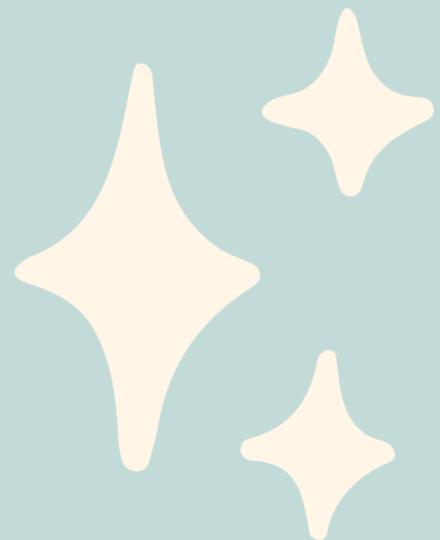


CHILD LIFE'S IMPACT

in the Trauma Room



WHAT IS A CHILD LIFE SPECIALIST?

Certified Child Life Specialists (CCLS) provide support by way of **preparation, education, distraction, play,** and **coping tools**, among many other benefits, to children and their families.

Prioritizing the coping and developmental needs of children and families, CCLSs promote and protect emotional safety in times of duress minimizing both the immediate and long-term effects of stress, anxiety, and psychosocial trauma.



HOW DO YOU BECOME A CHILD LIFE SPECIALIST?



Education

Bachelor's or
Master's degree in
Child Life, or a field
related to child
growth and
development

Training

Must complete a 600
hour clinical internship
under the direct
supervision of a CCLS
(volunteer experience
and practicum required
prior to internship)

Certification

Must pass certification exam that
covers developmental knowledge,
developmental theories,
understanding and practical
application of Child Life interventions
Once certified, have to maintain
professional development hours and
recertify every 5 years



WHO WILL CHILD LIFE SEE IN THE ED?

- Patients between ~1-19 years old
- Only pediatric trauma activations

Child Life will be available

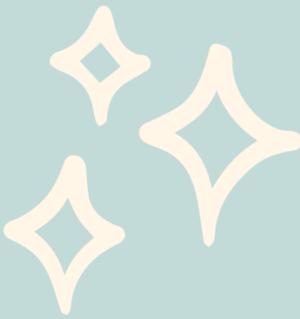
**Monday-Friday from
8am-5pm**

starting around first week of November

*Voalte: NMC Child and Family
Development*

PARAMETERS TO CHILD LIFE “PILOT” IN THE TRAUMA BAY

- Child Life will respond to pediatric trauma activations for patients ~ 1 year old to 19 years old (unless intubated/sedated at time of arrival)
- CCLS will remain present during “golden hour”
 - Unless child is coping well and declines support after CCLS assessment
- CCLS will have a designated space on the right side head of bed
- When CCLS is getting ready to leave, share plan of care with staff (e.g., coping strategies that are working well, patient preferences)
- Child Life will NOT be providing ED services other than for trauma activations at this time
 - Child Life will not be available for solely family support or bereavement situations during traumas throughout pilot



Kid Friendly
Language

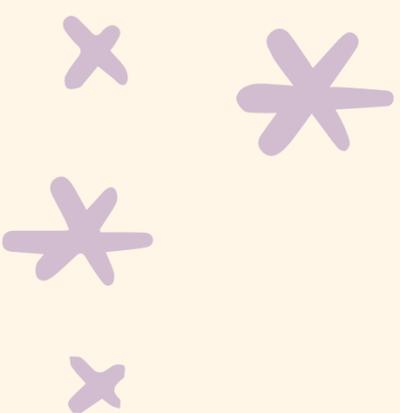
**WHAT CAN CHILD
LIFE OFFER
DURING TRAUMA
ACTIVATIONS?**

Preparation /
Coping

One Voice

Distraction





PREPARATION & COPING

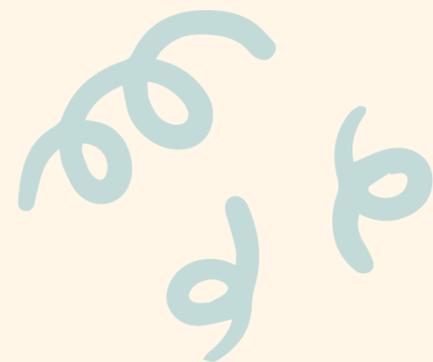
- Sharing of developmentally appropriate information focusing on senses
- Formation of a trusting relationship with a healthcare professional
- Encourage questions and emotional expression

