
Letters to the Editor

Painful Pricks

I read the thought provoking letter by Dr. Srivastava, and appreciate his concern regarding the painful pricks(1). He has suggested that a preparation like EMLA should be introduced in India at a reasonable cost. He has very rightly expressed his concern that "we often do not think of the child's comfort and parental anxiety. Still a sympathetic and reassuring attitude should be adopted as far as possible."

Dr. Srivastava has expressed lot of concern for painful pricks, but he has not suggested any remedial measures except, that such a preparation needs to be introduced in India at a reasonable cost.

Apart from the non-availability, the time lag of about one hour to be effective and the cost of EMLA, the study which Dr. Srivastava has referred to states the logistic difficulties in the implementation of the protocol(2). It states that "If he or she (house officer) chose not to use these protocols, the nursing staff acting as patient advocate could question why the house officer was choosing a method other than the standard of care and if unable to justify an alternative approach, more senior members of their discipline could be contacted and by empowering nurses to remind house officers to their (protocols) availability, much of the variability that we had previously seen regarding adequacy of pain management dissipated". In our setup it may cause unpleasant situation in the department on many occasions.

A strict vigil over the child is required till the procedure is over and the medicine

removed from the skin because, "Absorption of prilocaine in EMLA (eutectic mixture of local anesthetics) cream through a mucous membrane (*e.g.*, should the child suck on the mixture or rub it in the eye) may cause toxic effects. EMLA cream should be used with caution on patients taking medications that can contribute to the production of methemoglobin"(3).

Even if not as effective as EMLA the following interventions may be found helpful, some times in combination, for reducing the intensity of pain in administration of injections:

- (i) *For newborn and young infants:* It has been found that sugar water or feed if given just before prick lessens the pain. The infant can be given intramuscular injection -while taking the feed.
- (ii) *For young children:* Mostly the mothers want to stay away while the injection is being given to the child. I insist that the mother should stand near the head of the child and hold the hands of the child and continue to talk or make sound by the rattle which hangs above the child in my clinic. The father or other attendant holds the legs of the child while the injection is administered. Although this procedure does not eliminate the pain but the child quietens soon because of the presence of the mother. If a child is being breastfed, the mother is asked to give feed even before the spirit swab from the injection site is removed
- (iii) After sterilizing, the site for injection

should be firmly pressed for about half a minute before administration of the injection, this also reduces the pain.

(iv) *Distraction technique:* In 1994 there was an article entitled, "Blowing away a shot pain: A technique for pain management during immunization)". The child was made to understand that he or she can blow away pain if he or she blows forcefully during the procedure. I have been using the distraction technique for some time in a different way. For children I keep a cut out of a cat made from a piece of flannel. There is a hole in the center for sterilizing the skin and to administer the injection (*Fig. 1*). The child has to be 'sweet talked' about the cat that "as it drinks the milk meant for the children so it is

a 'bad cat' and we will give an injection to this cat, *etc.* The cat may not run away so we shall tie it on your thigh, and give a shot to the cat." To solicit better co-operation from the child I caution the child that "the cat may bite if you move your leg." Most of the times this strategy works. The child goes happy with the impression that the cat has been given the injection, and for the co-operation I give a toffee to the child.

(v) Local analgesic spray like Relispray may help in reducing the intensity of the pain if spray is given before administration of the injection.

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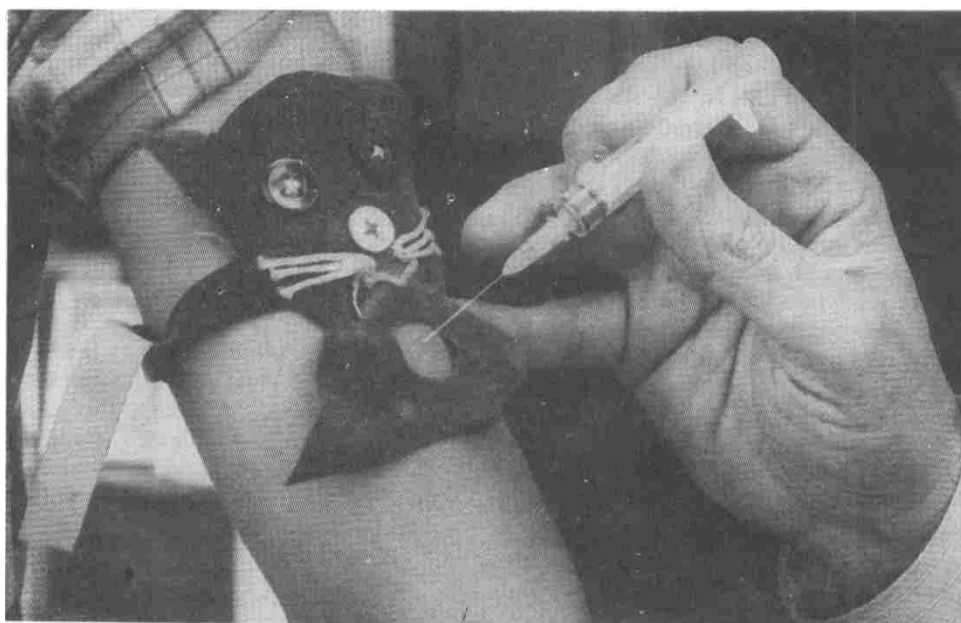


Fig. 1. Photograph of the distraction technique employed.

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2. Schechter NL, Blankson V, Pachter LM, Sullivan CM, Costa L The ouchless place No pain, children's gain Pediatrics 1997; 99: 890-894.
3. Norman I, Jones PL Complications of the use of EMLA Br J Anaesth 1990; 64: 403.
4. French GM, Painter EC, Coury DL Blowing away shot pain A technique for pain management during immunization Pediatrics 1994;93: 384-388.

Reply

Dr. Yash Paul makes some very interesting observations. I agree with his view that in our medical set up (where doctors act as masters and nursing staff as those who take orders) any criticism by the nurses would not be appreciated by the doctors. One or both parents should be allowed to be present while procedures are being carried out. The home remedy that he suggests for neonates and infants certainly needs to be tried. Distraction techniques

may work if one has time and patience. Most of us are short on both. In final analysis it is a matter of attitudes and concern. It is so much simpler to give a prick quickly and get it over with! However, pricks and pain must be minimized for hospitalized children who often undergo prolonged treatment and are subjected to multiple injections, venesections and other procedures.

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Tobacco Use in Rural Indian Children

I read with interest the recent publication on this subject(1). The statement "Data on tobacco use by rural children or youth in India are few and only recently available" is surprising. In 1987 in Indian Pediatrics a paper on "Smoking behavior of rural school boys" was published by us(2). Other papers on the subject in urban school boys were published in 1978 and 1980(3,4). These studies have specifically addressed the reasons for smoking among the school boys.

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