Améliorer le confort des enfants en soins critiques

Hôpitaux Universitaires de Marseille | ap hm

Faculté des sciences médicales et paramédicales
Aix*Marseille Université

Fabrice MICHEL

Marseille

ADES | UMR 7268

Espace Ethique

Annales Françaises d'Anesthésie et de Réanimation 29 (2010) 321–330

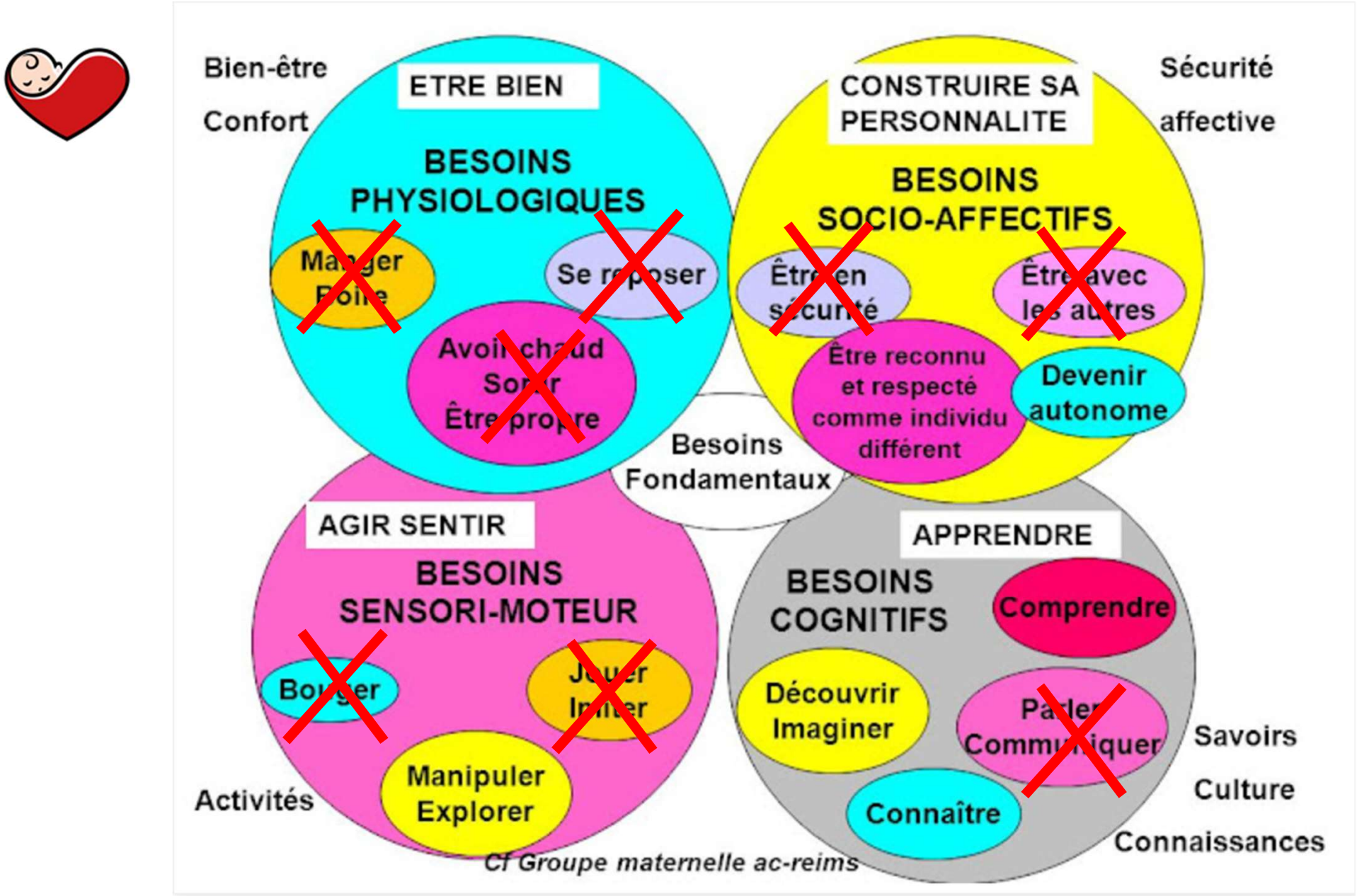
CONFÉRENCE DE CONSENSUS

Mieux vivre la Réanimation*
Morbidity and mortality conferences in intensive care unit : a methodological guide

Société française d'anesthésie et de réanimation (Sfar)

Société de réanimation de langue française (SRLF)

Patients – familles - soignants


Bien-être
Confort
ETRE BIEN
BESOINS PHYSIOLOGIQUES
Manger Boire
Se reposer
Avoir chaud Dormir Être propre
CONSTRUIRE SA PERSONNALITE
Sécurité affective
BESOINS SOCIO-AFFECTIFS
Être en sécurité
Être avec les autres
Être reconnu et respecté comme individu différent
Devenir autonome
Besoins Fondamentaux
AGIR SENTIR
BESOINS SENSORI-MOTEUR
Bouger
Jouer Imiter
Manipuler Explorer
Activités
APPRENDRE
BESOINS COGNITIFS
Comprendre
Découvrir Imaginer
Parler Communiquer
Connaître
Savoirs
Culture
Connaissances
Cf Groupe maternelle ac-reims

Un enjeu essentiel

- Inconfort lié à la maladie, aux soins et au traitements
- Inconfort lié aux organisations et à la structure
- Actions et soins délivrés pour favoriser le confort – Soins centré sur le patient et sa famille



Baumstarck *et al. Health and Quality of Life Outcomes* (2019) 17:29
https://doi.org/10.1186/s12955-019-1101-5

Health and Quality of Life Outcomes

SHORT REPORT Open Access

Assessment of patients' self-perceived intensive care unit discomforts: Validation of the 18-item version of the IPREA

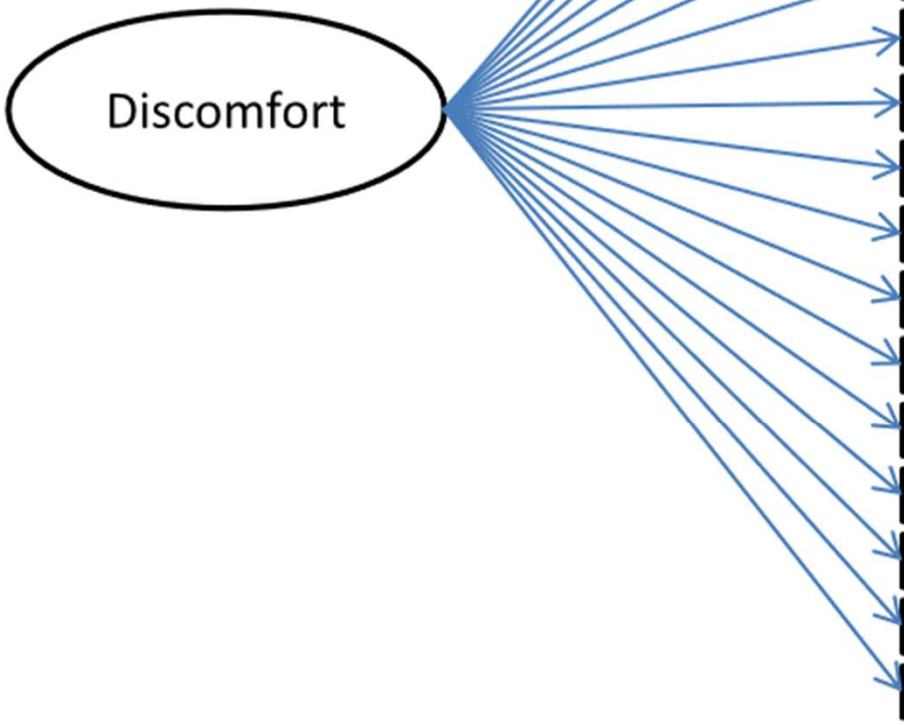
Karine Baumstarck[1*], Mohamed Boucekine[1], Philippe Estagnasie[2], Marie-Agnès Geantot[3], Audrey Berric[4], Georges Simon[5], Bernard Floccard[6], Thomas Signouret[7], Mélanie Fromentin[8], Martine Nyunga[9], Achille Sossou[10], Marion Venot[11], René Robert[12], Arnaud Follin[13], Juliette Audibert[14], Anne Renault[15], Maïté Garrouste-Orgeas[16], Olivier Collange[17], Quentin Levrat[18], Isabelle Villard[19], Didier Thevenin[20], Julien Pottecher[21], René-Gilles Patrigeon[22], Nathalie Revel[23], Coralie Vigne[24], Elie Azoulay[11], Olivier Mimoz[12], Pascal Auquier[1], Pierre Kalfon[14] and the IPREA Study group

