ODESSA NATIONAL MEDICAL UNIVERSITY

MINISTRY OF HEALTH OF UKRAINE

ODESSA NATIONAL MEDICAL UNIVERSITY

Faculty: medical

(faculty name)

Department of pediatrics №1

(name of department)

APPROVE

Acting pro-rector for scientific and educational work

prof. _____ Svitlana KOTIUZHYNSKA

"____" _____ 2022 y

METHODICAL RECOMMENDATION OF THE SEMINAR LESSON FROM THE SELECTIVE EDUCATIONAL DISCIPLINE

Faculty medical, course 5_____

Seminar lesson No.8 "Emergency medical care, pre-hospital stage, new clinical protocol. Pain in children. Assessment of neurological status".

(name of topic)

Seminar lesson No.8 "Emergency medical care, pre-hospital stage, new clinical protocol. Pain in children. Assessment of neurological status".

(name of topic)

Approve:
Meeting of the Department of Pediatrics №1_____

Odessa national medical university

Protocol № _1__ of "__29_" _____08_____ 2022 y__ .

Head of the department _____ (Mykola ARYAYEV)

Department of Pediatrics No. 1, Odessa National Medical University

S

"Peculiarities and ethics of communication with a sick child and her parents.

(signature) *(name, surname)*

Developers:

(indicate surnames, scientific degrees, scientific titles and positions of developers; everyone who teaches the specified academic discipline must be among the developers)

Developers:

Prof. Mykola ARYAYEV as. of prof. PhD Daria USENKO. as. of prof. PhD Larysa KAPLINA

(name of academic discipline)

*Note.*In the case of publication of methodological developments as an independent printed work, the academic council of the faculty provides a recommendation for publication in the presence of two reviews, one of which is external — from a reviewer of another institution of higher education.

Department of Pediatrics No. 1, Odessa National Medical University

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"Peculiarities and ethics of communication with a sick child and her parents.

Seminar lesson No. 8

Topic: Emergency medical care, pre-hospital stage, new clinical protocol. Pain in children. Assessment of neurological status.

Purpose: The applicant's acquisition of additional knowledge and mastering of professional competences and communication skills with the parents of a child with diseases that are accompanied by pain, obtained in the course of studying the subject; promoting the development of creative thinking. The ability to logically express and argue one's thoughts, to listen to each other, to criticize productively.

Basic concepts: Pain in children. Etiology, pathogenesis, clinic, diagnosis. Pain assessment scales for children of different ages.

Equipment: a mannequin of a child under 5 years of age.

Study time: 2 hours.

Plan

I. Organizational moment (greetings, checking the audience, the message of the topic, the purpose of the lesson, the motivation of applicants to study the topic).

II. Control of basic knowledge (frontal survey on the basic terminology).

Questions to check basic knowledge on the topic of the seminar:

1. Etiology, pathogenesis, clinic, diagnosis, assessment of pain in children of different ages.

III. Discussion of theoretical issues:

1. Pain in children, definition and assessment.
2. Pain assessment scales for children of different ages (FLACC, NIPS, DAN, TouchVisual Pain, TVP scale, Elanda, Hand scale).
3. Types of pain (physical, acute, chronic, sudden, breakthrough in children.
4. Mechanisms underlying pain in children (nonaceptive, somatic, neuropathic).
5. Basic principles of pain management in children.

The discussion of theoretical issues can take place in the form of a role-playing game, answers to questions, debates, discussions, presentations with reports, abstracts, discussion of reports and abstracts, reviewing applicant answers, etc.)

Topics of role-playing games/reports/abstracts

1. Pain in children, definition and assessment.
2. Pain assessment scales for children of different ages (FLACC, NIPS, DAN, TouchVisual Pain, TVP scale, Elanda, Hand scale).
3. Types of pain (physical, acute, chronic, sudden, breakthrough in children.
4. Mechanisms underlying pain in children (nonaceptive, somatic, neuropathic).
5. Basic principles of pain management in children.
6. Pain control, drugs used to control pain in children.
7. Assessment of neurological status according to the AVPU scale and the Glasgow coma scale in children.

