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Management of Neonatal Pain Levels with Sucrose

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UCI Program in
Nursing Science

Clinical Problem

- Interpretation of pain in neonates is often difficult to assess due to their inability to communicate their pain (Bowden & Greenburg, 2010).
- A preterm infant could undergo 300 or more painful procedures over a 3 month period in the NICU (Grunau et al, 2007).
- A 2013 study discovered that 69% of 60,969 first-attempt procedures done in a NICU were identified as painful (Hatfield, Meyers, & Messing, 2013).



<http://www.whattoexpect.com/first-year/the-heel-stick-test.aspx>

Introduction



<http://www.aboutkidshealth.ca/EN/NEWS/NEWSANDFEATURES/Pages/A-spoonful-of-sugar-water.aspx>

- Sucrose demonstrate benefits including:
 - inhibiting pain transmission at the spinal level (Mitchell & Waltman, 2003)
 - instigating the hypothalamus's release of endorphins (Mitchell & Waltman, 2003)
 - raising the patient's pain threshold (Bowden & Greenberg, 2010)
 - reducing crying time (Bowden & Greenberg, 2010)
 - However, side effects of its repeated use has not been thoroughly investigated (Holsti & Grunau, 2010)
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Methods

- Search terms
 - Nicu pain, management, tools, intervention, clinical guideline, pain assessment
- Databases
 - Pubmed and CINAHL
- Article selection criteria
 - English-only
 - published during or after 2005



1. Examining the side effects of sucrose for pain relief in preterm infants: a case-control study (Linhares et al., 2014).
2. Oral sucrose and “facilitated tucking” for repeated pain relief in preterms: a randomized controlled trial (Cignacco et al., 2012).
3. Consistent management of repeated procedural pain with sucrose in preterm neonates: is it effective and safe for repeated use over time? (Stevens et al., 2005).

Results: Pain Response

Cignacco et al., 2012

Tools used to assess pain response:

- *Behavioral Bernese Pain Scale for Neonates (B-BPSN)*
- *Physiological Bernese Pain Scale for Neonates (P-BPSN)*

Stevens et al., 2005

Tools used to assess pain response:

- *Premature Infant Pain Profile (PIPP).*



<http://missprissiness.com/blog/sweet-sweet-babies/>

Results: Pain Response

Cignacco et al., 2012

- The combination of FT and sucrose was the most effective in decrease pain levels: B-BPSN ($M_C=5.49 \pm 2.95, p = .007$) & P-BPSN ($M_C=2.03 \pm 1.73, p = .003$).
- Facilitated tucking (FT) did not succeed in reducing pain as much as sucrose alone: B-BPSN ($M_{FT}=7.01 \pm 3.59$ vs. $M_S = M=5.58 \pm 2.95, p = .01$) and P-BPSN ($M = 2.72 \pm 1.98$ vs $M=5.58 \pm 2.95, p = .0002$).

Stevens et al., 2005

- The combination of sucrose and pacifiers reduced pain more significantly ($P=0.03$) than the standard care group ($P=0.01$) that did not use sucrose or pacifiers.



Results: Side Effects of Sucrose

Linhares et al., 2014

Factors assessed for potential side effects

- parenteral feeding
- duration of orogastric tube use
- weight at 38 weeks postconception
- weight at discharge
- weight gain between birth and 38 weeks postconception
- weight gain between birth and discharge
- and feeding patterns.

*factors were assessed during hospitalization & after discharge

Stevens et al., 2005

Factors assessed for potential side effects:

Group A (immediate adverse events)

- heart rate <100 and >240
- oxygen desaturation $<85\%$, apnea > 15 seconds
- and choking ($ps>0.05$)

Group B (long-term adverse events)

- hyperglycemia >10.0 mmol
- oral infection
- necrotizing enterocolitis
- intraventricular hemorrhages of grades 3 or 4
- death ($p>0.05$).

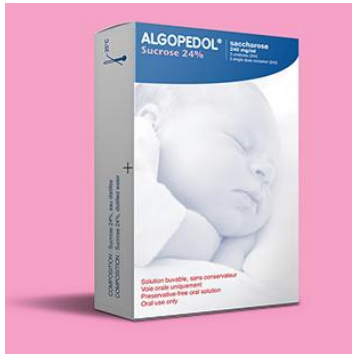
Results: Side Effects of Sucrose

Linhares et al., 2014

- No significant differences were found in any of the parameters ($p > 0.05$).

Stevens et al., 2005

- No significant differences in neurological risk status and clinical outcomes as evidenced in both groups.



<http://www.zoebezencon.com/>



<http://www.connect-medizintechnik.at/neonatologie/algopedol-24-sucrose.php>

Discussion

High internal validity as evidenced by:

- Study Design
 - *2 Randomized-Controlled Trials (RCTs)*
 - *1 Prospective Case-Control*
- Sampling Method
 - Implementation of randomization and allocation concealment
- Data Collection
 - Standard protocols were applied to confirm proper data distribution.
 - Only trained researchers and data collectors were employed.
 - Young age of all subjects - all under 37 weeks GA - led to overall compliance.
 - Zero to only a handful of dropouts in each study.



