

## **National Association of Hospital Play Staff Guidelines for Professional Practice**

### **Number 6**

#### **Needle Play**

This form of play should only be undertaken by a qualified Hospital Play Specialist or a member of staff who has attended a “needle play” workshop and has shown competency in practical assessment.

#### **Stage 1**

##### **Assessment**

- Gather information about the procedure through liaison with the nursing and medical staff.
- Gather information about the child/adolescent and their background from medical notes, and through discussion with the child and his/her parents/carer. Where time permits, observe the child at play.
- Where possible, establish a relationship with the child and family beforehand, through a non-directive play session.
- The age, cognitive development and emotional maturity of the child should be assessed.
- Assess the anxiety levels of the child. If you feel the child/adolescent suffers from a ‘needle phobia’, consider referring to the Clinical Psychologist for desensitisation.
- Discuss the benefits of needle play with the parents/carers and the child/adolescent. Explain that it leads to a better understanding of the procedure and provides an opportunity for the feelings to be discussed. Explain what the needle play session involves, allowing them to decide whether or not it will be appropriate and helpful.
- Ensure provision of a quiet setting with no interruptions. Needle play should take place on a one-to-one basis, although parents/carers should be encouraged to observe the session in order to prepare them for what will take place.
- Parental anxiety should be assessed through discussion with the parents. It can sometimes be useful if this takes place away from the child, as parental anxiety will affect the child’s mood. Parents may choose not to accompany their child during the procedure.

## Stage 2

### Preparation

- Warn the child against handling syringes/needles outside the needle play session. State that if they see needles outside, whilst playing, they must leave them alone and tell a responsible adult.
- Demonstrate the procedure, including all the stages the child will experience, using appropriate equipment and visual aids.
- Stress why the blood is taken, where it goes and that the body makes more to replace it.
- Be honest with the child/adolescent, using a factual explanation. Explain that the 'emla' or 'ametop' should stop the needle from hurting, but that that may feel a 'pushing' sensation. Unless the child and/or carer have already used the words, avoid calling the cream 'magic cream'.
- Allow time for questions from child and parent.
- Give the child/adolescent the opportunity to play/practise with the needle on the doll, if they wish. Always supervise this part of the play closely. Never leave a child unattended with a needle.
- Set boundaries for the child/adolescent during the procedure, i.e. "You can cry /shout/sing, but you must keep your arm still"
- Show the child the room in which the procedure will take place. Ascertain whether the child would prefer to sit on their own or on the lap of their parent/carers, if they are going to be present. Some children may prefer to lie down for the procedure.
- Discuss the use of distraction therapy (see **Guidelines for Professional Practice Number 7: Distraction Therapy**). Some children prefer to watch what is happening. If this is the child's first experience, it may be advisable to accompany the child into the room with distraction toys, as the child may change their mind once the procedure is underway.

## Stage 3

### The Procedure

- Give the child/adolescent choices, where possible. For example, for those children who dislike the patches, which are used to hold the emla cream in place, an alternative can be used.
- Follow child/adolescent through the procedure using distraction therapy, if this is what the child wants.

## Stage 4

### After the Procedure

- Give feedback to the child/adolescent, praising their achievement(s). Avoid using the word 'brave' as praise. Specific achievements, such as keeping still, can be pointed out, even if the procedure has not been successful. A certificate and/or sticker will reinforce this.
- Introduce a programme of appropriate post procedural play, if necessary.
- In spite of following these guidelines closely, there may on occasions be a child/adolescent who requires further play input. On these occasions, the child may be offered further needle play sessions with the Play Specialist. If these prove unsuccessful, it is important to recognise your limitations and refer the patient to a Clinical Psychologist for desensitisation, if necessary.

### References

1. Why Needle Play? A. Smith, The Journal of the National Association of Hospital Play Staff Autumn/Winter 1994.
2. Needle Phobia, Paediatric Nursing, Vol. 11, No. 2.
3. Empathic Versus Directive Preparation of Children for Needles. CHC, Fall 1981, Vol. 10, No. 2.