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## Welcome and Consent Page

**Thank you for your interest in taking part in this research study "Applying definitions of pain types in neonates and infants to clinical case scenarios: a survey of clinicians globally."**

You are eligible to take part in this research if you are currently a clinician working in a neonatal intensive/critical care unit or high dependency unit.

This study is being conducted by Professor Julia Hush (Department of Health Professions; Phone: +61 2 9850 6621; e-mail: [julia.hush@mq.edu.au](mailto:julia.hush@mq.edu.au)), Mr Emre Ilhan (Department of Health Professions; Phone: +61 2 9850 6619; e-mail: [emre.ilhan@hdr.mq.edu.au](mailto:emre.ilhan@hdr.mq.edu.au)), Associate Professor Verity Pacey (Department of Health Professions; Phone: +61 2 9850 2795; e-mail: [verity.pacey@mq.edu.au](mailto:verity.pacey@mq.edu.au)), Dr Laura Brown (Department of Health Professions; Phone: +61 2 9850 6614; e-mail: [laura.brown@mq.edu.au](mailto:laura.brown@mq.edu.au)), Associate Professor (Adjunct) Kaye Spence (Grace Centre for Newborn Care, Children's Hospital at Westmead; Phone: +61 2 9845 2720; e-mail: [kaye.spence@health.nsw.gov.au](mailto:kaye.spence@health.nsw.gov.au)), and Dr Christ-jan van Ganzewinkel (Maxima Medical Center, The Netherlands; Phone: 0031 40888 9350; e-mail: [C.vanGanzewinkel@mmc.nl](mailto:C.vanGanzewinkel@mmc.nl)). This research is being conducted by Mr Emre Ilhan to meet the requirements of Doctor of Philosophy.

**If you decide to participate, you will be asked whether or not you are currently employed as a clinician in a neonatal intensive/critical care unit (NICU/NCCU) or high dependency unit (HDU). If eligible, you will be taken to the full questionnaire. The questionnaire consists of questions about your clinical role, years of experience, chosen gender, age bracket, and beliefs of pain in infants. You will then be provided with a definition of acute episodic pain and chronic pain, and asked to apply these definitions to eight clinical case scenarios. It is expected that this questionnaire can be completed in 10 to 20 minutes, although it may take longer. You can only complete the questionnaire once, but you have the option of stopping and coming back to the questionnaire at a later date (within one month), as long as you're logging in from the same device. Please note that all responses are anonymous. Responses for this survey are stored in California and not in Australia. The results of this study will benefit clinical practice by informing how clinicians apply definitions of pain in the NICU/NCCU or HDU.**

**Any information or personal details gathered in the course of the study are confidential, except as required by law.**

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**Participation in this questionnaire is entirely voluntary: you are not obliged to participate and if you decide to participate, you are free to withdraw at any time without having to give a reason and without consequence. You can withdraw from completing the questionnaire at any time by simply closing the browser. Incomplete surveys will be retained because we have no way of identifying the individual who has done the survey.**

I consent to participate in this survey

I do not consent to participate in this survey

## Screening

**Are you currently employed in a Neonatal Intensive/Critical Care Unit or High Dependency Unit in a clinical capacity?**

Yes

No

## Ineligibility statement

**Thank you for considering to take part in this survey. Because you are ineligible to take part, the survey has ended. If you believe that you are eligible and would like to take the survey, please contact [emre.ilhan@hdr.mq.edu.au](mailto:emre.ilhan@hdr.mq.edu.au).**

## Demographic Information

**In which country do you primarily practice clinically?**

**In which country were you trained in your clinical role?**

**What is your primary clinical role? You may choose more than one option if applicable.**

Clinical Nurse

Dietician

Medical Doctor

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Nurse Practitioner  
Occupational Therapist  
Physiotherapist  
Psychologist  
Research/Academic Nurse  
Social Worker

