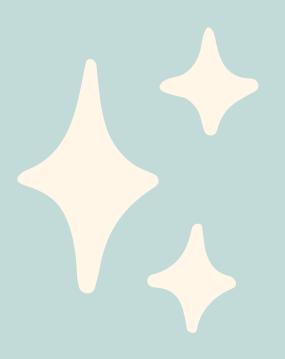


CALM IN THE CHAOS:

Child Life in Emergency
Trauma Settings



DISCLOSURES

Lexi Albertsen, CCLS Lisa Wallace-Spech, CCLS

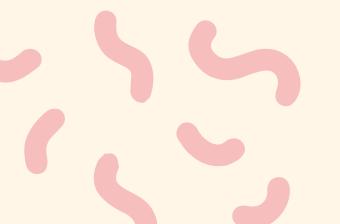
Nothing to disclose

**CCLS =Certified Child Life Specialist

GOALS

Discuss nonpharmacological techniques for calming and managing stressful and painful conditions for pediatric patients in the emergency trauma setting.

Providing awareness of Child Life resources that can be incorporated into an ED Trauma Initiative.



WHAT IS A CHILD LIFE SPECIALIST?

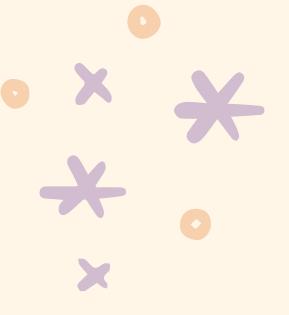
A Certified Child Life Specialist (CCLS) provides support by way of **preparation**, **education**, **distraction**, **play**, and **coping tools**, among many other benefits, to children and their families.

Prioritizing the coping and developmental needs of children and families, a CCLS promotes and protects emotional safety in times of duress minimizing both the immediate and long-term effects of stress, anxiety, and psychosocial trauma.



WHY CHILD LIFE FOR PEDIATRIC TRAUMA

- Crowded, Chaotic, Unfamiliar environment
- Rapid development of plans/ communication amongst medical providers
- Medical providers focus on medical care and need for rapid response limits assessment of psychosocial needs



PILOTING CHILD LIFE FOR PEDIATRIC TRAUMA ACTIVATIONS AT NEBRASKA MEDICINE

Needs

 Need identified by the Nebraska Medicine
 Trauma team

Goals for Child Life Presence

- Meet requirement of level
 2 pediatric trauma
 designation
- Meet the emotional needs of pediatric trauma patients

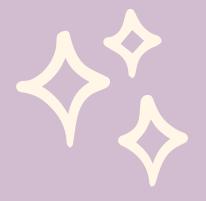


PROCESS



Setting permitters for pilot project:

- 0-18 years old patients meeting the criteria for trauma activation during the hours of 8:00am-5:00pm.
- Patients who are intubated or sedated were excluded.
 Focus on the "golden" first hour of activation and or through scans and procedures
- Notification
- Focus specific to patient needs



OUTCOMES

A pilot phase was implemented from November 2024 thru February 2025 for Child Life Specialists to be present at pediatric trauma activations while in house.

Since the implementation of Child Life presence at pediatric trauma activations, the team has received many positive comments of support and requests to have additional coverage.

TRAINING AND COMMUNICATION



- Mock trauma activation
- Education for ED staff on the role of Child Life
- Child Life trauma specific education
- Charting template

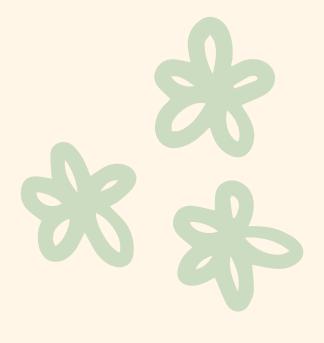


- The recommendation to improve child life support is the addition of child life specialist FTE(s) to support the pediatric population in the ED and additional coverage for pediatric trauma activations.
- Expanding Child Life coverage to 7AM to 11PM would allow for 30% more pediatric trauma patients to have child life specialist support.



CASE STUDY

11 year old MVA Unrestrained passenger Facial lacerations



IMPLEMENTATION OF PEDIATRIC SUPPORT WITHOUT CHILD LIFE

- 80% of general hospitals nationwide do not have Child Life presence
- That number is higher in Nebraska
- Hospitals that do have Child Life support do not have it 24/7

Solution: Educate ED staff of Child Life role and how to assess and provide developmentally appropriate support to pediatric patients

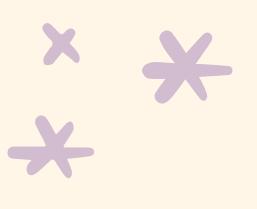
Preparation / Coping

Kid Friendly Language

CHILD LIFE ROLE
IN TRAUMA
ACTIVATIONS

Distraction

One Voice & Comfort Positions



PREPARATION & COPING



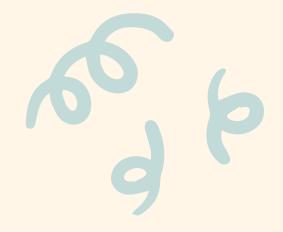
- Sharing of developmentally appropriate information focusing on senses
- Formation of a trusting relationship with a healthcare professional
- Encourage questions and emotional expression

- 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!