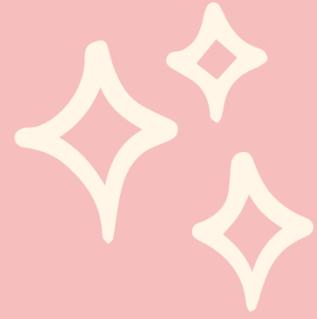
- Crying is a normal and appropriate coping response for children.
 - Differs from child to child - distract, breathe, watch, count, etc.
 - Giving a role or “job” helps children feel involved in cares
- 



LANGUAGE IS KEY!

- **Remain honest, while choosing less threatening/softer words**
 - IV – tiny, flexible straw that goes into your vein to help give your body medicine vs. “poke/needle/shot”
 - “Burn” vs warm, tingly sensation
- **Offer appropriate choices when able**
 - Avoid terms like, “Okay?” or “Are you ready?” The answer is probably, “No!”
 - Instead: We need to do this because., then give a choice: should I look in this hand or this one first... do you want to watch or look away?...
- **Avoid confusing words/phrases**
 - Put you to sleep.
 - Move you to the floor.
 - The needle is out of your arm/hand.
 - Stool.
- **Non-verbal language can also go a long way with kids!**





DISTRACTION

HOW IT WORKS:

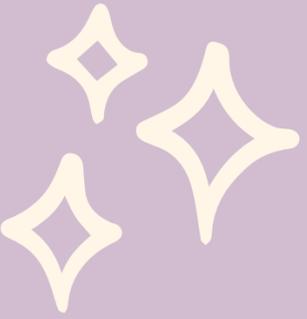
- Brain has limited capacity to focus on stimuli, distraction focuses the child's attention on positive stimuli rather than pain
- Can trigger internal pain suppressing systems
 - It is NOT tricking the child
- Increases trust/support
- Can decrease use of pharmacological methods

TECHNIQUES

- Looking away
- Controlled or guided breathing
- Watching something else
- Music
- Light up toys
- Favorite videos
- Fidget items
- Touch or positive sensation
- Conversation, count, i-spy around room, singing, imagery



ONE VOICE

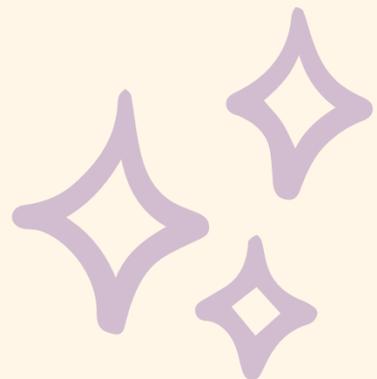


One voice heard during procedure
Need for parental involvement
Educate patient before procedure

Validate child with your words
Offer comfort position & pain management
Individualize your game plan
Choose appropriate distraction
Eliminate unnecessary people not actively involved

How this can work in a trauma bay:

- O** • 1 person designated to talk to child and coach them through procedures, while other conversations can be happening in room
- N** • Including parents (having next to bedside) when appropriate and able
- E** • Brief verbal and visual (if able) preparation
- V** • Acknowledge stressful nature of event and encourage specific things the child is doing well
- O** • Allow child to sit up when able, pain management
- I** • Each child is unique, individualize coping plan
- C** • Offer choice of distraction
- E** • Those not actively caring for patient step further away from bed



WHAT KIND OF ADDITIONAL SUPPORT AN ED CCLS COULD PROVIDE IF FTE IS ACQUIRED

Family support
Sibling support
Bereavement
Normalization

Additional ED support – preparation, procedural support (scans, IV, lab, sutures, surgery, etc.)



TIPS FOR WHEN CHILD LIFE ISN'T AVAILABLE

Be honest - don't lie or not answer their question.

Get down on their level.

Offer appropriate choices.

Giving them an "important job" helps them to have a sense of control.

Use developmentally appropriate language and avoid loaded medical words (cut, rip, sting, burn)

Letting them know what to expect (what they will see, feel, hear), what comes next, what their role is.

ANY TIPS AND IDEAS FOR US?

Please share any feedback, this pilot is a learning process for us all and we are open to collaborating on how we all can best support the patients and each other!