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"When I hear a baby's cry of pain change to a normal cry of hunger, to my ears, that is the most beautiful music."

Albert Schweitzer, 1903

Until recently, traditional medical teaching suggested that since the nervous system is not fully developed and most children have no memory of their early years, that they do not experience as much pain as adults. (*Parrott, 2002*)

The American Academy of Pediatrics and the American Pain Society have issued a joint statement recommending that pain be recognized and treated more aggressively in children. They point to several misconceptions that can lead to undertreatment of pain in children:

- The myth that infants and children do not feel pain, or suffer less from it than adults.
- Lack of routine pain assessment in children .
- Lack of knowledge regarding newer modalities and proper dosing strategies for the use of analgesics in children.
- Fears of respiratory depression or other adverse effects of analgesic
- The belief that preventing pain in children takes too much time and effort.

(Fine et al.,2012)

Pain assessment is one of the most difficult yet imperative challenges facing health professionals and researchers who work with children. Accurate assessment is necessary not only to ensure the proper management of pediatric pain, but also to

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facilitate the scientific investigation of pain. Pediatric pain assessment has made important advances in the past decade, and there now exist a myriad of assessment tools

developed for use with children, including self-report, behavioral and physiological measures . Pain is a highly individualized and subjective event. Therefore, a child's self-report (i.e. what a child says) has generally been considered to be the 'gold standard' for pain assessment . (*Chambersa et al.,2000*)

The development of pain pathways and stress response in infant and children has been recently and has led to widespread acceptance from the moral, ethical, humanitarian and physiological reasons, pain should be anticipated, and safely and effectively prevented and controlled in all age groups.

Treatment of chronic pain is handled differently than that of acute pain in children. Pain treatment in the setting of chronic pain in children is multimodal as in adults and has components of depression that should be addressed appropriately. (*Aynsley-Green, 2004*)