



Children’s Health Manual Comfort Positioning Guidelines

TITLE:	Comfort Promise—Comfort Positioning Guidelines	NUMBER:	50005
Sponsor:	Director, Children’s Health Program	Page:	1 of 9
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Applies To:	All IWK Health Care Providers		

PREAMBLE

The IWK is committed to doing everything they can to prevent and treat pain through the establishment of the Children’s Comfort Promise. This includes four best practice measures to help prevent and treat pain during medical procedures. The four measures are:

1. Application of topical anesthetics (see IWK Policy 20.77: [Application of Non-Prescription Topical Anesthetics](#))
2. Sucrose/Breastfeeding (see IWK Policy 1700: [Oral Sucrose Administration for Minor Procedural Pain Management in Infants Less than or Equal to 12 Months of Age](#))
3. Distraction
4. Comfort Positioning

The purpose of comfort positioning is to help the patient maintain a safe and secure position during a procedure. It ensures that a patient can safely receive a procedure while also feeling as safe and as comfortable as possible. The use of comfort positions is proven to reduce distress during a painful procedure and decreases the experience of pain and anxiety. Comfort positioning facilitates safe access to the part of the body required for medical procedure without removing the child’s right to freedom of movement.

The purpose of this guideline is to provide health professionals with information to guide this practice.

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POLICY STATEMENTS

1. Comfort positioning should be applied to every instance in which a patient is undergoing a painful or distressing medical procedure. This includes non-urgent procedures and does **not** include emergency procedures or those where positioning may impair the treatment needed.
2. Other methods of the Children's Comfort Promise should be considered when positioning is not a feasible option.
3. Healthcare providers at the IWK must follow the guidelines as described when performing procedures which may be painful or traumatic to the patient.

GUIDING PRINCIPLES AND VALUES

- Trauma Informed Care
- People-Centred Care
- The Children's Comfort Promise

GUIDELINES

Application of comfort positioning will use methods of positive touch (e.g., hand-holding, hugs, etc.) from caregiver/support persons (if caregiver/support person is comfortable with providing this touch), the use of comfort items such as blankets or toys, and maintaining a calm, low stimulus environment whenever possible.

Caregivers, children, and youth should be prepared (information and coping plan discussed) in advance of potentially painful or distressing procedures. Consider a Child Life Specialist consult.

Parents/caregivers should be offered the opportunity to participate and support their child during painful/distressing procedures **and** supported if they decide not to be present during the procedure (if they feel they cannot or will not be able to comfort and actively support their child).

Assess the developmental needs of the child/youth to determine whether positioning is comforting or perceived as restraining (e.g., an older child may not feel comforted by being on their caregiver's lap and being held, whereas a toddler may feel comforted by being held by a caregiver).

Comfort Positioning for Babies (developmentally 0-12 months)

- Allow patient to be held by caregiver, swaddled or skin-to-skin
- Have the caregiver hold the patient so the patient is upright, and not lying down, if possible, for the procedure. Avoid performing painful procedures in the infant's crib, if possible.
- Offer a pacifier with sugar water or allow the caregiver to breastfeed, if possible
- Distraction with a toy, blanket, or music can also be used

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Comfort Positioning for Toddler and Preschooler developmental levels

- Comfort positioning promotes the use of upright positioning and close contact to the caregiver. Sitting upright has been demonstrated to reduce fear and distress and enhance the patient's sense of control over the medical procedure. Avoid performing painful procedures in a young person's bed, if possible.
- Caregivers can be encouraged to position the patient in their lap, side sitting, facing forward, or chest to chest with one arm around the patient's torso. The child's arms can be secured by the care provider.
- Alternately, a caregiver can sit on a bed/stretcher and have their child sit between their legs with one arm around the torso.
- If the caregiver is unable or prefers not to hold, another caregiver or nurse can assist by holding the arms still while the caregiver provides positive touch
- Distraction with toys, books, slow rhythmic breathing, or music is encouraged