Scandinavian Journal of Caring Sciences
EMPIRICAL STUDIES
doi: 10.1111/scs.12764

Meaning and comfort factors in the paediatric intensive care unit from an adult perspective: a descriptive phenomenological study

Alejandro Bosch-Alcaraz RN, MSc (Paediatric Nurse, Associate Professor)[1,2], **Iolanda Jordan** MD, PhD (Paediatric Intensive Care Specialist, Associate Professor)[1,3], **Dolors Rodríguez-Martín** RN, BSc, MSc, PhD (Professor)[2] and **Anna Falcó-Pegueroles** RN, MSc, PhD (Professor)[2]

[1]Hospital Sant Joan de Déu, Barcelona, Spain, [2]School of Nursing, Faculty of Medicine and Health Sciences, University of Barcelona, Barcelona, Spain and [3]Medicine Unit of Training and Research, University of Barcelona, Barcelona, Spain



	IPREA 16	IPREA 18
Noise	0.46 (0.031)	0.439 (0.031)
Light	0.447 (0.031)	0.426 (0.031)
Bed	0.431 (0.031)	0.412 (0.031)
Sleep	0.503 (0.03)	0.489 (0.029)
Thirst	0.312 (0.034)	0.325 (0.033)
Hunger	0.33 (0.033)	0.337 (0.033)
Cold	0.305 (0.034)	0.296 (0.034)
Heat	0.418 (0.031)	0.419 (0.031)
Pain	0.388 (0.032)	0.391 (0.031)
Medical device	0.48 (0.03)	0.482 (0.029)
Intimacy	0.494 (0.029)	0.48 (0.029)
Anxiety	0.501 (0.029)	0.519 (0.028)
Isolation	0.524 (0.029)	0.541 (0.027)
Visiting hours	0.331 (0.033)	0.334 (0.033)
Phone	0.295 (0.034)	0.303 (0.034)
Information	0.437 (0.031)	0.443 (0.03)
Breath		0.345 (0.032)
Depressed		0.554 (0.027)

Médicaments de la sédation

- **Benzodiazépines associées à la survenue de délirium**
- Kétamine effets psychodysleptiques chez les grands enfants
- Dexmédétomidine et clonidine
  - Recommandations nord américaines: dexmédétomidine en première intention en post-opératoire de chirurgie cardiaque

Gestion de la Sédation

- 215 PICU
- 71% ont un protocole de sédation
  - Seulement 68% des centres à haut volume d'activité
- 38% protocole géré par les IDE


Daverio *et al. Critical Care* 2022, **26**(1):88
https://doi.org/10.1186/s13054-022-03957-7

Critical Care

RESEARCH Open Access

Check for updates

Pain and sedation management and monitoring in pediatric intensive care units across Europe: an ESPNIC survey

Protocoles de sédation

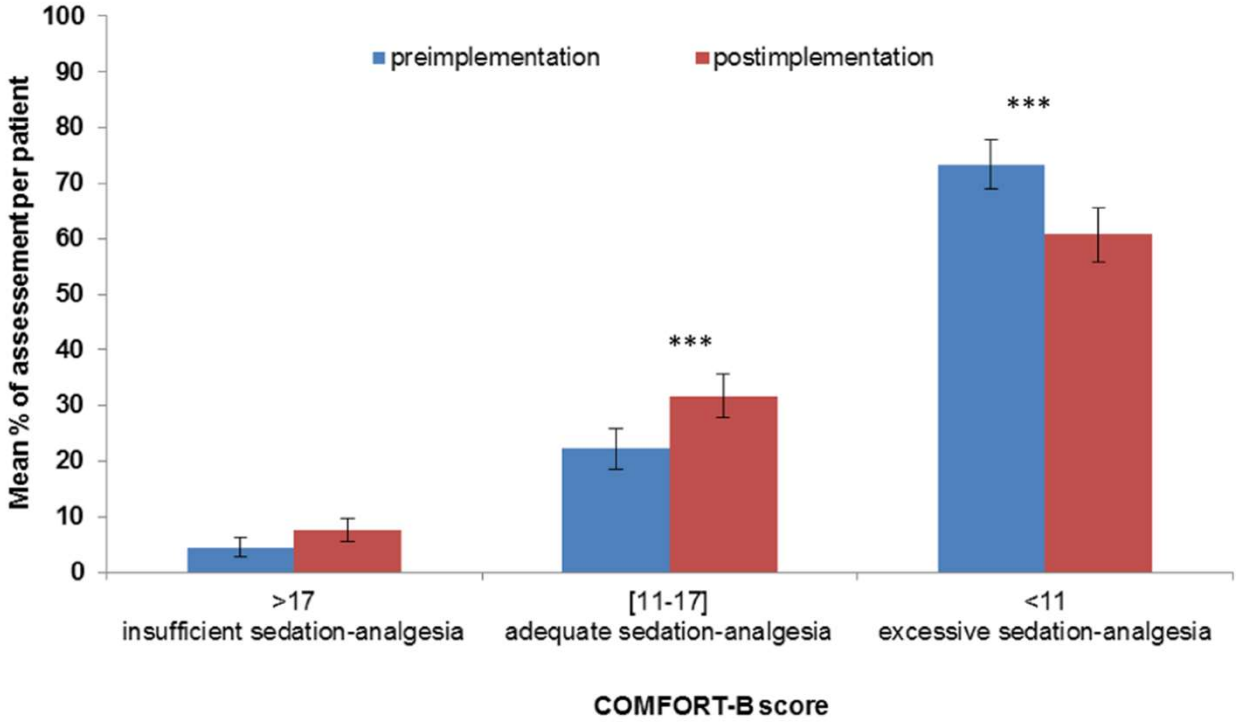
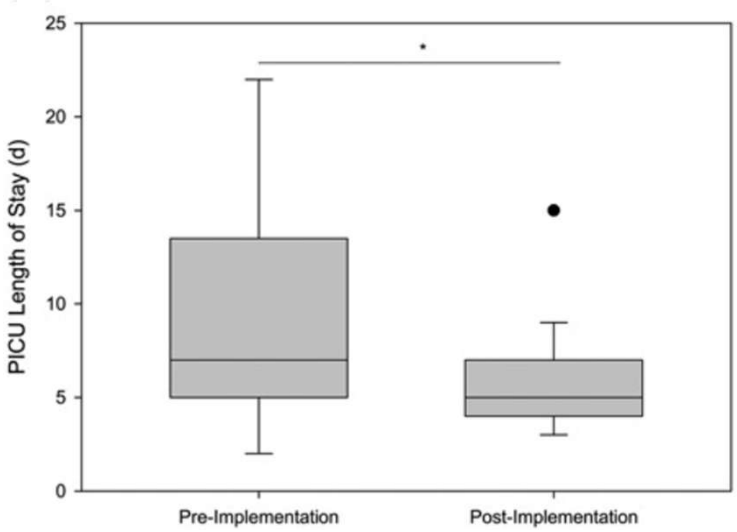