**How many years of experience have you had working in the NICU/NCCU/HDU?**

< 1 year  
1 to 5 years  
5 to 10 years  
> 10 years

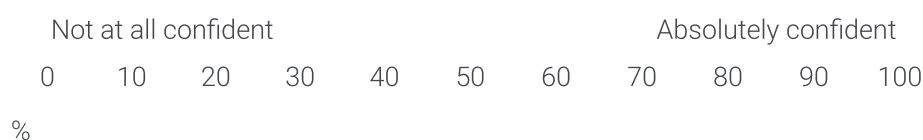
**What is your gender?**

Male  
Female  
I prefer not to say

I prefer to self-describe:

**How old are you?**

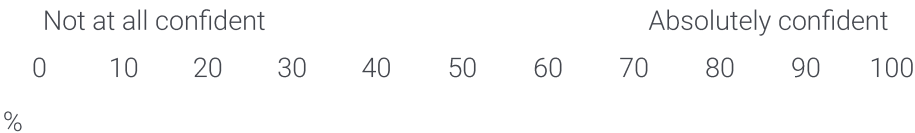
20 to 25 years of age  
26 to 35 years of age  
36 to 45 years of age  
46 to 65 years of age  
> 65 years of age

**On the scale below, indicate how confident you are that neonates and infants are able to feel pain.****On the scale below, indicate how confident you are that neonates and infants are capable of experiencing chronic pain.**

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Introduction to the definitions

You are a clinician working in the Neonatal Intensive/Critical Care Unit or High Dependency Unit. You attend the morning ward round and the following babies are discussed. Based on the definitions given below, decide whether the Situation described in each scenario is a case of a baby who has no pain, acute episodic pain, or chronic pain.

Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.

Increased pain from a stimulus that normally provokes pain 1) at the site of injury or inflammation is called *primary hyperalgesia*, or 2) in an area adjacent or remote to the site of injury or inflammation is called *secondary hyperalgesia*.  
*Allodynia* is pain due to a stimulus that does not normally provoke pain.

Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.

Baby A.1

Introduction

Baby A, male, is 6 weeks chronological age.

Situation

Baby A was born at 37 weeks gestational age. He developed a wound breakdown following a laparotomy for malrotation of bowel; the wound has now healed. Before a heel lance this morning, Baby A was given sucrose. When undergoing the procedure, Baby A showed an exaggerated response, withdrawing both legs and displaying a hyperextended posture. Afterwards, he required swaddling and containment, but remained unsettled. He is charted for PRN paracetamol.

Background



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**Baby A has undergone regular dressing changes, routine blood tests, swabs, and handling. He was intubated and ventilated, and on morphine infusion which was ceased three days ago. He is unable to cope with daily clinical procedures and is rarely consolable. He also becomes startled with gentle touching when he is awake. He has a poor sleep-wake cycle and is generally restless. Baby A's parents state their baby often appears like he's in pain.**

### **Assessment**

**Regular pain assessments indicate that he has pain and his history does not indicate withdrawal. On assessment of his neurological status, Baby A shows some delays in tracking a bright red object horizontally.**

### **Recommendation**

**Ongoing assessment of Baby A's behaviour.**

### **Definitions**

**Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.**

**Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.**

No Pain

Acute Episodic Pain

Chronic Pain

## **Baby B.1**

### **Introduction**

**Baby B, female, is four weeks chronological age.**

### **Situation**

**Baby B was born at 35 weeks gestational age. She underwent a staged closure of her gastroschisis over a week ago. She has now a complete closure. During a nappy change this morning, Baby B was sucking on her pacifier, was swaddled, and contained to help her calm herself. Baby B continues on a morphine infusion at 10 mcg/kg/hr.**

### **Background**

**In addition to the staged closure, Baby B has been intubated and ventilated, extubated, suctioned, and has undergone blood tests, position changes, and handling. During a heel**

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lance, Baby B becomes highly distressed then appears to go into a deep sleep with her colour becoming pale.

