

Procedural Anxiety

Between 40 and 60% of children report feelings of mild to intense anxiety before an invasive medical treatment. This can also be an ongoing issue for adults. One of the most frightening procedures is venepuncture, which involves placing a device in the vein to provide access for administering intravenous (IV) therapy.

These methods have been identified as being effective in reducing procedural anxiety:

- Topical agents to numb the skin and alleviate pain such as lidocaine and prilocaine (EMLA) can help.
- Distraction techniques can be useful and may include: blowing bubbles, counting backwards, watching TV, playing computer games, and guided visualisation.
- Providing information about the procedure is important. This helps alleviate the stress of the unknown and builds trust between medical staff, parents and the patient.
- Deep breathing can be a quick and effective way to calm the child down and prepare them for the procedure or draw their attention away from their worried thoughts. Yoga breathing techniques are one example of how to do this.
- Parents are role models and therefore need to model calm, coping behaviour for their child before, during, and after the treatment procedure.



Ongoing Anxiety Associated with Medical Procedures

Children can experience longer term behavioural and psychological issues associated with regular medical procedures. These may include: sleep disturbance, nightmares, separation anxiety, increased irritability, and aggression and temper tantrums.

Anxiety or trauma associated with medical treatments can present differently in children depending on their developmental stage. Having an illness or how the illness is perceived can also cause regression to a child's development. If a child is experiencing ongoing anxiety and distress associated with their medical treatment, and it can't be managed with the strategies mentioned above, then it is important to seek professional help provided through the hospital.

Infant - toddler (0-2 years)

Language is limited; however, their understanding is often greater than what they communicate. Feeling safe and secure is often dependent on how their parent is responding, so it is crucial that parents are able to seek support independently and discuss their feelings, so they are able to provide security and a calming influence for their child.

Toddler to pre-schooler (3-5 years)

Although the toddler often seeks independence, parental involvement is still very important at this age. Children of this age often engage in imaginative play to help understand their world. They can have difficulty understanding other peoples' perspectives and cannot think in abstract ways, such as imagining their future, and have a limited understanding of time. Parents need to keep things simple, use concrete language when explaining procedures and let the child know what to expect to see, hear taste and feel. It is also really important to help the child manage anxious feelings through remaining calm, encouraging them to talk about their feelings and supporting ways to reduce their anxiety.

Primary school (6-11 years)

Comparing themselves to their peers and a growing awareness of what their illness means to them increases at this age. Medical interventions can cause children at this age to feel like they are losing control e.g. having to undress and be examined, do physio, take Creon, medications and IVs. Children may try to regain control through noncompliance, avoidance or aggression. Teaching and modelling coping strategies are really important e.g. distraction, relaxation, calming self-talk, and providing the child with some choice where possible whilst still setting boundaries.

Early Adolescence (12-15 years)

Self-image, identity development and drive for independence are important

developmental tasks of this age group. Young people are often very self-focused and want more say in how things are done, which can lead to conflict with doctors, parents and other key people involved in their care. The medical team start to involve the young person more in the medical decision-making process which increases their sense of control and independence and respects their views and choices.

Late adolescence to early adulthood (16+ years)

Anxiety can still be present at this age which can be expressed in a variety of ways including anger, hypervigilance or noncompliance with treatment. Coping strategies such as effective communication, problem solving, and calming strategies should be supported if appropriate.

It is normal for all children and families to experience some level of anxiety which can peak at different times e.g. first bronchoscopy, hospital admission, lung infection or other hospital procedure. At times, these feelings can feel overwhelming and it's important to establish good coping strategies and if feelings persist to seek professional assistance through your treating medical team, community-based counselling, or general support through Cystic Fibrosis WA.

Useful Resources

- [KKIND \(Keeping Kids in No Distress\)](#)
- [Reducing your child's discomfort during procedures \(Royal Children's Hospital\)](#)
- [Be Positive \(B+\) videos \(Royal Children's Hospital\)](#)
- [CFWA Factsheets](#)