Fig. 3 Distribution of COMFORT-B scores per level of sedation and analgesia before and after the protocol implementation. *Bars* represent 95% confidence interval, ***$p < 0.001$

Dreyfus *et al. Ann. Intensive Care (2017) 7:36*
DOI 10.1186/s13613-017-0256-7

Annals of Intensive Care

Protocole de sédation



Drug	Preimplementation	Postimplementation	*p*
Cumulative dose of morphine (μg/kg)	1,961 (1,113–3,162)	1,920 (904–2,687)	.54
Cumulative dose of midazolam (mg/kg)	7.37 (4.70–17.65)	5.0 (2.70–9.12)	.019*
Cumulative dose of clonidine (mg/kg)	0.53 (0.24–0.92)	6.05 (0.81–22.53)	.001*

J Spec Pediatr Nurs. 2020;25:e12291.
https://doi.org/10.1111/jspn.12291

Efficacy and Safety of Dexmedetomidine for Prolonged Sedation in the PICU: A Prospective Multicenter Study (PROSDEX)*

Francesca Sperotto, MD[1]; Maria C. Mondardini, MD[2]; Clara Dell'Oste, MD[3]; Francesca Vitale, MD[4]; Stefania Ferrario, MD[5]; Maria Lapi, MD[6]; Federica Ferrero, MD[7]; Maria P. Dusio, MD[8]; Emanuele Rossetti, MD[9]; Marco Daverio, MD[1]; Angela Amigoni, MD[1]; on behalf of the Pediatric Neurological Protection and Drugs (PeNPAD) Study Group of the Italian Society of Neonatal and Pediatric Anesthesia and Intensive Care (SARNePI)

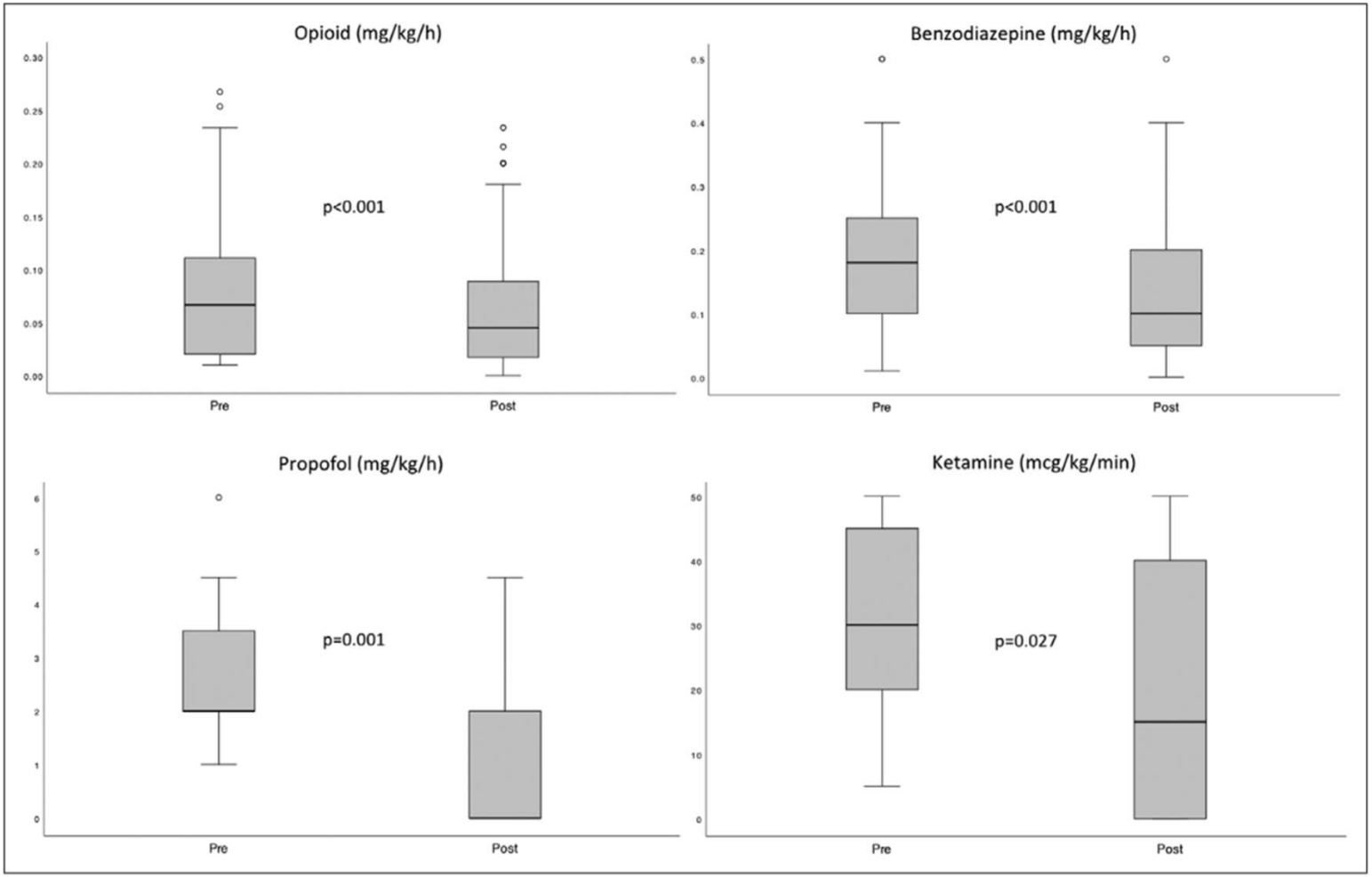


Figure 2. Dosages of concomitant analgesia and sedation pre and at 24 hr of dexmedetomidine infusion ($n = 140$).

TABLE 4. Multivariate Model of Factors Associated With Hemodynamic Adverse Events in Patients Using Dexmedetomidine for Prolonged Sedation

Variables	OR	95% CI	*p*
Dexmedetomidine loading bolus	4.792	1.227–18.707	0.024
Dexmedetomidine maximum infusion dose (μg/kg/hr)			0.001
≤ 0.6	1.0	Reference group	–
> 0.6 and ≤ 0.8	1.813	0.757–4.340	0.182
> 0.8 and ≤ 1.2	0.593	0.213–1.656	0.319
> 1.2	5.442	1.948–15.205	0.001

OR = odds ratio.

Model I: Candidate variables are as follows: age, diagnostic categories, comorbidities, high-intensity treatments, mechanical ventilation, vasopressor inotropic support, dexmedetomidine loading bolus, dexmedetomidine maximum infusion dose; concomitant analgesia, concomitant sedation, opioid/benzodiazepine withdrawal syndrome, dexmedetomidine weaning modality. $n = 163$; model χ^2 $p \leq 0.001$; Hosmer and Lemeshow test $p = 0.990$; area under the curve = 0.707.