### **Assessment**

A pain assessment confirmed Baby B was in pain. Baby B is described as irritable and her behavioural cues are immature and not well-defined. She is active in her legs during sleep and tends to wake up abruptly. According to her neurological status, Baby B is only able to briefly focus on a small red object, displaying jerky eye movements.

### **Recommendation**

Ongoing assessment of Baby B's behaviour.

### **Definitions**

Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.

Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.

No Pain

Acute Episodic Pain

Chronic Pain

## **Baby C.1**

### **Introduction**

Baby C, male, is 1 week chronological age.

### **Situation**

Baby C was born at 35 weeks gestational age. He was admitted to the special care nursery secondary to prematurity and for difficulties with regulating body temperature. This morning when his father was changing Baby C's nappy, Baby C cried. He then brought his hand to his mouth and sucked, settling immediately.

### **Background**

He is otherwise well and self-ventilating on room air. Baby C has also undergone routine clinical procedures including blood glucose monitoring. He receives sucrose when undergoing painful procedures. He is often seen bringing his hand to his mouth and sucking throughout the day.

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### **Assessment**

**Assessment of the open-plan nursery environment reveals that noise and light are kept low, but this is not always the case. Generally, Baby C has a well-defined sleep-wake cycle and his behavioural cues for hunger are age-appropriate. Baby C's mother notes that he is a fairly settled baby.**

### **Recommendation**

**Ongoing assessment of Baby C's behaviour.**

### **Definitions**

**Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.**

**Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.**

No Pain

Acute Episodic Pain

Chronic Pain

## **Baby D.1**

### **Introduction**

**Baby D, female, is 2 days chronological age.**

### **Situation**

**Baby D was born at 39 weeks gestational age. She was admitted to the NICU for delayed passage of meconium and her abdomen was distended. Baby D required a heel lance today. During the procedure, she withdrew her leg, cried, and then settled down after a few seconds. As usual, containment was an effective comforting strategy for her.**

### **Background**

**In addition to routine tests, Baby D has also undergone contrast studies. She is rarely distressed during nappy changes and is often seen bringing her hands to her mouth and sucking.**

### **Assessment**

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The NICU environment was especially noisy today because several unstable, critically ill infants were admitted. The nurse looking after Baby D describes her as resilient but irritable at times. She is relatively consolable by her father who is anxious about her prognosis. The nurse does not believe heel lancing is painful and so does not provide sucrose before the procedure.

### Recommendation

Ongoing assessment of Baby D's behaviour.

### Definitions

Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.

Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.

No Pain

Acute Episodic Pain

Chronic Pain

## **Baby E.1**

### Introduction

Baby E, female, is one week chronological age.

### Situation

Baby E was born at 32 weeks post-menstrual age. She was admitted for respiratory distress syndrome. Baby E is currently being mechanically ventilated and is receiving 10 mcg/kg/hr of intravenous morphine. She tends to retain secretions in her lungs, so endotracheal suctioning is performed as required. An hour ago, when suctioning was performed, Baby E's heart rate climbed from 150 beats per minute to 170. She also displayed a hyperextended posture and finger splaying. After the procedure, Baby E cried silently. After three minutes of containment, she settled and remained in a calm state.

### Background

During nappy changes, Baby E is rarely distressed. Baby E is receiving caffeine as part of her treatment.

### Assessment

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**Baby E's score on the Premature Infant Pain Profile – Revised during the suctioning was 7 which indicated pain. Baby E's grandmother was nearby watching and seemed distressed by the procedure.**

### **Recommendation**

**Ongoing assessment of Baby E's behaviour.**

### **Definitions**

**Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.**

**Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.**

No Pain

Acute Episodic Pain

Chronic Pain

## **Baby F.1**

### **Introduction**

**Baby F, male, is 3 days chronological age.**

### **Situation**

**Baby F was born at 36 weeks post-menstrual age. Baby F was admitted to the NICU for jaundice. Knowing from her years of experience in the NICU that heel lancing can be a painful procedure, the nurse always provides sucrose before the heel lance. This morning, the nurse, who had a very high workload with several babies, performed a heel lance while Baby F was asleep, restrained his left foot and lightly pricked it. Baby F withdrew his leg and cried loudly. He settled back to sleep within five minutes as the nurse swaddled him.**

