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A critically ill child with respiratory failure: How can we manage the pain and anxiety pre and post intubation

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Pain is an important contributing factor to the prognosis of critically ill patient. This review will focus on dealing with sedation and analgesia for a critically ill pediatric patient at different stages in the management of respiratory failure. The child at this level of severe illness is not only suffering from pain due to the underlying disorder, but also anxiety because of what is going to happen in such unusual environment and surroundings. The patient is in need for effective but safe sedation and analgesia, accordingly selecting the appropriate drug among different agents is important, however, sometimes it is not easy to accomplish such objectives without securing the airway and mechanical ventilation. Even at post intubation and mechanical ventilation stage, several considerations needed in managing the pain and anxiety, the clinicians need to always remember that stopping patient's movement by muscle relaxants never treat pain or anxiety rather it increases the anxiety and more suffering without adequate sedation and analgesia. Similarly, sedation alone in painful procedures is not enough. Of paramount importance, in such situation it is important to have a protocol to assess the existence and severity in the absence of self-reported pain with more challenges if the patient is paralyzed. Then tailoring the pain and anxiety management to the patient's need while avoiding over tenement, not only because of possible immediate complications but also because of the withdrawal manifestation which need to be taken in consideration by preventive measures during therapy and effectively looked for and managed post-extubation and discontinuation of analgesic and sedative agents. The important messages are to ensure adequate but safe sedation and analgesia at different stages of the patient's status, which requires adequate knowledge and skills in pain assessment in such challenging situations.

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