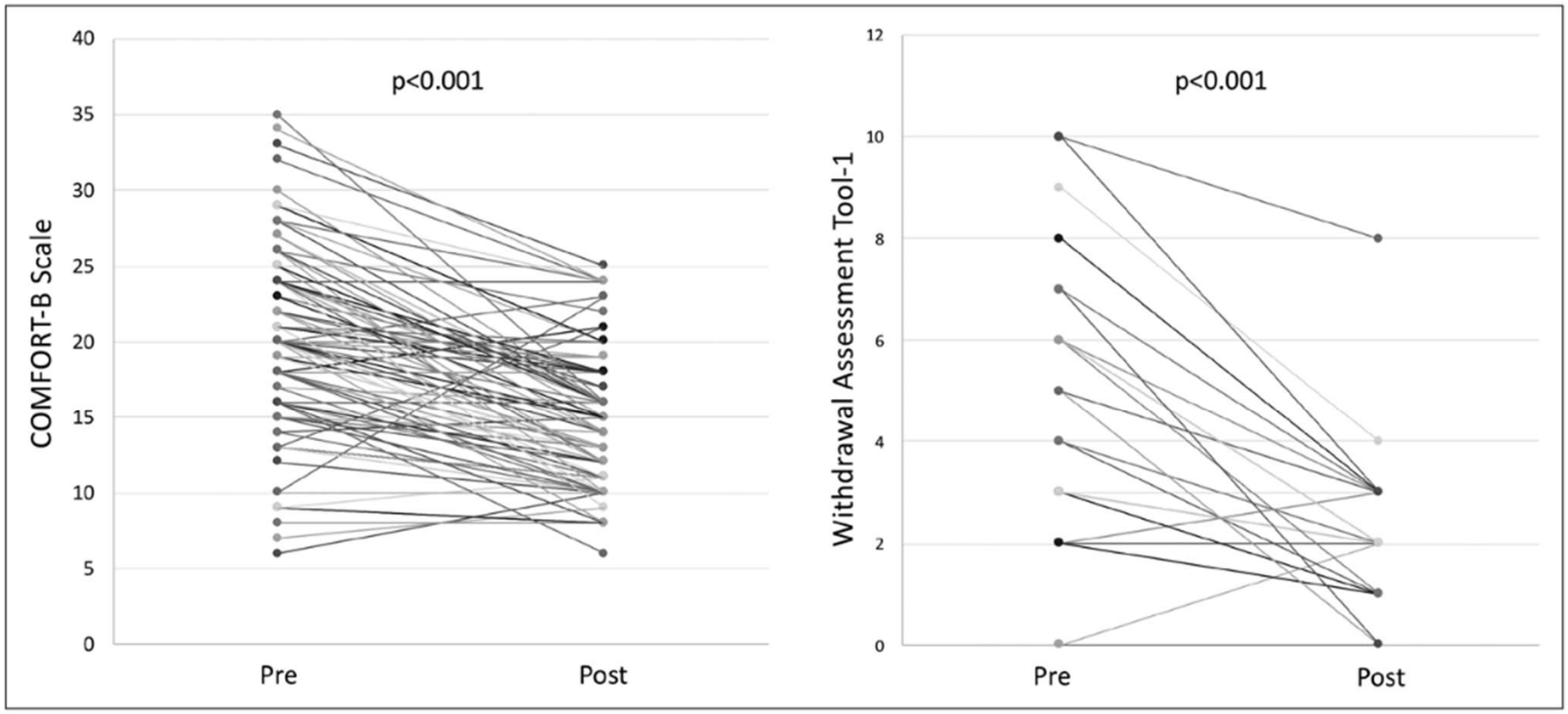


Figure 1. Before and after graph of COMFORT-B Scale ($n = 114$) and Withdrawal Assessment Tool-1 ($n = 43$) values in patients receiving dexmedetomidine for prolonged sedation.

Curarisation

- A bon escient
- Discontinu
- Monitorage
- Associée à une sédation efficace
- Monitorage de la sédation

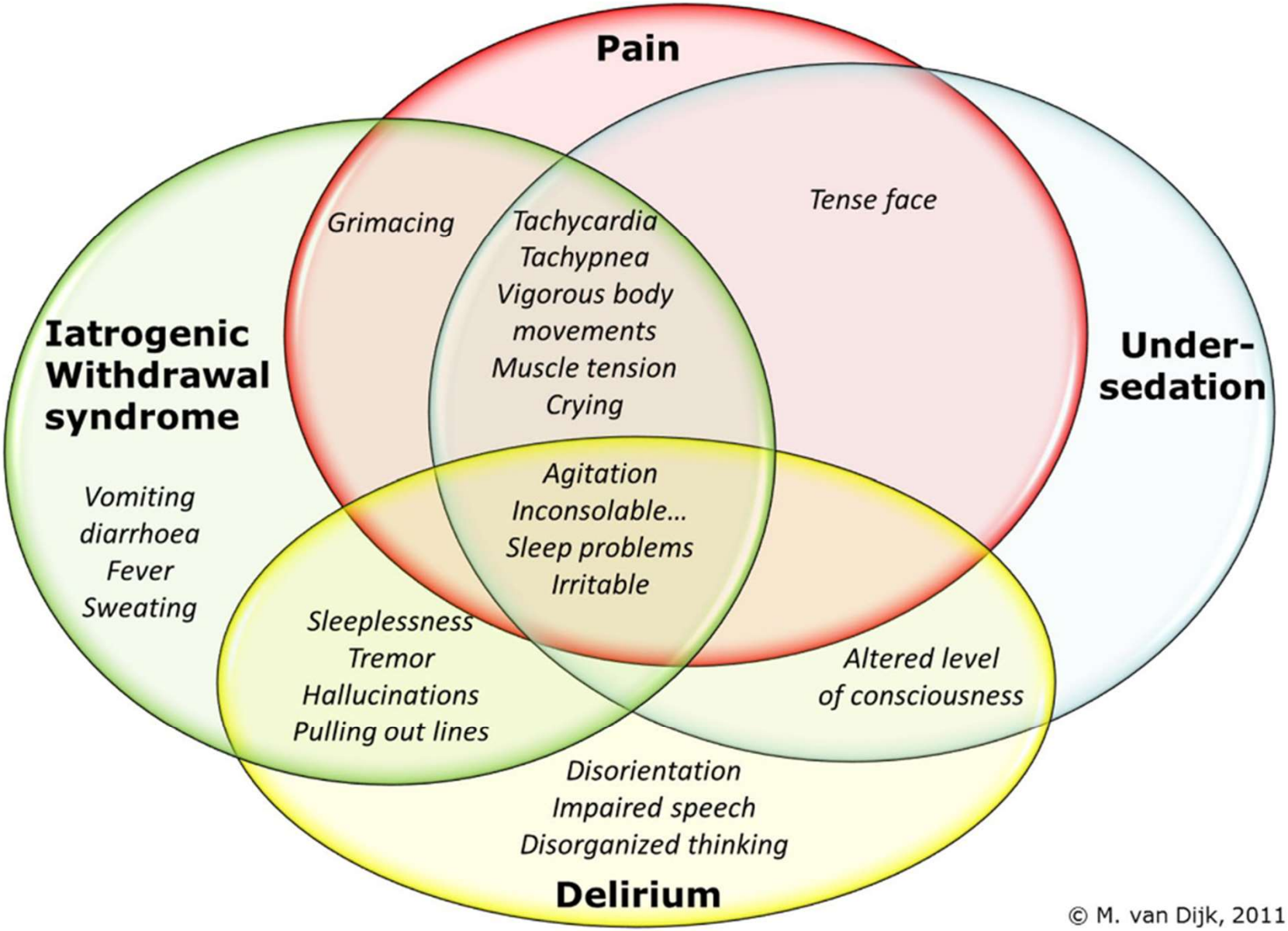


Fig. 1 Overlap of behavioural cues in pain, sedation, withdrawal syndrome and delirium