### **Background**

**Baby F undergoes heel lancing as part of his routine care for jaundice. He is not receiving any medications. He and his mother have regular skin-to-skin cuddles, especially prior to painful procedures. He is generally well-settled and has a consistent sleep-wake cycle.**

### **Assessment**

**Baby F's behaviour indicated agitation and some stress during the lancing.**

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## **Recommendation**

**Ongoing assessment of Baby F's behaviour.**

## **Definitions**

**Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.**

**Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.**

No Pain

Acute Episodic Pain

Chronic Pain

## **Baby G.1**

## **Introduction**

**Baby G, female, is two weeks corrected age.**

## **Situation**

**Baby G was born at 31 weeks post-menstrual age. Baby G was admitted to the NICU for prematurity. Today, the nurse needed to insert a nasogastric tube into Baby G. Before the procedure, Baby G was awake and crying. On request, the supervisor assisted the nurse with restraining Baby G's limbs. The nurse gently inserted the tube into Baby G's nose, knowing that it would be uncomfortable for her. Despite containing her, Baby G attempted to withdraw from the tube by moving her head away and breaking free of the containment. After a few seconds of squirming, Baby G returned to her baseline state of awake and crying.**

## **Background**

**Baby G is currently on caffeine and is quite jittery.**

## **Assessment**

**The Baby G's behaviour indicated agitation and distress during the procedures.**

## **Recommendation**

**Ongoing assessments of Baby G's behavioural state.**

## **Definitions**

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**Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.**

**Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.**

No Pain

Acute Episodic Pain

Chronic Pain

## **Baby H.1**

### **Introduction**

**Baby H, male, is 5 days corrected age.**

### **Situation**

**Baby H was born at 38 weeks post-menstrual age. Baby H was admitted with hypoglycaemia and requires regular glucose monitoring. This morning, a nurse, who had just been off night duty, checked Baby H's temperature by lifting his arm and placing the thermometer, after which he begun to squirm. Although Baby H's mother was distressed by the squirming thinking it might be painful, the nurse re-assured her that such a procedure may be stressful for her baby but not painful. After his temperature was taken, the nurse let go of his arm. He immediately brought his hand to his mouth and began to suck. A few seconds later, Baby H was back to his usual calm state.**

### **Background**

**Baby H has not had other procedures performed on him. Baby H regularly requires his temperature to be checked, which is often done when he is awake.**

### **Assessment**

**Baby H's axillary temperature is 37.3°C.**

### **Recommendation**

**Ongoing monitoring of Baby H's behaviour.**

### **Definitions**

**Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.**



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**Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.**

No Pain

Acute Episodic Pain

Chronic Pain

## **Baby A.2**

### **Introduction**

**Baby A, female, is 6 weeks chronological age.**

### **Situation**

**Baby A was born at 37 weeks gestational age. She developed a wound breakdown following a laparotomy for malrotation of bowel; the wound has now healed. Before a heel lance this morning, Baby A was given sucrose. When undergoing the procedure, Baby A showed an exaggerated response, withdrawing both legs and displaying a hyperextended posture. Afterwards, she required swaddling and containment, but remained unsettled. She is charted for PRN paracetamol.**

### **Background**

**Baby A has undergone regular dressing changes, routine blood tests, swabs, and handling. She was intubated and ventilated, and on morphine infusion which was ceased three days ago. She is unable to cope with daily clinical procedures and is rarely consolable. She also becomes startled with gentle touching when she is awake. She has a poor sleep-wake cycle and is generally restless. Baby A's parents state their baby often appears like she's in pain.**

### **Assessment**

**Regular pain assessments indicate that she has pain and her history does not indicate withdrawal. On assessment of her neurological status, Baby A shows some delays in tracking a bright red object horizontally.**

