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Chapter 3: Guidelines for the use of oral sucrose for procedural pain management in infants

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Introduction

Pain is a subjective experience as described in the formal definition: "An unpleasant sensory and emotional experience associated with actual or potential tissue damage" (www.iasp-pain.org).

NB The inability to communicate does not negate the possibility that an individual is experiencing pain and is in need of appropriate pain-relieving treatment

- Oral sucrose is safe and effective for reducing procedural pain from a single event. Sucrose appears to act as a mild analgesic in babies, and is effective in decreasing short-term pain and distress during minor procedures. A small amount of sucrose solution is placed on the infant's tongue or in the mouth to reduce procedural pain. This should be done immediately before (up to 2 minutes before) the procedure is done. It is probably most effective in young babies of less than 6 months but may also be of some benefit up to 18 months.
- Breast milk may be as effective as sucrose as a pain relieving strategy. Breast milk and breastfeeding (providing comfort, diversion and maternal contact) should be used when available to relieve procedural pain.
- Other age-appropriate supportive measures such as kangaroo care, facilitated tucking, swaddling, warmth, non-nutritive suckling and distraction (in older infants), should occur prior to oral sucrose administration:
 - Kangaroo Care refers to a neonate lying on the bare skin of their mother or father, upright at a 40-60 degree angle and covered by parent's shirt/gown with an additional blanket as required.
 - Facilitated Tucking refers to holding a neonates body so that the limbs are in close proximity to the trunk. The neonate is held side-lying in a flexed position; this technique promotes a sense of control for the neonate.
 - Non-Nutritive Sucking (NNS) refers to use of a dummy to promote sucking without breast milk or infant formula
- There is no need for Sucrose to be prescribed but its use should be recorded in the clinical notes or on a prescription chart

Administration of Sucrose in Infants

Does the baby require a painful procedure such as:

- Heel prick with lancet
- Bloods
- Intravenous cannula insertion
- Lumbar Puncture

Yes

Is the baby Nil by Mouth

NO

YES

Is Breastmilk available?

YES

NO

If possible, perform procedure while breastfeeding.
If not possible, use 0.05ml - 0.5ml of Expressed breastmilk into oral cavity via syringe/cotton bud
Immediately prior to procedure

Give 0.05mls-0.5ml Sucrose 24% (Up to 1ml can be given for larger babies - try smaller doses first)
Apply into oral cavity via syringe/plastic vial/cotton bud
Immediately prior to procedure

Consider using expressed breast milk 0.05mls - 0.5mls into oral cavity via cotton bud/ dummy immediately prior to procedure

Consider using Sucrose 24% 0.05mls-0.5ml into oral cavity via cotton bud/ dummy immediately prior to procedure

Special Considerations
Do not exceed 2mls of sucrose per administration and discard any remaining solution after use