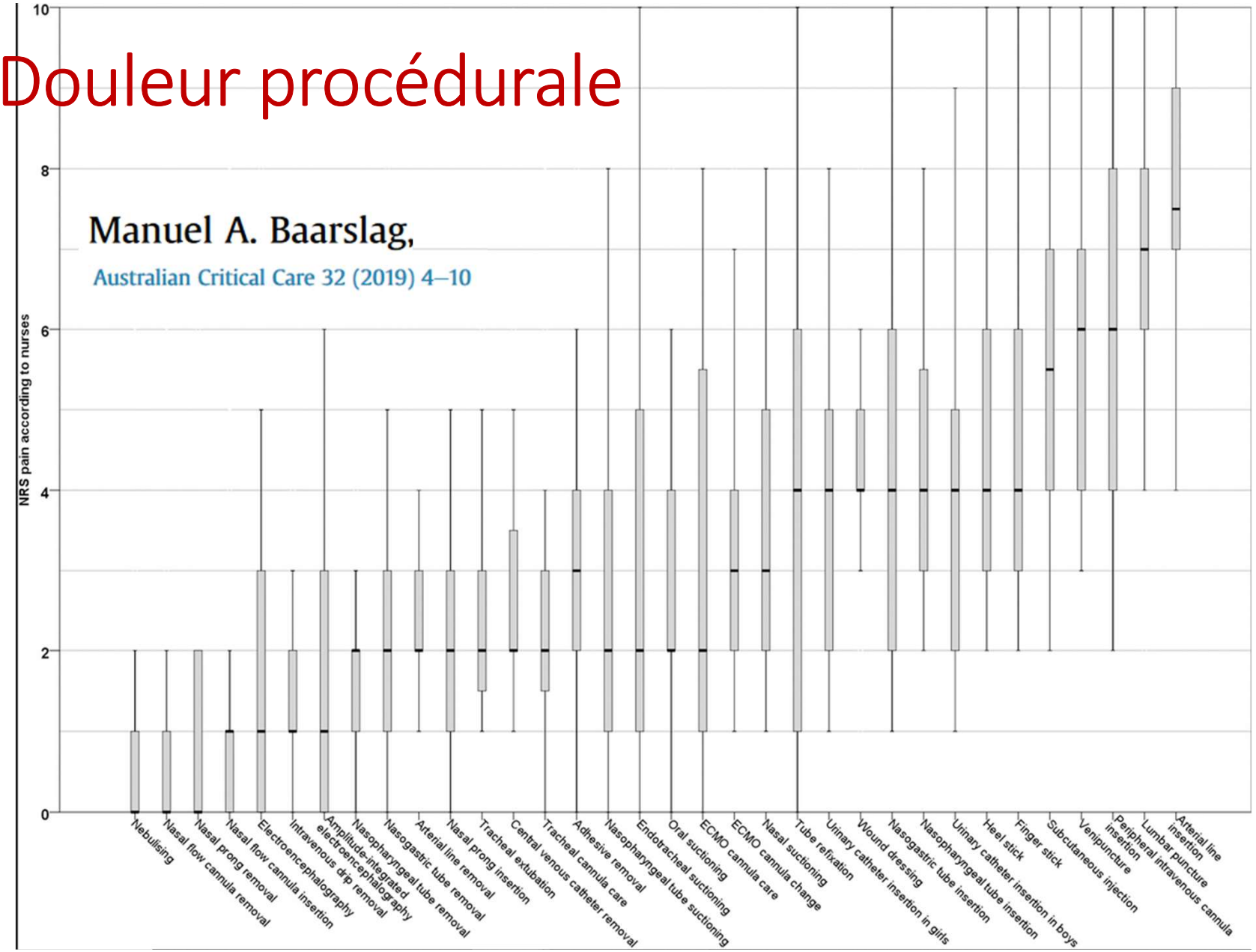
Item	Pain	Under-sedation	IWS	Delirium	≠
Facial					
Grimacing	✓	✓			2
Frowning	✓				1
Quivering chin	✓		✓		2
Deepened nasolabial fold	✓				1
Wide open eyes*	✓	✓		✓	3
Staring look*				✓	1
Vocal/verbal					
High pitched crying	✓		✓		2
Screaming	✓		✓	✓	3
Crying steadily	✓		✓		2
Sobbing or whining	✓	✓	✓		3
Moaning	✓	✓	✓	✓	4
Ouch	✓				1
Incomprehensible speech				✓	1
Body movements					
Restlessness	✓	✓	✓	✓	4
Kicking or legs drawn up	✓	✓	✓	✓	4
Grasping specific area of the body	✓				1
Tremors			✓	✓	2
Response to stimuli		✓	✓	✓	3
Movements of arms and/or legs*	✓	✓	✓	✓	4
Posture/muscle tone					
Tense/rigid	✓	✓	✓	✓	4
Clenched fists	✓	✓	✓		3
Increased muscle tone	✓	✓	✓	✓	4
Sleep and behavioral state					
Sleeplessness	✓	✓	✓	✓	4
Hyperalert	✓	✓	✓	✓	4
Awakens frequently	✓	✓	✓	✓	4
Lack of attentiveness			✓	✓	2
Lack of purposeful acting			✓	✓	2
Lack of eye contact			✓	✓	2
Hallucinations			✓	✓	2
Disorientation			✓	✓	2
Difficult to console	✓		✓	✓	3
Agitation					
Anxious	✓	✓	✓	✓	4
Restlessness	✓	✓	✓	✓	4
Irritability	✓	✓	✓	✓	4
Fumbling			✓	✓	2
Physiological Items					
Increased heart rate	✓	✓	✓		3
Tachypnea	✓		✓		2
Increased blood pressure	✓	✓	✓		3
Low oxygen saturation	✓	✓			2
Fever			✓		1
Sweating	✓		✓		2
Vomiting			✓		1
Diarrhea			✓		1
Other items/context					
Major surgery	✓	✓		✓	3
Presence of Wounds	✓	✓			2
Weaning ventilation		✓			1
Weaning opioids/benzodiazepines	✓	✓	✓	✓	4
Acute onset / fluctuation of symptoms				✓	1
Number of relevant items for each condition	33	24	35	28	

Four-in-One: A Comprehensive Checklist for the Assessment of Pain, Undersedation, Iatrogenic Withdrawal and Delirium in the PICU: A Delphi Study

Monique van Dijk[1,2] and Erwin Ista[1,2]*

frontiers | Frontiers in Pediatrics

Douleur procédurale





Douleur procédurale

Table 3
Numbers of attempt and success rate per painful procedure.

