

# Helping Kids Discover Their a-PILL-ities

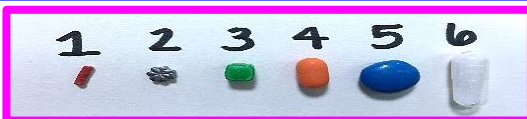
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## Research:

- There is a need for children with chronic medical needs to be able to swallow pills by a young age as it is a common barrier to a child's treatment plan.
- 40% of children refused pill or liquid medication and 50% were unable to swallow a standard-sized pill (Polaha, Dalton, & Lancaster, 2008).
- Inability to perform this skill can stem from multiple factors: developmental stage, fear, anxiety, prior experiences, etc.
- The inability to swallow pills is usually overlooked until it becomes detrimental to the child's health, but with early intervention and practice a child can succeed.
- Results have shown that pill swallowing interventions have improved pill swallowing abilities in majority of patient populations (Patel, Jacobson, Jhaveri, & Bradford, 2015).
- Half of children are confident in their ability to swallow pills; 84% of children were successful when provided instructions/practice (Polaha, Dalton, & Lancaster, 2008).
- Research indicated practicing, shaping behavior, and modeling this technique showed improvement in pill swallowing ability.

## Creating your program:

- 1) Present the pill swallowing education concept to your team and go through the proper avenues for approval.
  - 2) Create a pill swallowing kit for your program to include a gradual increase in size of candies (our kit began with a sprinkle and ended with a sugar filled capsule).
  - 3) Educate and train all CCLS's on how to properly facilitate a pill swallowing training with patients.
  - 4) Educate nursing staff on the pill swallowing program, how to consult for child life, and the appropriate patients to consult for.
- \* A tip sheet can be created to provide helpful reminders to the CCLS or parent.
- \* It is important to chart in the patient's medical record what size placebo pill they are able to successfully swallow for future use.



## Steps:

- 1) When a consult is created, CCLS will meet the child and assess their ability to complete the session. Patients with oral aversions, negative past experiences, behavioral problems, and anxiety would not be appropriate.
- 2) The consult should be ordered by RN with enough time to perform session; NOT when there is an immediate need before discharge.
- 3) Discuss the pill size with RN to determine which candy to aim for.
- 4) Discuss with parents that sessions are best completed on a 1:1 basis and if appropriate, let the patient choose the setting for the session.
- 5) Gather supplies: pill kit, paper towels, gloves, ice water and cups.
- 6) Begin session by explaining how pill swallowing is a skill, like learning to ride your bike.
- 7) Place practice pill #1 in front of you and the patient without them seeing the other pills.
- 8) Model the following steps: sit-up straight, pick something to look at in front of you, take a deep breath, place pill on center of tongue, take a drink, and show the patient the pill is gone. Have the child model behavior.
- 9) If the child is successful, provide some praise and move to the next pill. Let the child choose to go 1<sup>st</sup> or 2<sup>nd</sup>. Continue the session until the child has swallowed the correct size pill. When this has been achieved, have patient demonstrate their new skill to the caregiver.
- 10) If the patient does not successfully swallow a pill, attempt the same size. If they are unsuccessful again, move back to the last successful pill, or even water. If the patient wants to take the pill out of their mouth, encourage them to try a new pill of the same size. If the child vomits allow them to re-group, take deep breaths, and continue the session. Avoid commenting on the vomit.
- 11) When session is complete, provide them with a certificate and prize for positive reinforcement.

## Tips and suggestions:

- Target audience should be children 3-18 years old
- Multiple sessions can be implemented
- Training should be in a quiet, distraction-free area
- Session should be no more than 30 minutes
- Have the child use the restroom beforehand
- Schedule the session not around a mealtime
- Avoid staring at the child while they're practicing
- Offer minimal praise
- Avoid using words regarding size of placebo
- Always call the pills by their number
- Do not refer to the pills as candy
- Always end on a positive note
- Keep an eye out for frustration as we want this to be positive

## Outcomes/Importance:

The development of the pill swallowing program has had a very successful impact on the services child life provides, and the hospital.

Children have increased control over their health and have a sense of mastery over a newly learned skill.

Patients become more compliant and successful in their treatment plan.

Satisfaction from physicians, nurses, and patients/parents has been high.

## Patient Examples:

- Jo (13y) needed to swallow her oral chemotherapy and staff was unsure if she would be successful.
- Tyler (5y) needed to swallow 6 chemotherapy pills daily for 3 months and had never swallowed a pill before. He began practicing 3 months prior.
- Mother of Ellie (2y) heard about the success of pill swallowing from other patients and wanted her to begin practicing before it became mandatory.
- Jenna (15y) needed to swallow her daily IBD pills before she was discharged, had never swallowed pills, and had very high anxiety.