### **Recommendation**

**Ongoing assessment of Baby A's behaviour.**

### **Definitions**

**Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.**



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**Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.**

No Pain

Acute Episodic Pain

Chronic Pain

## **Baby B.2**

### **Introduction**

**Baby B, male, is four weeks chronological age.**

### **Situation**

**Baby B was born at 35 weeks gestational age. He underwent a staged closure of her gastroschisis over a week ago. He has now a complete closure. During a nappy change this morning, Baby B was sucking on his pacifier, was swaddled, and contained to help him calm herself. Baby B continues on a morphine infusion at 10 mcg/kg/hr.**

### **Background**

**In addition to the staged closure, Baby B has been intubated and ventilated, extubated, suctioned, and has undergone blood tests, position changes, and handling. During a heel lance, Baby B becomes highly distressed then appears to go into a deep sleep with his colour becoming pale.**

### **Assessment**

**A pain assessment confirmed Baby B was in pain. Baby B is described as irritable and his behavioural cues are immature and not well-defined. He is active in his legs during sleep and tends to wake up abruptly. According to his neurological status, Baby B is only able to briefly focus on a small red object, displaying jerky eye movements.**

### **Recommendation**

**Ongoing assessment of Baby B's behaviour.**

### **Definitions**

**Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.**

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**Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.**

No Pain

Acute Episodic Pain

Chronic Pain

## **Baby C.2**

### **Introduction**

**Baby C, female, is 1 week chronological age.**

### **Situation**

**Baby C was born at 35 weeks gestational age. She was admitted to the special care nursery secondary to prematurity and for difficulties with regulating body temperature. This morning when her father was changing Baby C's nappy, Baby C cried. She then brought her hand to her mouth and sucked, settling immediately.**

### **Background**

**She is otherwise well and self-ventilating on room air. Baby C has also undergone routine clinical procedures including blood glucose monitoring. She receives sucrose when undergoing painful procedures. She is often seen bringing her hand to her mouth and sucking throughout the day.**

### **Assessment**

**Assessment of the open-plan nursery environment reveals that noise and light are kept low, but this is not always the case. Generally, Baby C has a well-defined sleep-wake cycle and her behavioural cues for hunger are age-appropriate. Baby C's mother notes that she is a fairly settled baby.**

### **Recommendation**

**Ongoing assessment of Baby C's behaviour.**

### **Definitions**

**Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.**

**Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.**

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No Pain

Acute Episodic Pain

Chronic Pain

## Baby D.2

### Introduction

**Baby D, female, is 2 days chronological age.**

### Situation

**Baby D was born at 39 weeks gestational age. She was admitted to the NICU for delayed passage of meconium and her abdomen was distended. Baby D required a heel lance today. During the procedure, she withdrew her leg, cried, and then settled down after a few seconds. As usual, containment was an effective comforting strategy for her.**

### Background

**In addition to routine tests, Baby D has also undergone contrast studies. She is rarely distressed during nappy changes and is often seen bringing her hands to her mouth and sucking.**

### Assessment

**The NICU environment was especially noisy today because several unstable, critically ill infants were admitted. The nurse looking after Baby D describes her as resilient but irritable at times. She is relatively consolable by her father who is anxious about her prognosis. The nurse does not believe heel lancing is painful and so does not provide sucrose before the procedure.**

### Recommendation

**Ongoing assessment of Baby D's behaviour.**

### Definitions

**Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.**

**Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.**

No Pain

Acute Episodic Pain

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Chronic Pain

## Baby E.2

### Introduction

Baby E, male, is one week chronological age.

### Situation

Baby E was born at 32 weeks post-menstrual age. He was admitted for respiratory distress syndrome. Baby E is currently being mechanically ventilated and is receiving 10 mcg/kg/hr of intravenous morphine. He tends to retain secretions in his lungs, so endotracheal suctioning is performed as required. An hour ago, when suctioning was performed, Baby E's heart rate climbed from 150 beats per minute to 170. He also displayed a hyperextended posture and finger splaying. After the procedure, Baby E cried silently. After three minutes of containment, he settled and remained in a calm state.