Procedures	Number of intended procedures	Total number including failed attempts	Percentage of procedures with success in one attempt
Subcutaneous injection	34	34	100%
Thoracic drain insertion	5	5	100%
Urinary catheter insertion	25	26	95.8%
Nasogastric tube insertion	90	93	95.7%
Finger stick for blood sampling	192	220	90.2%
Heel stick for blood sampling	256	282	89.9%
Central venous catheter insertion	23	36	86.4%
Endotracheal intubation	9	11	77.8%
Peripheral IV cannula insertion	88	170	68.8%
Lumbar puncture	3	7	66.7%
Arterial line insertion	23	45	65.0%
Venipuncture for blood sampling	28	50	57.9%

IV = intravenous

Table 5
Procedural analgesic and sedative bolus administration for treatment of pain during the five most painful procedures.

Procedure	Covered by procedural analgosedative (n, %)	Drugs used
Top 5 most painful procedures		
1. Arterial line insertion (n = 20)	5 (25%)	Ketamine (n = 3) Propofol (n = 3) Fentanyl (n = 2) Midazolam (n = 1)
2. Lumbar puncture (n = 3)	2 (67%)	Ketamine (n = 2) Propofol (n = 1) Midazolam (n = 1)
3. Peripheral IV cannula insertion (n = 77)	5 (6.5%)	Midazolam (n = 3) Ketamine (n = 1) Propofol (n = 1)
4. Venipuncture (n = 28)	0 (0%)	
5. SC injection (n = 27)	0 (0%)	

IV = intravenous; SC = subcutaneous.

PEDIATRICS INTERNATIONAL
Official Journal of the Japan Pediatric Society

ORIGINAL ARTICLE | Full Access

Nurses' perception of pediatric pain and pain assessment in the Japanese PICU

Kaoru Tsuboi, Norihiko Tsuboi, Kana Yamashita, Satoshi Nakagawa, Nobuyuki Yotani

First published: 10 February 2023 | https://doi-org.lama.univ-amu.fr/10.1111/ped.15499

Results: A total of 356 nurses from 22 institutions responded. Median age of the respondents was 33 years old and 84.6% were female. Median length of nursing experience and PICU experience were ten years and four years respectively. Use of pain scales for assessing pain in children who can self-report pain, preverbal children, and children unable to self-report pain due to cognitive impairment were 90.7%, 55.9%, and 50.0%, respectively. Nurses' satisfaction regarding pain management in their PICU was 31.9% and their confidence in pain assessment and management were 32.6% and 44.9% respectively. Lack of knowledge (95.8%), difficulty assessing pain in children (95.2%), and delay in physician's action (91.8%) were the most perceived barriers to optimal pain management.


PHARMACY MEDICINE
KEEP OUT OF REACH OF CHILDREN
emla® 5% CREAM
lidocaine (lignocaine) and prilocaine
lidocaine (lignocaine) ..... 25 mg/g
prilocaine ..... 25 mg/g
Topical anaesthesia
1 x 5 g tube
(with 2 dressings)
emla® 5% CREAM
lidocaine (lignocaine) and prilocaine
Topical anaesthesia
5g
BATCH FF 3323


20 mL
Multiple-dose
1%
LIDOCAINE HCl
Injection, USP
10 mg/mL
HOSPIRA, INC., LAKE FOREST, IL 60045 USA
LOT 19-118-DK

Interactions Patient / ventilateur

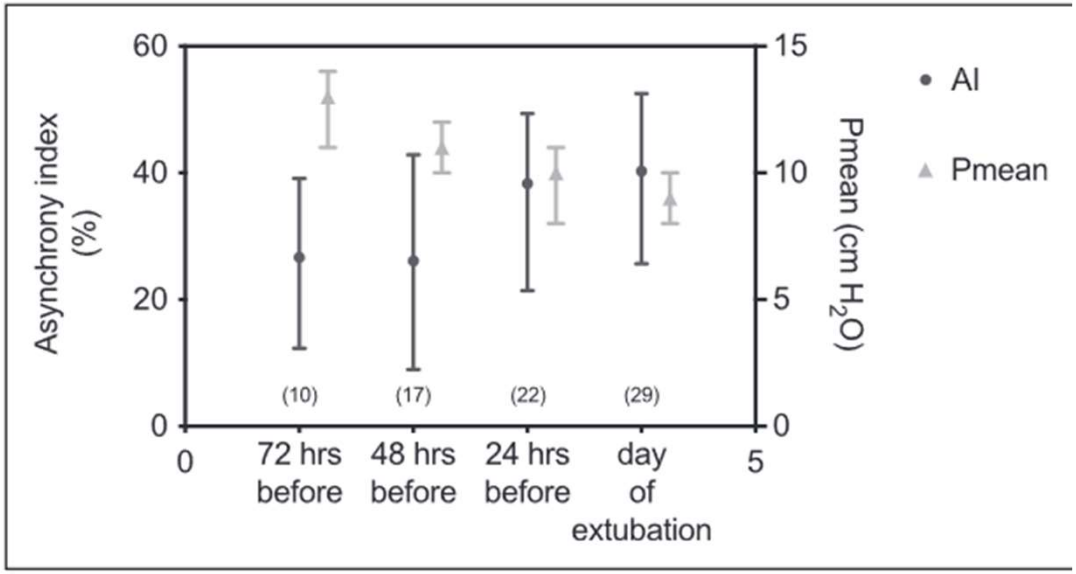


Figure 1. Patient-ventilator asynchrony during mechanical ventilation. Asynchrony index (%) and mean airway pressure (Pmean) score during mechanical ventilation. The level of asynchrony increases over time and peaks in the day of extubation, whereas Pmean decreased during the course of mechanical ventilation.

PCCM 2021 Robert G. T. Blokpoel,

Interactions Patient / ventilateur

Asynchrony in First 24 hr	AI < 10% (*n* = 3)	AI > 10% (*n* = 19)	*p*	AI < 50% (*n* = 16)	AI > 50% (*n* = 6)	*p*
Measured peak inspiratory pressure (cm H_2O)	13 (12–14)	16 (13–16)	0.291	23 (20–26)	18 (14–20)	0.032
Measured positive end-expiratory pressure (cm H_2O)	6 (5–6)	6 (5–6)	0.571	6 (5–7)	5 (5–6)	0.266
Mean airway pressure (cm H_2O)	13 (13–13)	10 (10–11)	0.032	12 (10–13)	7 (7–9)	0.007
Set breath rate (/min)	25 (20–30)	25 (20–30)	0.605	35 (30–40)	25 (20–30)	0.007
Comfort Behavior Score	12 (8–12)	12 (10–15)	0.277	12 (11–14)	13 (10–17)	0.603

