Infants and children can feel pain. Pain can negatively impact on a child’s development, so it should always be managed. Causes of pain in children include:

- injury
- disease
- medical interventions such as vaccinations or surgery
- normal childhood events such as teething.

If you think your child is in pain, always see your GP for diagnosis and treatment.

It may not be necessary to give your child a pain medicine. Many other treatments are available that can help relieve a child’s pain. If a pain medicine is needed, always read the label and follow dosage instructions exactly.

For mild pain, such as pain from a new tooth, over-the-counter children’s paracetamol or ibuprofen may be helpful. These are often used in combination with non-medicine strategies. In more serious cases (such as pain from a broken bone), a doctor may need to prescribe stronger medicines.

**How to measure pain in children**

Measuring a child’s pain level can be tricky, particularly in babies and very young children who have no direct way to communicate.

Suggestions include:

- See how the child responds to the pain. They may cry, moan and groan, grimace, writhe, cradle the sore body part or protect it from accidental bumps.
- See how the child looks. They may be flushed and sweaty, or look pale and tired.
- See how the child behaves. They may be quieter than usual or more irritable, stop playing, lose their appetite, be listless or regress to behaviours they have outgrown such as thumb sucking.
- Listen to the child. If they are old enough, they may be able to use words or drawings to communicate the severity of the pain.
- Ask a child (7 years or older) to rate their pain on a scale of 0 to 10 with 0 being ‘no pain’ and 10 being the worst pain.
- Measure physical reactions. The doctor can check for physical signs of pain such as heart rate, blood pressure and blood oxygen levels.
- Trust your parental instincts. No one knows your child better than you do.

**Strategies for managing pain in children**

Many non-medicine treatments can be used to relieve a child’s pain. Non-medicine techniques fall into three
categories including environmental (such as a calm atmosphere), physical (such as hugging) and distraction techniques.

Environmental techniques include:
- Swaddle or wrap babies.
- Show the child that you are taking their pain seriously.
- Tell them what is happening using words they can understand. Fear and anxiety are known to increase perception of pain.
- Reassure them that their pain will be managed and that the treatment (such as an injection) will be less painful than the pain itself.
- Allow your child some control over the situation – for example, older children could decide whether to take their pain medication as a syrup or tablets and ask what flavour of syrup they prefer.

Physical techniques include:
- Give plenty of cuddles and attention.
- If a child is teething, simple measures such as gently massaging the gum with a clean finger or giving them a teething ring to chew may help to relieve discomfort.
- Icepacks or heat treatments can reduce pain. Ask your doctor for advice.

Distraction techniques include:
- Distract your child with games, books or favourite television shows.
- Your health professional may give a baby younger than twelve months a sucrose solution to help with painful procedures.
- If your baby is younger than six months and you are breastfeeding, feed them while they are receiving a painful procedure like vaccination.

**Over-the-counter pain medicines**

Paracetamol and ibuprofen work equally well to relieve pain. They also cause few side effects when used correctly for a short period of time.

Giving more than the recommended dose may make side effects more likely or more severe. These side effects can be dangerous. For example, giving too much paracetamol can cause liver damage, while too much ibuprofen may increase the risk of stomach problems.

**Be sure to give the dose that is written on the bottle or pack according to your child's weight.**

Unless a doctor has advised otherwise, do not give aspirin to children under 16 years of age. Aspirin use in children is linked to an increased risk of Reye’s syndrome, a potentially fatal condition that involves damage to the liver and brain.

**Safe use of over-the-counter pain medicines**

Follow these simple steps to ensure you give pain medicines safely and effectively:
- Always check the active ingredient in a medicine to ensure you’re not doubling up with another medicine that contains the same active ingredient. For example, some cold and flu products also contain pain medicines.
- Use a medicine that is specifically formulated for the child’s age. For example, pain medicines can come as liquids, drops, suspensions, tablets or suppositories.
- Follow the dosage recommendations exactly as directed. Work out the right dose using the child’s weight. Never guess the amount or try to figure it out from adult dosing instructions.
- If a child is heavy or underweight for their age, check the right dose to give with a doctor or pharmacist first.
- Do not think that increasing the dose will give your child more effective pain relief. It may increase their risk of side effects or cause them harm without further reducing pain. If your child is in a lot of pain, seek immediate medical attention.
- Use an oral syringe or the measuring device that comes with the medicine to give the dose. Never use a kitchen spoon – this is not an accurate way to measure the right dose.

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• Keep a record of all medicines given, by whom and for what reason. Include the date, time, strength of medicine, child’s weight, exact dose given and a tally of the daily total.

• If your child has a fever, this does not necessarily mean they will need medication. A mild fever is not usually dangerous and can help fight infection.

Always see your doctor if you are concerned about your child’s health, if your baby is under three months of age, or if pain persists.

When measuring and administering a child’s dose of medicine, ask yourself:

• What is the active ingredient in the medicine?

• Have I calculated the right dose based on the child’s weight and the strength of the medicine?

• What is the safest and most appropriate device for measuring the child’s dose?

• How do I measure and give the dose accurately?

• Have I recorded what, when and how much medicine was given?

Paracetamol

Paracetamol is available over the counter and has been safely used for many years for pain in children, but giving too much paracetamol can harm your child.

Be sure to give the dose that is written on the bottle or pack according to your child's weight.

Note: Paracetamol is not recommended for babies under one month.

There is only a small difference between the maximum daily dose of paracetamol and an overdose, which can cause liver damage. Large amounts of paracetamol are very dangerous, but the effects often don’t show until about two to three days after taking the tablets. However, treatment must be started early to be effective, before the effects begin.

Always seek treatment for paracetamol overdose immediately, even if the person seems quite well.

Non-steroidal anti-inflammatory drugs (NSAIDs)

NSAIDs are medicines that reduce inflammation (redness and swelling). Ibuprofen is an NSAID that is available over the counter.

Note: Ibuprofen is not recommended for babies under three months.

Prescription pain medicines

Other pain medicines available on prescription can be used to treat moderate to severe pain. Some examples include morphine and oxycodone.

Some parents may fear that their child could become addicted to certain prescription pain medicines, but addiction or dependence in children is extremely rare. A short-term course of opioid medicine may have other side effects, but it is unlikely to cause dependence in children when given according to a doctor’s instructions.

Unhelpful pain-management strategies

Some approaches only increase a child’s fear and anxiety. Unhelpful strategies that are best avoided include:

• fake reassurance – don’t tell them that a procedure, such as an injection, won’t hurt when you know it will

• belittling – don’t ridicule your child for acting ‘like a baby’ in the hope they will respond with bravery

• being anxious yourself – don’t fixate on their pain or scare them with talk about future suffering they may have. Research shows that a person who expects the worst will perceive their pain as more painful.

Where to get help

• Your GP (doctor)

• Pharmacist

• Maternal and child health nurse

• Maternal and Child Health Line (24 hours) Tel. 13 22 29

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