• **FACT SHEET No. 08**

兒童疼痛：處置

兒童在疼痛控制的評估、預防和處置時，經常需仰賴在大人身上(包含父母、照顧者、醫療團隊等)；也因此，0-17 歲的兒童應被視為疼痛控制的弱勢族群而需謹慎的看待之。

許多嬰兒、兒童和青少年都有過疼痛的經驗，包含急性和慢性的疼痛。根據兒童醫院的數據顯示，小兒疼痛的情形相當常見而且時常被忽略或是治療不足[3,15,35,38,47,50,54] 。近期的一個系統性回顧顯示出，在新生兒加護病房內，新生兒經常每天要接受平均 7-17 個相當疼痛的處置，其中最常見的處置包含靜脈穿刺採血、後腳跟採血以及周邊靜脈導管留置等[3]。而大多數的嬰兒，都沒有使用任何止痛[33]。除此之外，許多有嚴重疾病的兒童經常需要接受相當疼痛的診斷和處置，例如骨髓穿刺術、腰椎穿刺等。即使是健康的兒童，在成長過程中也需要接受相當疼痛且多次的醫療處置，疫苗接種是兒童時期最常見的針刺處置，而因穿刺造成的疼痛經常是未如期接種的主要原因[9,25,41]。

劇烈的疼痛在沒有適當的止痛處置下，會造成負面的長期後果，包含併發症的增加 (例: 腦室內出血)和死亡率上升[2,42]。早產兒曾暴露在疼痛下的，和在學齡時期接受靜脈穿刺時的自我疼痛評分較高有著關聯性[52]。其他有關聯性的包括較差的認知能力及運動功能[19]。研究顯示，在成人時期發生問題的風險(例: 慢性疼痛、焦慮和憂鬱等)與人生早期有過疼痛經驗有著長遠的影響；也因此，在嬰孩及兒童時期時給予適當的疼痛處置勢必是必然的[5,21,53]。

兒童針刺疼痛的處置

IASP 匯集了科學家、臨床工作者、健康照護人員以及政策制訂者，共同來促進及支持疼痛相關研究，並且將研究成果知識應用於解決全球的疼痛問題。

因針具處置所造成的疼痛，包含例如疫苗接種、抽血、注射、靜脈導管留置等，若未獲得適當的控制，可能導致長期的影響，包含恐針(needle phobia)、 術前焦慮、痛覺敏感(hyperalgesia)、拒絕就醫等，這些均可能導致併發症和死亡率的增加[39,40]。目前有證據強烈顯示對於可選擇性的打針處置，應提供四面向性的措施(the four bundled modalities)來減少疼痛感[1,29,30,43]，這些證據均有加拿大兒科醫學會的準則[6,23]，HELPinKids[一個致力於提供減少疫苗接種打針時疼痛感的方式之協會][1,29,30,43]，和近期的科普媒體平台("Be Sweet to Baby"和"It Doesn't Have to Hurt")[7]等的大力支持。

一般來說，醫療專業人員和家長們建議應使用中性的字眼，並且避免使用增加恐懼和造成錯誤安慰的字句，例如:「很快就結束了」、「你會沒事的」等。近期的一個考科藍回顧(Cochrane review) 指出足夠的證據，顯示有效的認知行為治療、呼吸調整、轉移注意力和催眠等措施都有助於減少兒童對針具的恐懼和疼痛[4]。對於所有兒童的所有針具處置，提供四個簡單的步驟(而不僅僅是其中一些步驟而已)現已在全球許多兒童醫院和兒科診所中系統性的全面實施。

專欄一： 針具疼痛的預防和治療

對兒童全面提供四種具有證據支持的措施：

(1) **局部麻藥「使皮膚麻木」**(矯正年齡大於36周的孩童)：
局部麻藥的使用包含4%的利多卡因乳膏[45]、安麻樂乳膏或經由無針的J-tip®(一種無菌、單次使用的☒棄式氣壓式表皮注射器)給予的利多卡因麻藥[27,28]。

(2) 0-12個月的嬰兒[8]給予哺乳[34]或蔗糖水[16,37]。

(3) **舒適的姿勢，「不要壓制兒童」**：
束縛的方式一直並不有效，反而易造成負面的影響，增加焦慮和疼痛感[24]。給予嬰兒適當的襁褓、溫暖、肌膚接觸或輕聲的安撫；對六個月以上的孩童，鼓勵他們坐挺坐直，必要時可以坐在父母大腿上或是請父母坐在其身旁安撫。

(4) **符合年齡的轉移注意力措施**[51]：

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兒童的急性疼痛處置

感受性疼痛(nociceptive pain)可能是因疾病、創傷、手術、各式醫療處置、和疾病相關治療所造成的組織損傷。未被及時處理的急性疼痛，可能導致未來對於就醫行為的恐懼甚至逃避。

多面向鎮痛法(見專欄二) 是目前處理複雜性的急性疼痛的方式。單純只使用藥物(包含基本止痛藥、鴉片類止痛藥、輔助性止痛藥)可能不足以有效地控制兒童身上的急性疼痛。相較於僅使用單一種止痛藥或只考量單一面向時，若加入並整合其他種面向時，例如區域麻醉、復健、有效的心理建設[43]、心理學、心靈以及(非藥物學的)綜合處置法等，在小兒疼痛控制上能提供更有效的協同效果(synergistically)並減少副作用的發生[12,34]。