Applicants can prepare didactic visual guides in the form of tables, code diagrams, slides, drawings, portraits of famous specialists, preparations during preparing a report, role-playing game, abstract, analytical review, etc.

IV. Summary of results.

List of recommended literature:

Basic:

1. Nelson textbook of pediatrics, 2 volume set. Edition: 21st, 2019. PDF format. http://pediacalls.com/e-books/nelson-textbook-of-pediatrics-21st-edition/
2. Vinod K Paul, Arvind Bagga. Ghai Essential Pediatrics, 8th edition, 2013. PDF format.

Additionally:

1. Charles A.Pohl, Leonard G.Gomella. Pediatrics On-Call Problems, 2006. PDF format.
2. Manworren RC, Stinson J. Pediatric Pain Measurement, Assessment, and Evaluation. Semin Pediatr Neurol. 2016 Aug;23(3):189-200. doi: 10.1016/j.spen.2016.10.001
3. Neurosurgery Education and Outreach Network (NEON). (2016). Guidlines for basic paediatric neurological observation (Vol. 1) [E-book]. Critical Care Services Ontario . https://www.criticalcareontario.ca/EN/Neurosurgical%20Care/Guidelines%20for%20 Basic%20Paediatric%20Neurological%20Observation-May%202016.pdf
4. International Association for the Study of Pain. IASP definition of pain. IASP Newsletter. 2001;2:2.
5. McGrath PJ, Walco GA, Turk DC, Dworkin RH, Brown MT, Davidson K, et al. Core outcome domains and measures for pediatric acute and chronic/recurrent pain clinical trials: PedIMMPACT recommendations. J Pain. 2008;9(9):771–783.
6. American Pain Society. Assessment and management of children with chronic pain: A position statement from the American pain society. Available at: http://americanpainsociety.org/uploads/get-involved/pediatric-chronic-pain-statement.pdf.
7. King S, Chambers C, Huguet A, MacNevin RC, McGrath PJ, Parker L, et al. The epidemiology of chronic pain in children and adolescents revisited: A systematic review. Pain. 2011;152:2729–2738.
8. Connelly M, Neville K. Comparative prospective evaluation of the responsiveness of single-item pediatric pain-intensity self-report scales and their uniqueness from negative affect in a hospital setting. J Pain. 2010;11(12):1451–60.
9. Tomlinson D, von Baeyer CL, Stinson JN, Sung L. A systematic review of faces scales for the self-report of pain intensity in children. Pediatrics. 2010;126(5):e1168–98.
10. Claar RL, Walker LS. Functional assessment of pediatric pain patients: Psychometric properties of the functional disability inventory. Pain. 2006;121:77–84.
11. Hershey AD, Powers SW, Vockell AL, LeCates SL, Segers A, Kabbouche MA. Development of a patient-based grading scale for PedMIDAS. Cephalalgia. 2004;24:844–9.
12. Lewandowski AS, Palermo TM, Stinson J, Handley S, Chambers CT. Systematic review of family functioning in families of children and adolescents with chronic pain. J Pain. 2010;11(11):1027–38.
13. American Medical Association. (2013). Pain management: Pediatric pain management. Available at: www.ama-cmeonline.com/pain_mgmt/printversion/ama_painmgmt_m6.pdf
14. Pasero C, Quinlan-Colwell A, Rae D, Broglio K, Drew D. American society for pain management nursing position statement: Prescribing and administering opioid doses based solely on pain intensity. Pain Manag Nurs. 2016;17(3):170–80.
15. Manworren RCB, Jeffries L, Pantaleao A, Seip R, Zempsky WT, Ruaño G. Pharmacogenetic testing for analgesic adverse effects: Pediatric case series. Clin J Pain. 2016;32(2):109–15.
16. World Health Organization. (2016). WHO guidelines on the pharmacological treatment of persisting pain in children with medical illnesses. Available at: www.who.int/medicines/areas/quality_safety/guide_perspainchild/ en/.