<http://www.missliterati.com/blog/the-ten-most-adorable-pictures-of-babies-reading>

Nursing Implications



http://www.123rf.com/photo_14951756_ill-baby.html



Reduce long-term, negative outcomes (e.g. increased risk for morbidity, abnormal brain development, etc..) (Grunau, 2013; Mancuso & burns, 2009).



Standardization of consistent pain tool for nurses to utilize



Improved outcomes could lead to shorter hospital stays (Kirkby, Greenspan, Kornhauser, & Scheiderman, 2007).



Decrease costs: average cost of a 17-day in the NICU is \$31,000 (Kirkby, Greenspan, Kornhauser, & Scheiderman, 2007).

Gaps in Literature

- Monitoring health status post-discharge to assess long-term effects of sucrose
- Evaluating neonate until end of stage of infancy - or until 2 years old - could yield significant data
- Performing intervention on neonates at higher risk, including those with: major congenital anomalies, history of severe intraventricular hemorrhages (grade III or IV)



Conclusion

- Sucrose administration effectively decreases neonatal pain levels without any significant adverse effects.
- Treating neonates with the appropriate pain intervention falls within the scope of nursing practice.
- Further research is needed to:
 - Assess further neonatal developmental outcomes
 - Apply this intervention to a more extensive population.



<http://www.cute-baby-photos.com/2015/07/top-5-best-cute-baby-photos-in-2015.html>



<http://www.projectundercover.org/2015/07/two-thumbs-up-for-amica/>

References

Bowden, V. R., & Greenberg, C. S. (2010). *Children and their families: The continuum of care* (2nd ed.). Philadelphia: Lippincott Williams & Wilkins.

Cignacco, EL., Sellam, G., Stoffel, L., Gerull, R., Nelle, M., Anand, KJ., & Engberg, S. (2012). Oral sucrose and “facilitated tucking” for repeated pain relief in preterms: a randomized controlled trial. *Pediatrics*, *129*(2), 299-308.

Grunau R.E. (2013). . Neonatal Pain in Very Preterm Infants: Long-Term Effects on Brain, Neurodevelopment and Pain Reactivity. *Rambam Maimonides Medical Journal*, *4*(4), e0025.
doi:10.5041/RMMJ.10132.

Grunau, R.E., Haley, D.W., Whitfield, M.F., Weinberg, J., Yu, W., & Thiessen, P. (2007). Altered basal cortisol levels at 3, 6, 8, and 18 months in infants born at extremely low gestational age. *Journal of Pediatrics*, *150*(2), 151-6.

Hatfield, L.A., Meyers, M.A., & Messing, T.M. (2013). A systematic review of the effects of repeated painful procedures in infants: Is there a potential to mitigate future pain responsivity? *Journal of Nursing Education and Practice*, *3*(8), 99-112.

Holsti, L. & Grunau, R. (2010). Considerations for using sucrose to reduce procedural pain in preterm infants. *Pediatrics*, *125*(5), 1042-1047.

Holsti, L. Grunau, R.E., & Shany, E., (2011). Assessing pain in preterm infants in the neonatal intensive care unit: moving to a ‘brain-oriented’ approach. *Pain Management*, *1*(2), 171-179.

References

Kanwaljeet, J.S., Martin, R., & Kim, M.S. (2016). Prevention and treatment of neonatal pain. In *UpToDate*, Waltham, MA. (Accessed on February 15, 2016.)

Kirkby, S., Greenspan, J.S., Kornhauser, M., & Schneiderman, R., (2007). Clinical outcomes and cost of the moderately preterm infant. *Advances in Neonatal Care*, 7(2), 80-7.

Linhares M.B., Gasparido, C.M., Souza, L.O., Valeri, B.O., & Martinez, F.E. (2014). Examining the side effects of sucrose for pain relief in preterm infants: a case-control study. *Brazilian Journal of Medical and Biological Research*, 47(7), 527-532.

Mancuso, T. & Burns, J. (2009). Ethical concerns in the management of pain in the neonate. *Paediatric Anesthesia*, 19(10), 953-957.

Mitchell, A., & Waltman, P.A. (2003). Oral sucrose and pain relief for preterm infants. *Pain Management Nursing*, Retrieved 2/15/16 from http://www.medscape.com/viewarticle/458592_2

Paredes, S.D. & Frank, D.I. (2000). Nurse/parent role perceptions in care of neonatal intensive care unit infants: implications for the advanced practice nurse. *Clinical Excellence for Nurse Practitioners*, 4(5), 294-301.

Stevens, B., Yamada, J., Beyene, J., Gibbins, S., Petryshen, P., Stinson, J., & Narcisco, J. (2005). Consistent management of repeated procedural pain with sucrose in preterm neonates: is it effective and safe for repeated use over time? *Clinical Journal of Pain*, 21(6), 543-48.
