

The Pediatric Pain Management standard (CAN/HSO 13200:2022)

Executive Summary

Background:

Access to equitable and quality pain management is a fundamental human right, but many children in Canada still experience preventable, untreated, and unmanaged pain. Common sources of pain in childhood include medical procedures, injury, surgery, acute illness, and chronic disease. Poorly managed pain is costly, with negative short- and long-term consequences on the physical and emotional well-being of children and their families. Canada is a leader in pediatric pain research, but this knowledge is not routinely implemented in practice. The Pediatric Pain Management standard (CAN/HSO 13200:2022) will facilitate the uptake, use, and implementation of pain research and knowledge, to the benefit of children and their families.

The Pediatric Pain Management standard, co-developed by Solutions for Kids in Pain (SKIP) and the Health Standards Organization (HSO), is the first national standard to guide policies and practice for managing pediatric pain in Canada.

The standard guides the delivery of quality pain management for children. It outlines 34 specific criteria with accompanying guidelines detailing how organizational leaders and health care teams can deliver equitable, evidence-informed, and person-centered pain care for children beginning at birth.

The Pediatric Pain Management standard aligns with the [Canadian Pain Task Force 2021](#) recommendations to develop national pain management standards and ensure that all people in Canada have consistent access to pain care and support across jurisdictions. The standard is based on the four transformative goals laid out by the [2021 Lancet Child & Adolescent Health Commission](#) to make pain matter, make pain understood, make pain visible, and make pain better.

Purpose:

The standard applies to hospital settings that provide inpatient, procedural, and/or outpatient services in children's, community/regional, and rehabilitation hospitals. It is intended for use by organizational leaders and dedicated health care teams providing care to infants, children, and adolescents (birth to 19 years less one day) and their families. The standard focuses on how organizational leaders and dedicated health care teams should provide pain care based on the needs, goals, abilities, and preferences of children and their families. **It recognizes that children and families are equal members of the health care team¹, actively involved in discussions and decision-making about their pain care.**

¹ **Team:** People collaborating to meet the goals, abilities, and preferences of the child and family. The team includes the child, family, and workforce members involved in the child's pain management. Depending on the

Development:

The Pediatric Pain Management standard was developed using a rigorous standard development process meeting the requirements for designation as a National Standard of Canada by the Standards Council of Canada (SCC). The standard draws on findings from literature reviews, clinical expertise, evidence-informed practices, and those with lived experience.

The standard was developed with a 15-member working group from across Canada and internationally, with subject matter expertise in patient and family partnership, health policy and quality, hospital administration, medicine (pediatric anesthesiology and emergency), psychology, nursing, physical therapy, and child life.

In addition to an extensive public review, six additional experts reviewed the standard to reflect a commitment to principles of equity, diversity, and inclusion. The standard considers pain management to be equitable when children and families receive care that is anti-oppressive, anti-racist, anti-ableist, culturally informed, and trauma- and violence-informed.

The content of the standard is organized into the following six sections:

1. Make Pain Matter: Establishing a Pediatric Pain Management Framework

Making Pain Matter by Establishing a Pediatric Pain Management Framework specifies seven criteria for organizational leaders to use to align their mandate, values, priorities, and operational plans with the pediatric pain management framework.

This framework describes the organization's policies, processes, standards, and clinical pathways for access to and provision of pediatric pain management and establishes the context through which the quality and equity of pediatric pain management services are evaluated.

Key practices include:

- The development of an organizational framework and dedicated resources for managing pediatric pain
- Establishing an interdisciplinary committee or leader responsible for the organization's pediatric pain management framework
- Maintaining up-to-date organization-wide policies specific to pediatric pain management that recognize the child and family as equal members of the health care team
- Reporting preventable, untreated, and unmanaged pain as patient safety incidents
- Assessing the quality and equity of pain management services

care needed, the team may also include organizational leaders, volunteers, learners, external service providers, and the community.

- Providing health care teams with access to relevant tools for pain assessments and outsourcing expertise as needed

2. **Make Pain Understood: Professional Development to Create a Knowledgeable and Confident Workforce**

Making Pain Understood through a Knowledgeable and Confident Workforce specifies five criteria for organizational leaders to follow when reviewing and implementing an education curriculum for pediatric pain management. It recommends ongoing education and training about pediatric pain management that is evidence-informed, comprehensive, accurate, and equitable. It outlines the recommended skills and abilities that organizations should include in their ongoing professional development training.

Key practices include:

- Providing education on the factors contributing to health inequities and strategies for tailoring pain care to address the unique needs of each child
- Using training methods that ensure the learning outcomes are applied in practice
- Providing resources for health care teams to access external education

3. **Make Pain Visible: Comprehensive Pain Assessment and Reassessment**

Making Pain Visible through Comprehensive Pain Assessment specifies eight criteria for health care teams to follow when conducting comprehensive pain assessments. These assessments are critical to understanding the factors that contribute to a child's unique pain experience.

Key practices include:

- A step-by-step comprehensive assessment process that includes: (1) an initial pain assessment to understand individual factors, (2) ongoing reassessments and updates to the individualized care plan, and (3) consistent documentation of pain assessment results and care plan in the child's health record
- Creating a safe space for children and families to share their pain experience
- Providing support for effective communication to maximize the child's ability to self-report their pain experience

4. **Make Pain Better: Co-developing an Individualized Care Plan**

Making Pain Better through Individualized Care Plans specifies four criteria for health care teams to use to co-develop individualized pain management with children and families. An individualized care

plan is based on the child's needs, goals, abilities, and preferences. It outlines the roles and responsibilities of each team member and how other health care teams within, and outside, the organization will be involved. The care plan is developed based on the child's history, ongoing assessments, diagnostic results, best possible medication history, and previous crisis intervention plans.

Key practices include:

- Creating a safe space for open dialogue about appropriate strategies and supporting informed decision making (i.e., physical, psychosocial, and pharmacological — including traditional and alternative medicine)
- Reviewing possible out-of-pocket costs for pain management services
- Proactively planning for care transitions within the individualized plan (e.g., for moving to adult care, in case of a relocation, etc.)

5. Make Pain Better: Multimodal Pain Management Strategies

Making Pain Better through Multimodal Pain Management specifies six criteria for health care teams to reference when managing acute and chronic pain in children. Multimodal pain management uses physical, psychosocial, and pharmacological strategies to prevent and manage acute and chronic pain, which may include traditional and/or alternative medicine.

Key practices include:

- Considering the needs, abilities, and preferences of the child and family to select the most appropriate strategies and maximize the potential benefits
- Discussing information about safe medication use, including opioids where appropriate, with the child and family
- Awareness of the potential conscious and unconscious biases (based on race, gender, socio-economic status, or other similar factors) when prescribing opioids as a co-therapy

6. Make Pain Matter: Continuous Quality Improvement for Pediatric Pain Management

Making Pain Matter through Continuous Quality Improvement specifies four criteria for organizational leaders and health care teams to demonstrate an ongoing commitment to quality improvement in pediatric pain management, linking to key areas of the pediatric pain management framework.

Key practices include:

- Dedicating resources to quality improvement activities
 - Engaging children and families in quality improvement activities
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- Collecting and tracking data about workforce competencies and quality of pain services
 - Producing incident reports to address factors contributing to pain-related patient safety incidents
 - Supporting the organization's participation in quality improvement plans and activities related to pediatric pain management
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