



Harmonized

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Authorizing Prescriber(s)

Family Medicine Physicians, Paediatricians, Neonatologists, and Registered Midwives with privileges in the Women's and Children's Program at Lakeridge Health (LH).

Authorized to Whom

Nurses employed at LH, with the knowledge, skill and judgment to care for neonatal and infant patients within the Women's and Children's program.

Patient Description/Population

Infants from birth to 18 months of age who are required to undergo mild to moderately painful procedures. Examples of appropriate procedures; tape removal, capillary blood sampling, venous blood sampling, IV insertions, IM injections, lumbar puncture, urinary catheterization.

Order and/or Procedure

These procedures are not presented in sequential order; any one of or combination of the procedures below may be performed by the nurse.

The authorized implementer will:

- 0.5 – 2 mL of 24% Sucrose PO (pacifier and/or squeeze tube method) x 1 dose, 2 minutes prior to a painful procedure.
- Repeat dose every 5 minutes for prolonged procedures
- Consider other non-pharmacological interventions as appropriate e.g. breastfeeding swaddling, skin-to-skin, and non-nutritive sucking.
- Provide the patient, family, guardian, and/or substitute decision maker (SDM) education regarding indications and administration (e.g. the use of a pacifier to aid in medication administration) as it pertains to invasive procedures.

Indications

Any infant from birth to 18 months undergoing any mild to moderately painful procedure.

Contraindications

This directive must not be implemented in any of the following circumstances:

- Consent and/or assent has not been obtained from the patient, family/guardian or SDM,

- Gastrointestinal disorders or abnormalities such as:
 - Tracheal and/or esophageal atresia,
 - Necrotizing enterocolitis (NEC).
- NPO (nothing by mouth),
- Intubated infants,
- Infants with short bowel syndrome,
- Infants with carbohydrate intolerance,
- Avoid use in infants at risk for aspiration.

Consent

The nurse implementing the medical directive must verify consent and/or assent. If the patient, family or SDM refuses treatment, contact the MRP or delegate to determine plan of care. If consent to use a pacifier is not obtained, an oral syringe containing the calculated amount of sucrose solution may be substituted.

Documentation Requirements

In addition to standard documentation practices, the nurse implementing this medical directive must document the following in the patient's health record:

- The name of this medical directive
- The sucrose dose administered
- The name of the implementer
- The date and time (unless documenting electronically)
- Legible signature of implementer including credentials

For example:

July 20, 2020 at 1000, 0.5 mL 24% Sucrose PO administered as per
Sucrose 24% Oral Solution for Pain Management in Neonates and Infants– Medical Directive, B. Smith
RN

Review/Evaluation Process

Every two years by Women & Children's Program

References

The Hospital of Sick Children E-Formulary 2020

Canadian Paediatric Society (2019) Managing pain and distress in children undergoing brief diagnostic and therapeutic procedures.