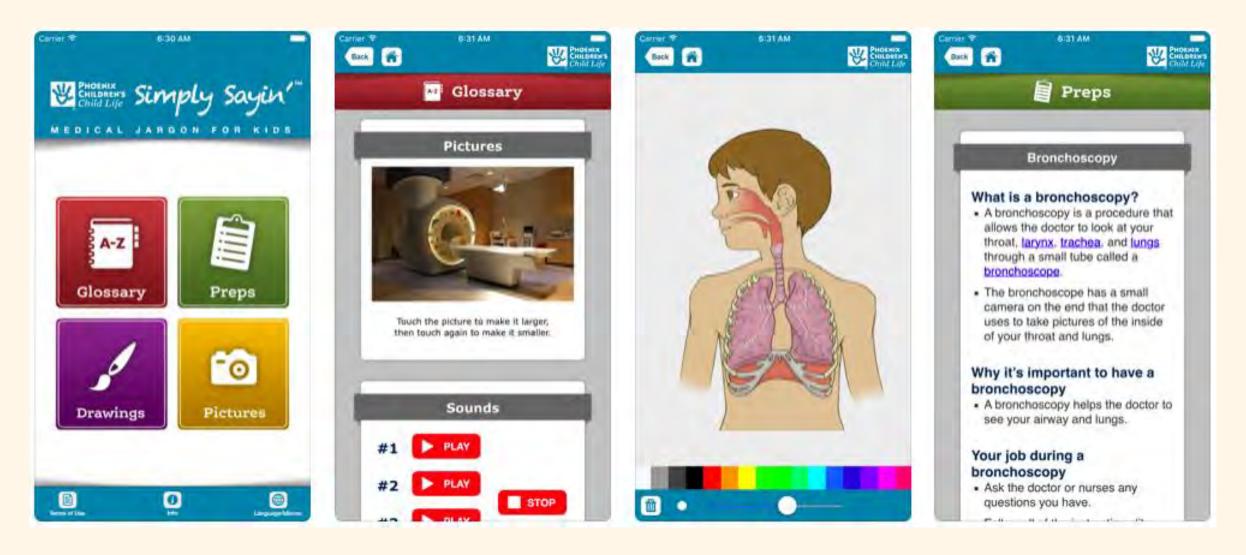
- Remain honest, while choosing less threatening/softer words
- Offer appropriate choices when able
- Avoid confusing words/phrases
- Non-verbal language can also go a long way with kids!





SIMPLY SAYIN' APP

Developed by Child Life Specialists at Phoenix Children's



The app helps you find the right words or phrases to explain and talk about an illness or injury, medical procedures or other areas of interest or concern.



DISTRACTION

Diverting attention to reduce anxiety due to medical environment

HOW IT WORKS:

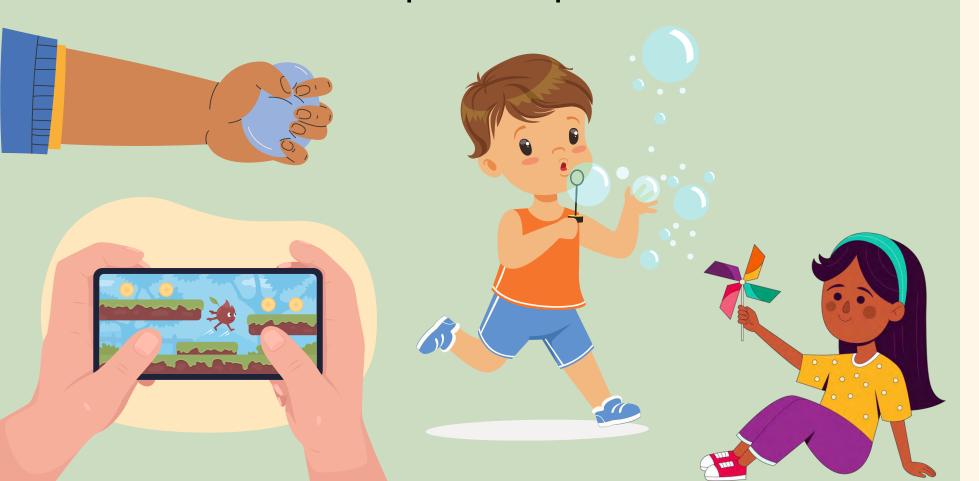
- Brain has limited capacity to focus on stimuli, distraction focuses the child's attention on positive stimuli rather than pain
- Can trigger internal pain suppressing systems
 - It is NOT tricking the child
- Increases trust/support
- Can decrease use of pharmacological methods



2 TYPES OF DISTRACTION

ACTIVE

Engage children in interactive activities to divert their attention from potentially stressful or painful procedures



PASSIVE

Redirect child's attention to a pleasurable alternate focus

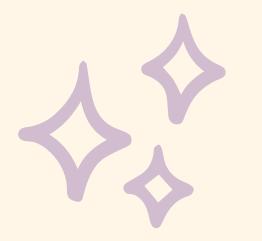


ONE VOICE

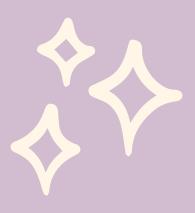


One voice heard during procedure
Need for parental involvement
Educate patient before procedure

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



COMFORT POSITIONING



Comfort positioning is an alternative to traditional restraint techniques. It eliminates unnecessary distress by helping kids stay calm and still during medical procedures.

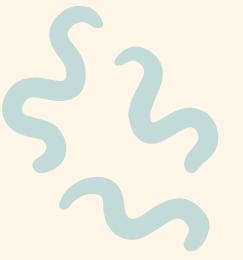




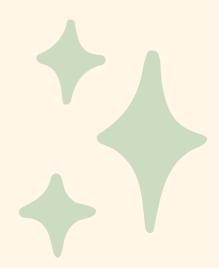


TIPS FOR WHEN CHILD LIFE ISN'T AN OPTION





- 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
- Preparing them for what to expect, what comes next, what their role is



QUESTIONS?