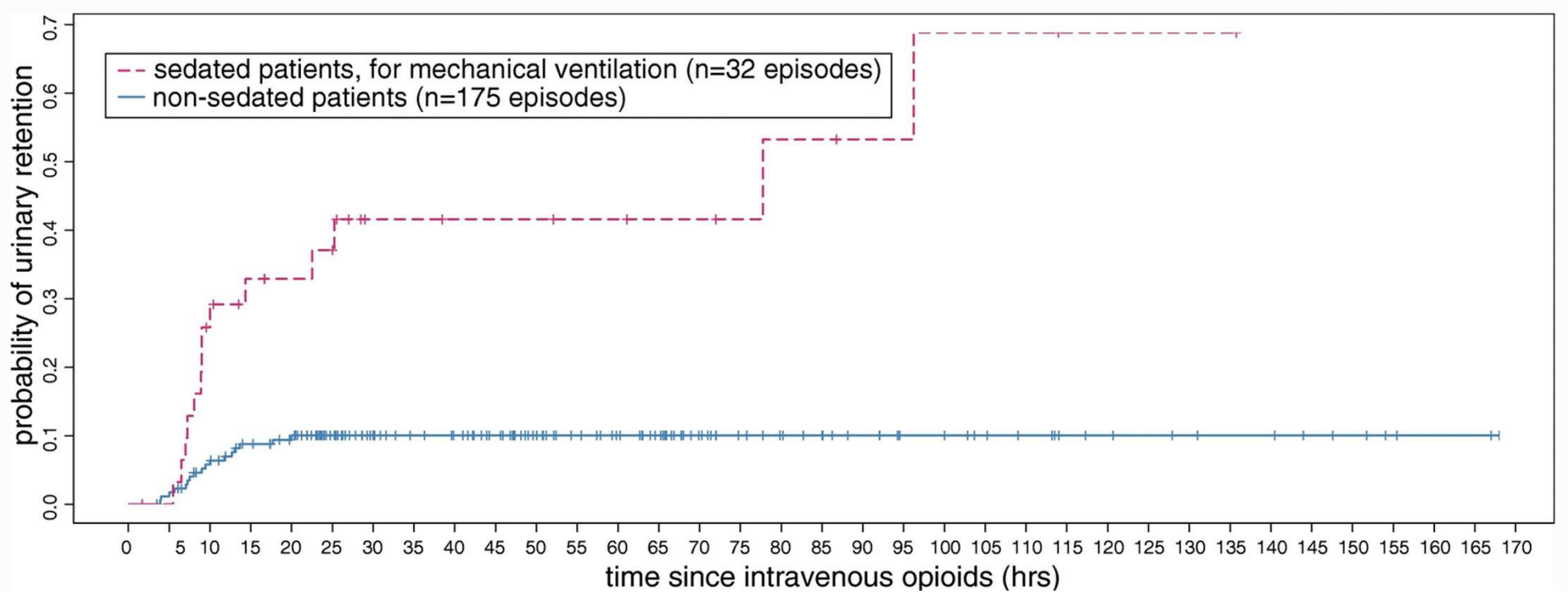
PCCM 2021 Robert G. T. Blokpoel,

Les petits maux du quotidien

- Faut-il garder:

- La SNG
- La sonde urinaire
- La voie centrale (qui évite aussi des ponctions…)
- La VVP
- L’artère
- Les drains
- La contention
- Jeûne
- Changer de matelas

Exemple de la sonde urinaire



de Jong, Anita C. et al *Monitoring of micturition and bladder volumes can replace routine indwelling urinary catheters in children receiving intravenous opioids: a prospective cohort study. European Journal of Pediatrics. 2021 (180)1. p.47 - 56*



Présence des parents

- Dès l'admission
- Ouverture 24/24
- Cuisine
- Sanitaire
- Possibilité de couchage
- Présence de psychologues

Le stress parental est le plus grnd facteur de risque de survenue de PTSD chez l'enfant au décours d'un séjour de réanimation

Décrets relatifs aux conditions d'implantation et techniques de fonctionnement de l'activité de soins critiques

Les clowns et la musique live



Journal of Paediatrics and Child Health

Original Article

Parental perceptions of clown care in paediatric intensive care units

Guillaume Mortamet, Audrey Merckx, Nadia Roumeliotis, Caroline Simonds, Sylvain Renolleau, Philippe Hubert

First published: 10 January 2017 | https://doi.org/10.1111/jpc.13448 SMASH | Citations: 7

- 90% des parents ont accepté la visite des clowns
- 85% ont trouvé que cela avait un effet positif sur eux
- 82% ont trouvé un effet positif pour les enfants
- 81% ont trouvé un effet positif pour les soignants

- De l'importance d'avoir des sensations et des souvenirs positifs

Les clowns et la musique live

Contents lists available at ScienceDirect

Australian Critical Care

journal homepage: www.elsevier.com/locate/aucc



Research paper

The effect of a live music therapy intervention on critically ill paediatric patients in the intensive care unit: A quasi-experimental pretest–posttest study

María Mata Ferro, RN, MSc [a], Anna Falcó Pegueroles, PhD, MHSc, MBHL [b], Rocío Fernández

- Baisse de la FC
- Baisse du RR
- Diminution du COMFORT



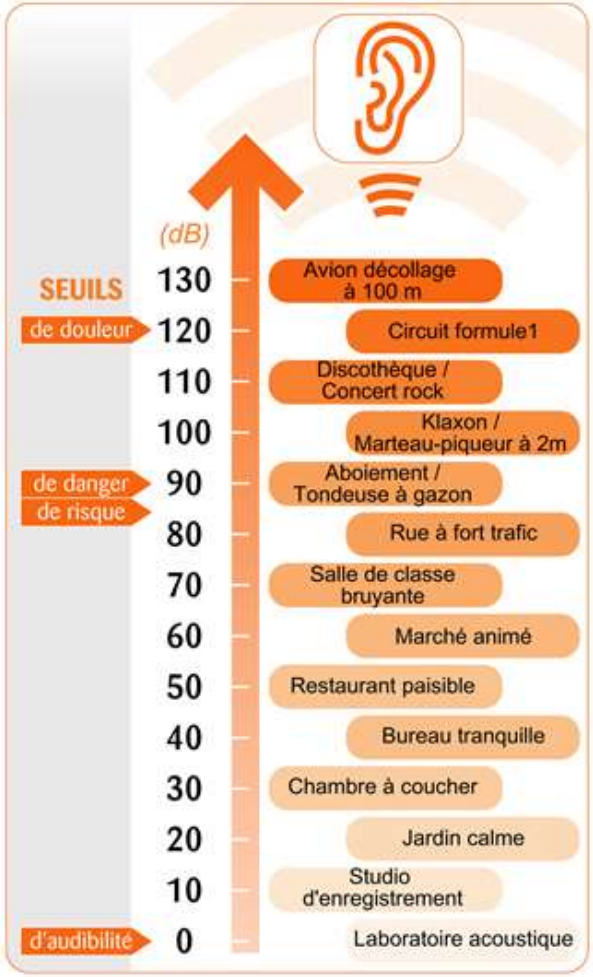
Chambre de réanimation

- Jour et lumière adaptée
- Gestion du bruit
- Réveils ittératifs
- TV
- Tablettes accès wifi
- Personnalisation (dessins, photos …)

Gestion du bruit



Gestion du bruit



> 105 dB(A) : Risques immédiats/ court terme pour l'audition : surdité, acouphènes...

85-105 dB(A) : Risques à moyen/long terme pour l'audition si exposition chronique : pertes auditives

A partir de 40 dB(A) la nuit et de 55 dB(A) le jour : effets extra-auditifs du bruit (fatigue, stress, troubles du sommeil, troubles de l'humeur, troubles cardio-vasculaires, troubles des apprentissages, gêne...)

Plusieurs facteurs entrent en considération : niveau sonore, fréquence, caractère continu ou intempestif du bruit, durée d'exposition, sensibilité individuelle...

