

Ward 1C

Pain Management Post-Cardiac Surgery

Information for parents and carers

We aim to work together to ensure your child is as pain free as possible.

What Pain relief do we use on the ward?

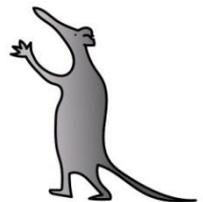
When your child comes to the ward after intensive care, they may be attached to numerous infusion pumps. One of these pumps might be a fentanyl infusion (see picture below).



Fentanyl is an opioid that is commonly used in children for the first few days after cardiac surgery. It can be used as an NCA (Nurse Controlled Analgesia) or PCA (Patient Controlled Analgesia). These are pumps that have buttons that either the nurse or patient can press to give extra boost of analgesia. The pump is set up so that even if extra boosts are given it will not allow the patient to have too much in a short space of time or to overdose on the medication.

Every child reacts differently to pain medication and has different pain thresholds. Therefore we can wean the fentanyl as required, or convert to an alternative analgesia.

We want your child to be as pain free as possible to resume normal activities. It is really important that your child is mobile as soon as possible. Walking around helps with recovery from their heart operation, but also with digestion too. A common side effect of fentanyl is constipation and so mobilising as soon as possible will help. We can also use other drugs such as laxatives too. Fentanyl can also make children feel itchy or sick. Again we can treat these side effects with medication or by reducing the fentanyl infusion. If your child is experiencing any of these side effects please let your nurse know and they will be able to help.



What happens next?

When your child is ready, the fentanyl pump will be stopped and taken away (usually within 2-3 days of the operation). Instead your child will be given oral morphine. This is a medicine that children take by mouth that will provide them with pain relief. If you feel that the pain relief is not enough for your child, please speak to your nurse looking after you, or the nurse in charge of the shift, day or night.

Measuring pain

This is called pain assessment. The nurse who is looking after your child will be assessing their pain regularly. This is something that parents can get involved in too. This can really help the assessment, as you know your child best. We use different pain assessment tools depending on the age of your child. However, if you feel that your child is in pain and the pain relief is not enough for them, then please let your nurse know.

Your child will also be having paracetamol too. Initially this will be via a drip going straight into the body. As your child gets better, this will change to paracetamol by mouth.

Working Together

We also have the pain specialist team who can come and see your child, and between all of us can help to create a pain management plan that suits your child best. If at any point you feel your child is in pain, then please let your nurse know. We can then review the management plan and make changes if needed.



This leaflet only gives general information. Please always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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