專欄二：多面向鎮痛法:急性疼痛的預防及治療

在小兒疼痛控制上，使用多面向鎮痛法相較於單一止痛藥物或單一面向止痛，能呈現更有效的協同效果並減少副作用的發生。

(1) 藥物(根據臨床情境)包含：
- 基本止痛藥物：普拿疼(paracetamol/acetaminophen)，非類固醇類消炎止痛藥(NSAID)，COX-2抑制劑(COX-2抑制劑)
- 鴉片類止痛藥：tramadol,嗎啡(morphine)，美沙冬(methadone)
- 輔助性止痛藥：gabapentin，clonidine，amitriptyline
- 區域麻醉藥 (例如：神經椎管輸注(硬膜外) neuroaxial infusion(epidural)， 周邊/神經叢阻斷(peripheral/plexus nerve block)， 神經破壞性阻斷(neurolytic block)， 脊隨腔內幫浦(intrathecal port/pump)

(2) 復健 (例如：物理治療、分級動作想像(graded motor imagery)[32]、職能治療)

(3) 心理 (例如：認知行為治療)

(4) 心靈 (例如：牧師)

小兒的慢性疼痛處置

小兒慢性疼痛是個相當重要的議題，保守估計全球大概有 20%-35%的兒童和青少年受慢性疼痛所影響[17,26,36]。眾所皆知的，疼痛的狀況在兒童醫院裡相當常見且時常未被注意到也未獲

得治療，大於 10%的住院兒童表現出慢性疼痛的特徵[15,38,47,55]。即便絕大多數有慢性疼痛的兒童並未因此而嚴重失能，但有 3%的小兒慢性疼痛病人需要積極的復健[20]。

在美國疼痛醫學會 2012 年的立場聲明「小兒慢性疼痛的評估與控制」當中指出，兒童身上的慢性疼痛是一連串生理反應、心理因素和多方社會文化因子，在成長軌道中動態整合的結果[11]。和成人醫學不同的是，兒童的慢性疼痛並不一定能靠隨機的時間參數來定義(例如:三個月)，反而應使用更具功能性的定義例如「超出原預定修復期後的疼痛」和「缺乏生理痛覺感知的急性預警作用」[48,49]

在疼痛控制上，使用跨科整合的方式，包含 1. 復健 2. 整合醫療/身心靈統合法 3. 心理 4.日常生活正常化(例:上學、運動、社交活動、睡眠)顯示為有效的。隨著日常生活功能的恢復，疼痛的感覺會改善並逐步緩解。鴉片類藥物(opioids)並不適用在原發性疼痛症(primary pain disorders, 包含中樞性腹痛症候群(centrally mediated abdominal pain syndrome)、原發性頭痛[張力性頭痛/偏頭痛]、全身性肌肉骨骼疼痛等)；其他種藥物(除了少數例外)，一般也不建議當作第一線治療使用。

近期的一個考科藍回顧(Cochrane review)得出結論說:面對面的心理治療(face-to-face psychological treatments)對於減緩原有頭痛或其他種慢性疼痛的兒童和青少年或許是有效的[10]。心理治療對於有混合性慢性疼痛或頭痛的兒童或青少年，在療程結束和術後追蹤時，能有效減少因疼痛導致的失能。而在各種心理治療中，最常被關注用來作研究的是認知行為治療和接納與承諾療法(acceptance and commitment therapy)

有越來越多的證據顯示，父母親的負面想法、焦慮感、和他們對於孩童疼痛時的反應(例如：保護行為)也該被重視；也因此許多準則也建議將父母納入跨科整合的治療計畫當中[18]。

專欄三：慢性疼痛和原發性疼痛症的治療 [14]

(1) 復健 (例如:物理治療、分級動作想像(graded motor imagery)[32]、職能治療)
(2) 整合(非藥物性)面向 (例如:身心靈統合法-橫膈膜呼吸法、吹泡泡、自我催眠、漸進式肌肉放鬆、包含不同方式[按摩、芳香療法、穴位指壓、針灸]的生理回饋法)
(3) 心理 (例如:認知行為治療、接納與承諾療法)
(4) 日常生活正常化 (通常生活會先回歸正常，疼痛才會緩解；而不是另一方向)
    - 運動健身
    - 睡眠衛生
    - 社交
    - 上學
(5) 藥物(可能需要也可能不需要)
    - 基本止痛藥物：普拿疼(paracetamol/acetaminophen)，非類固醇類消炎止痛藥(NSAID)，COX-2抑制劑
    - 輔助性止痛藥：gabapentin, clonidine, amitriptyline
    - 值得注意的是：在沒有新的組織損傷(例如: 表皮溶解水皰症[epidermolysis bullosa]、成骨不全症[osteogenesis imperfecta])時，鴉片類止痛藥通常並**不**符合適應症

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翻譯者

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IASP 匯集了科學家、臨床工作者、健康照護人員以及政策制訂者，共同來促進及支持疼痛相關研究，並且將研究成果知識應用於解決全球的疼痛問題。

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