Gestion du bruit

Review of a Large Clinical Series

Quality Improvement Initiative to Reduce Pediatric Intensive Care Unit Noise Pollution With the Use of a Pediatric Delirium Bundle

Journal of Intensive Care Medicine
1-8
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DOI: 10.1177/0885066617728030
journals.sagepub.com/home/jic
SAGE

Yu Kawai, MD[1,2], Jeffrey R. Weatherhead, MD[2], Chani Traube, MD[3],

Table 3. Pediatric Intensive Care Unit Noise Level.[a]

Locations (n)	Hourly Minimum	Hourly Average	Hourly Maximum
All areas (20 609)	47.5 (39.0-52.0)	52.0 (46.4-55.2)	66.5 (60.5-70.0)
Clerk station 1 (598)	51.0 (50.0-51.5)	55.0 (54.4-55.7)	69.5 (67.5-75.0)
Clerk station 2 (237)	53.0 (50.5-53.0)	54.4 (53.8-55.0)	73.0 (70.5-75.5)
Respiratory therapy station (610)	46.5 (46.5-47.7)	49.7 (48.5-52.5)	70.0 (66.5-72.5)
Resident/fellow station (599)	40.5 (40.0-40.5)[b]	49.1 (46.5-51.6)	69.5 (66.0-74.5)
Halls (4103)	49.5 (48.0-51.5)	53.8 (51.7-55.3)	68.5 (65.5-71.5)
Unoccupied bed spaces (5698)	38.5 (37.0-48.0)[b]	43.8 (39.0-51.4)[b]	59.0 (55.0-63.5)
Unoccupied private rooms (3711)	39.0 (37.5-47.5)[b]	44.7 (39.5-50.4)[b]	58.5 (55.0-64.0)
Unoccupied open bays (1987)	38.5 (37.0-50.0)[b]	41.8 (37.2-52.8)[b]	60.0 (55.5-63.5)
Occupied bed spaces (8764)	48.0 (39.0-53.0)	52.8 (48.1-56.2)	67.0 (63.5-70.5)
Occupied private rooms (8374)	48.0 (39.0-53.0)	52.6 (48.1-56.4)	67.5 (63.5-70.5)
Occupied open bays (390)	53.0 (39.0-54.0)	54.9 (52.8-55.7)	64.0 (61.5-65.5)

[a]Median decibels (interquartile range).

Table 4. Effect of the Evening Bundle to Eliminate Delirium on Pediatric Intensive Unit Noise Levels.[a]

Occupied Rooms at Nighttime	Pilot Room (A), n = 210	Pilot Compliant Rooms (B), n = 162	Pilot Noncompliant Rooms (C), n = 48	Nonpilot Rooms (D), n = 1841	*P* Values		
					(A) vs (D)	(B) vs (C)	(C) vs (D)
Hourly minimum	39.5 (37.5-55.0)	39.0 (37.0-55.0)	54.8 (46.8-58.0)	48.0 (39.0-51.7)	.03	<.01	<.01
Hourly average	45.3 (39.7-55.9)	44.1 (38.5-55.5)	56.9 (50.4-58.0)	51.2 (46.9-54.8)	<.01	<.01	<.01
Hourly maximum	64.0 (59.5-67.5)	63.0 (59.0-66.5)	67.0 (61.5-76.5)	63.0 (59.0-67.0)	.24	<.01	<.01

[a]Median decibels (interquartile range).

Améliorer le confort pour…?

Intensive Care Med
https://doi.org/10.1007/s00134-018-05511-y

ORIGINAL

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Tailored multicomponent program for discomfort reduction in critically ill patients may decrease post-traumatic stress disorder in general ICU survivors at 1 year

Pierre Kalfon[1,2*], Marine Alessandrini[2], Mohamed Boucekine[2], Stéphanie Renoult[3], Marie-Agnès Geantot[4],

Améliorer le confort pour…?

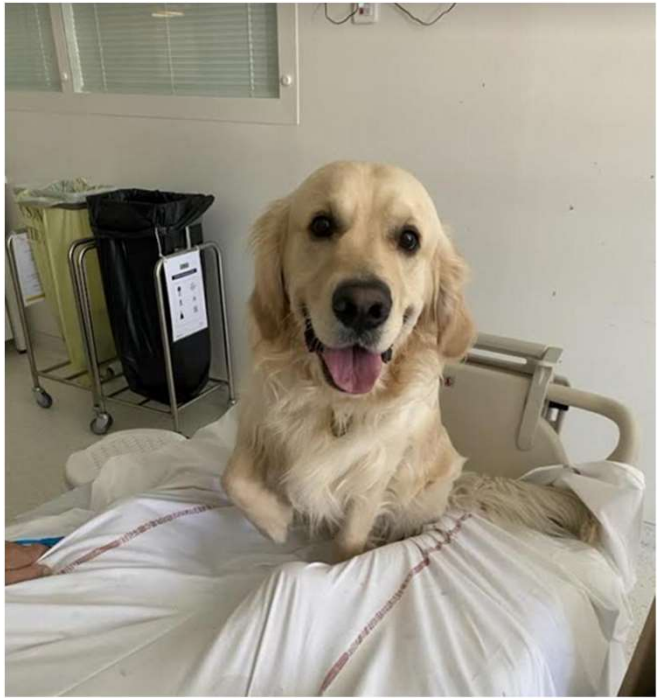
Table 2 Post-traumatic stress disorder (PTSD) and substantial anxiety and depression symptoms at 1 year after ICU discharge

	Unexposed ($n=475$)	Exposed ($n=344$)	*P* value
PTSD			
IES-R total score[a], median (IQR)	**9 (3–20)**	**7 (3–15)**	0.003
Absence of PTSD[b], *n* (%)	412 (88%)	321 (94%)	0.004
Presence of PTSD, *n* (%)	**57 (12%)**	**21 (6%)**	
Anxiety symptoms			
HADS anxiety score[c], median (IQR)	5 (3-8)	5 (3-8)	0.488
No substantial anxiety symptoms[d], *n* (%)	329 (70%)	245 (72%)	0.702
Probable anxiety symptoms[d], *n* (%)	79 (17%)	58 (17%)	
Confirmed anxiety symptoms[d], *n* (%)	63 (13%)	39 (11%°	
Depression symptoms			
HADS depression score[c], median (IQR)	4 (1–8)	4 (1–7)	0.764
No substantial depression symptoms[d], *n* (%)	347 (74%)	260 (76%)	0.022
Probable depression symptoms[d], *n* (%)	72 (15%)	32 (9%)	
Confirmed depression symptoms[d], *n* (%)	52 (11%)	50 (15%)	



Impact de l'inconfort en pédiatrie

- Ces travaux n'existent pas en pédiatrie
- Difficile de faire des liens entre l'inconfort ressenti en réanimation et les troubles post-hospitalisation
- Mais a-t-on besoin d'EBM pour réconforter?





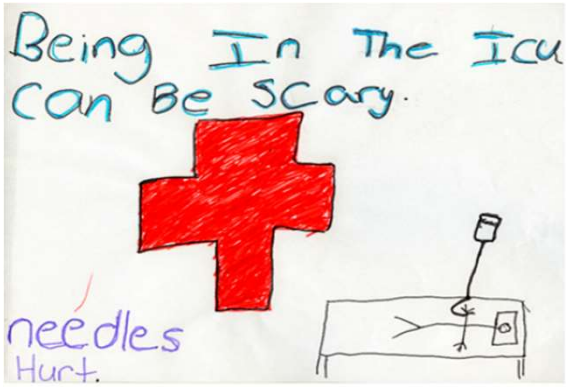


Impact sur les soignants?

We can emphasize in this study that professionals recognize that it is possible to offer nursing care in a more pleasant way, with a set of techniques and measures that favor a state of ease and comfort for the child and his family. Literature corroborates these findings, showing that even with all the technological devices**, it is important that the team does not fail to provide human care.** It is worth emphasizing that this care can be more pleasant if the professional uses strategies such as playing, touching, speaking with affection, providing guidance and explanation, all in order to minimize this discomfort

Patricia Rodrigues Soares et al. Rev. Bras. Enferm. 73 (4) • 2020

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