Comfort Positioning for School-Aged Children and Teen developmental levels

- Allow caregivers to be nearby
- Provide the patient with age-appropriate explanations to keep them informed and instill a sense of control in the situation
- Determine with the child/youth their preferred position. Depending on developmental level and emotional needs, they may wish to sit independently, near their caregiver, on their caregiver's lap, or between legs.
- Allow the patient to be involved in as much decision-making as possible to encourage autonomy and involvement (e.g., when able to offer a choice of hand/arm for bloodwork, let the child choose which one they prefer)
- Utilize distraction (e.g., interactive electronics, telling jokes/stories) and deep breathing to alter the focus and minimize fear or anxiety

When to stop a procedure or "Plan B"

- If the intervention is not urgent, and you feel the patient is unable to safely remain still for the procedure, and/or is too distressed (is inconsolable, unable to focus on directions/distraction etc.), stop the procedure, and consider alternative measures:
 - Consult with parents or caregivers and discuss other options to help settle the child, take a break, and potentially proceed
 - Re-evaluate alternate options with the care team (e.g., child life specialist, nurse, physician), e.g., alternate coping plan, sedation, pharmacological support
 - If the child is unable to be held comfortably by the caregiver, and an alternate support person can be present (designate or health professional), the caregiver can provide comfort following the procedure, so that the patient does not associate this negative event with their caregiver.

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REFERENCES

- Canadian Paediatric Society. (2019, November 1). Managing pain and distress in children undergoing brief diagnostic and therapeutic procedures: Canadian Paediatric Society. Managing pain and distress in children undergoing brief diagnostic and therapeutic procedures. Retrieved October 1, 2021, from <https://www.cps.ca/documents/position/managing-pain-and-distress>.
- Diener, M., Lofgren, A. O., Isabella, R. A., Magana, S., Choi, C., & Gourley, C. (2019). Children's distress during intravenous placement: The role of child life specialists. *Children's Health Care*, 48(1), 103-119, DOI: [10.1080/02739615.2018.1492410](https://doi.org/10.1080/02739615.2018.1492410)
- Friedrichsdorf, S. J., & Goubert, L. (2019). Pediatric pain treatment and prevention for hospitalized children. *Pain Reports*, 5(1), e804. <https://doi.org/10.1097/PR9.0000000000000804>
- LeBlanc, C. K., Naugler, K., Morrison, K., Parker, J. A., & Chambers, C. T. (2014). Parent perceptions and satisfaction with inpatient child life specialist interventions and the role of child temperament. *Children's Health Care*, 43(3), 253-272. <https://doi.org/10.1111/pde.14089>
- LeBlanc, C. & Chambers, C. (2013). Child life interventions in paediatric pain. In McGrath, P. J., Stevens, B. J., Walker, S. M., & Zempsky, W. T. (Eds.), *Oxford textbook of paediatric pain*, pp. 543-552. Oxford University Press.
- The Children's Hospital of Philadelphia. (2017, July 10). Comfort positioning during procedures. Comfort Positioning During Procedures. Retrieved October 1, 2021, from <https://www.chop.edu/centers-programs/child-life-education-and-creative-arts-therapy/prepare-your-child-visit-doctor/comfort-positioning-during-procedures>.
- Piazza, J., Merkel, S., Neusius, H., Murphy, S., Gargaro, J., Rothberg, B., Kullgren, K. A., (2019). It's not just a needlestick: Exploring phlebotomists' knowledge, training, and use of comfort measures in pediatric care to improve the patient experience. *The Journal of Applied Laboratory Medicine*, 3(5), p. 847-856. <https://doi.org/10.1373/jalm.2018.027573>
- World Health Organization (WHO). (2016). Framework on integrated, people-centred health services. Report by the Secretariat, A69/39, p. 1-12. https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf?ua=1

RELATED DOCUMENTS

Policies

[IWK Health Centre Policy 1102.2: Restraint Prevention & Management](#)

[IWK Health Centre Policy 1519: Pain Management](#)

[IWK Health Centre Policy 1700: Oral Sucrose Administration for Minor Procedural Pain Management in Infants Less Than or Equal to 12 Months of Age](#)