### Background

During nappy changes, Baby E is rarely distressed. Baby E is receiving caffeine as part of his treatment.

### Assessment

Baby E's score on the Premature Infant Pain Profile – Revised during the suctioning was 7 which indicated pain. Baby E's grandmother was nearby watching and seemed distressed by the procedure.

### Recommendation

Ongoing assessment of Baby E's behaviour.

### Definitions

Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.

Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.

No Pain

Acute Episodic Pain

Chronic Pain

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## Baby F.2

### Introduction

Baby F, female, is 3 days chronological age.

### Situation

Baby F was born at 36 weeks post-menstrual age. Baby F was admitted to the NICU for jaundice. Knowing from her years of experience in the NICU that heel lancing can be a painful procedure, the nurse always provides sucrose before the heel lance. This morning, the nurse, who had a very high workload with several babies, performed a heel lance while Baby F was asleep, restrained her left foot and lightly pricked it. Baby F withdrew her leg and cried loudly. She settled back to sleep within five minutes as the nurse swaddled her.

### Background

Baby F undergoes heel lancing as part of her routine care for jaundice. She is not receiving any medications. She and her mother have regular skin-to-skin cuddles, especially prior to painful procedures. She is generally well-settled and has a consistent sleep-wake cycle.

### Assessment

Baby F's behaviour indicated agitation and some stress during the lancing.

### Recommendation

Ongoing assessment of Baby F's behaviour.

### Definitions

Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.

Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.

No Pain

Acute Episodic Pain

Chronic Pain

## Baby G.2

### Introduction

Baby G, male, is two weeks corrected age.

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### Situation

Baby G was born at 31 weeks post-menstrual age. Baby G was admitted to the NICU for prematurity. Today, the nurse needed to insert a nasogastric tube into Baby G. Before the procedure, Baby G was awake and crying. On request, the supervisor assisted the nurse with restraining Baby G's limbs. The nurse gently inserted the tube into Baby G's nose, knowing that it would be uncomfortable for him. Despite containing him, Baby G attempted to withdraw from the tube by moving his head away and breaking free of the containment. After a few seconds of squirming, Baby G returned to his baseline state of awake and crying.

### Background

Baby G is currently on caffeine and is quite jittery.

### Assessment

The Baby G's behaviour indicated agitation and distress during the procedure.

### Recommendation

Ongoing assessments of Baby G's behavioural state.

### Definitions

Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.

Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.

No Pain

Acute Episodic Pain

Chronic Pain

## **Baby H.2**

### Introduction

Baby H, female, is 5 days corrected age.

### Situation

Baby H was born at 38 weeks post-menstrual age. Baby H was admitted with hypoglycaemia and requires regular glucose monitoring. This morning, a nurse, who had

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just been off night duty, checked Baby H's temperature by lifting her arm and placing the thermometer, after which he begun to squirm. Although Baby H's mother was distressed by the squirming thinking it might be painful, the nurse re-assured her that such a procedure may be stressful for her baby but not painful. After his temperature was taken, the nurse let go of her arm. She immediately brought her hand to her mouth and began to suck. A few seconds later, Baby H was back to her usual calm state.

### **Background**

Baby H has not had other procedures performed on her. Baby H regularly requires his temperature to be checked, which is often done when he is awake.

### **Assessment**

Baby H's axillary temperature is 37.3°C.

### **Recommendation**

Ongoing monitoring of Baby H's behaviour.

### **Definitions**

Chronic pain is pain that persists despite treatment, lasts longer than may be expected, is no longer proximate to an event or continuing painful disease state, and is associated with neurobiological changes leading to primary and secondary hyperalgesia and allodynia.

Acute episodic pain is a short-lasting (< 30 minutes) painful experience in response to an event which may or may not be associated with tissue damage.

No Pain

Acute Episodic Pain

Chronic Pain

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17/12/2021, 20:38

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