OR "Music Intervention" OR "Musical Therapy" OR "Musical Therapy" OR "Therapeutic Music")	25.370
	17. ("Progressive Muscle Relaxation" OR "Muscle Relaxation") OR ("Progressive Muscle Relaxation") OR ("Progressive Muscle Relaxation")  OR ("Progressive Muscle Relaxation" OR "Muscle Relaxation")	2.847
	18. ("Sleep Therapy" OR Sleep) OR ("Sleep Therapy" OR Sleep) OR ("Sleep Therapy" OR Sleep)	13.033
	19. ("Massage Therapy" OR Massage OR "Massage Therapies") OR ("Massage Therapy" OR Massage Therapies") OR ("Massage Therapy" OR Massage OR "Massage Therapies")	5.587
	20. ("Physical Therapy" OR Physiotherapy) OR ("Physical Therapy" OR Physiotherapy) OR ("Physical Therapy" OR Physiotherapy)	13.679
•	21. 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OP 19 OR 20	120.654
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	22. ("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Eintensive Care" OR "Paediatric Intensive Care" OR "Paediatric Critical Care") OR ("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Intensive Care" OR "Paediatric Critical Care") OR ("Pediatric Intensive Care Unit" OR PICU OR "Pediatric Critical Care Unit" OR "Paediatric Intensive Care")	21.859
	23. ("Intensive Care Units, Pediatric") OR ("Intensive Care Units, Pediatric") OR ("Intensive Care Experimental Pediatric")	16.055
	24. 22 OR 23  o nt oup Down o nt oup o nt out o	22.946
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Dates of coverage and database	Query Query Query	Retrieved records
11/05/22	1. pain	547
DART-E	2. ""complementary therapies" OR "alternative medicine" OR "integrative medicine" OR nonparmacological	168
	3. "pediatric intensive care unit" or "paediatric intensive care unit"	51
	4. 1 AND 2 AND 3	38
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Dates of coverage and database	on 12 February Enseign ding for uses reli	Retrieved records
11/05/22	1. "complementary therapies" OR "integrative medicine" OR "complementary and alternative therapies"  "complementary and alternative therapies"	17900
Google Scholar	2. nonpharmacologic and data	77700
	3. "pediatric intensive care" OR "paediatric intensive care"	17600
	4. 1 OR 2 AND 3 AND doc OR .txt OR . rtf OR .PDF OR .html  Al training ar	124

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11/05/22	ne 9, 203 hnologi	38650
OATD	2. "complementary therapies" OR "alternative medicine" OR "integrative medicine" OR nonpharmacological	1819
	3. "pediatric intensive care unit" or "paediatric intensive care unit"	382
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