[IWK Health Centre Policy 1365: Least Restraint Policy in the Emergency Department](#)

[IWK Health Centre Policy 20.77: Application of Topical Anesthetics](#)

Brochures

Comfort Promise for Needle Procedures

Appendices

Appendix A – Definitions

Appendix B – Comfort Promise for Needle Procedures

Appendix C – Comfort Positioning Examples (Images)

Appendix A – Definitions

Children’s Comfort Promise: is a commitment to do everything possible to prevent and treat pain. The IWK’s implementation of The Comfort Promise promotes the use of four strategies: use of topical anesthetics, sucrose or breastfeeding for infants 0-12 months, comfort positioning, and/or developmentally appropriate distraction.

Comfort Positioning: Utilizing comfort items and the accompanying support person in the positioning of a patient to ensure proper interventions.

Least Restraint: The least confining use of physical or chemical control methods or monitoring devices to maintain safety, given an individual’s mental and physical conditions. Alternatives to restraints include de-escalation, redirection, setting limits, the use of medication to manage symptoms (not as a control procedure), psychosocial interventions, and safe physical escort techniques. When such alternatives are deployed early enough, the patient may respond positively to these less restrictive interventions. The Canadian Patient Safety Institute advocates that although restraint use may be needed during behavioural emergencies, it should be considered as an intervention of last resort (Canadian Patient Safety Institute, 2013).

People-centred care: an approach to care that consciously adopts individuals’, carers’, families’ and communities’ perspectives as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people rather than individual diseases, and respects social preferences. People-centred care also requires that patients have the education and support they need to make decisions and participate in their own care and that carers are able to attain maximal function within a supportive working environment. People-centred care is broader than patient and person-centred care, encompassing not only clinical encounters, but also including attention to the health of people in their communities and their crucial role in shaping health policy and health services (WHO, 2016).

Restraint: In the health care context, “restraint” refers to the application of restriction to physical movement or diminishing aggression with medication not part of a person’s normal pharmacologic regimen, including: environmental, physical, manual, mechanical, or chemical.

Trauma Informed Care- commitment is to provide services in a manner that is welcoming and appropriate to the special needs of those affected by trauma (Harris & Fallot, 2001).

Appendix B – Comfort Promise for Needle Procedures

COMFORT PROMISE for needle procedures



BABIES (0-12 months)

- Held by parent
- Swaddled or skin to skin
- Pacifier with sugar water or breastfeeding
- Distraction: favorite toy, blanket or music



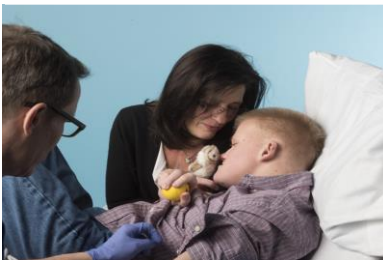
TODDLERS AND PRESCHOOLERS (1-5 years)

- Held by parent, sitting upright is best
- Distraction: bubbles, books, toys or music



SCHOOL AGE (6-12 years)

- Held by parents or close by, upright is best
- Distraction: interactive toys, books or electronics
- Child may choose to watch or lay down



TEENS (13-18 years)

- Parents available
- Sitting upright is best
- Distraction: interactive toys, books or electronics
- Teen may choose to watch or lay down



**Children's
COMFORT
PROMISE**

*We will do everything possible
to prevent and treat pain.*




**Children's
MINNESOTA**



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Appendix C—Comfort Positioning Examples (Images)

Developmental Age/Stage	Image & Brief Description
<p>Babies</p>	 <p>Patient held skin-to-skin, or swaddled, in upright position when possible. Expose only area needed for.</p>
<p>Toddlers/Preschoolers</p>	 <p>Sitting upright, in caregiver’s lap when possible, or close contact with caregiver.</p>
<p>School-Aged Children/Teens</p>	 <p>Give choice whenever possible, upright is best, caregiver close by or providing comforting touch.</p>

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Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)

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