

INTRODUCTION

Children experience pain to at least the same level as adults. Multiple studies have shown that neonates and infants perceive pain and have memory of these painful experiences. Frequently, children are under-prescribed and under-dosed for opioid and non-opioid analgesics due to excessive concerns of respiratory depression and/or poor understanding of the need for pain medications in children (**Hay et al. 2011**).

Postoperative pain is considered a form of acute pain due to surgical trauma with an inflammatory reaction and initiation of an afferent neuronal barrage. It is a combined constellation of several unpleasant sensory, emotional, and mental experiences precipitated by the surgical trauma and associated with autonomic, endocrine, metabolic, physiological, and behavioral responses (**McMohan and Koltzenburg, 2006**).

Each year, 1.5 million children have surgery, and many receive inadequate pain relief and in 20% of cases, the pain becomes chronic (**Mathews, 2011**). Postoperative pain has been reported to appear in up to 80% of patients despite pain medication. Pain appearance after surgery stems from many factors such as surgery site, the size of the wound, the surgical technique, different anesthesia-related factors, personal pain sensibility and former experiences, preoperative pain alleviation, environment, and preoperative patient education (**Kontkanen and Kariniemi, 2008**). In another study that assessed patient's postoperative pain experience and the status of acute pain management, approximately 80% of patients stated that they experienced acute pain after surgery (**Vadivelu et al. 2010**).

Severe postoperative pain may have physiological consequences increasing the stress response to surgery, seen as a cascade of endocrine, metabolic and inflammatory events that ultimately may contribute to organ dysfunction, morbidity, increased hospital stay, and mortality. The pain often causes the patient to remain immobile, thus becoming vulnerable to deep venous thrombosis, pulmonary atelectasis, muscle wasting, and urinary retention (**Chaturvedi and Chaturvedi, 2007**). For this reason, **The American Pain Society, 2005** declared that the relief of pain is a "basic human right".

Several explanations for the mismanagement of pain have been suggested: healthcare professionals may underestimate patient's pain intensity, use of inappropriate analgesics, underestimate or doubt the efficacy of applying pain management guidelines in their every day practice, patients and healthcare professionals may fear addiction related to the use of some pain medications or believe that analgesia will interfere with making a diagnosis, and finally institutions may show little commitment in trying to change health professionals' attitudes towards pain (**Perron and Bovier, 2007**).

Effective pain management is a critical component of postoperative care and contributes to fewer postoperative complications, shortened hospital stays, better quality of life, and a decreased incidence of chronic pain postoperatively. The management of postoperative pain involves assessment of the pain in terms of intensity at rest and activity, treatment by pharmacological and non-pharmacological means as well as monitoring induced side-effects and reassessment of the children (**Ellis et al. 2007a**).

Knowledge and attitudes affect nursing judgment concerning decisions about patient care. Pain management is an extremely important

area of pediatric care. The patient has the right to appropriate management of pain. The nurse has the obligation to maintain current knowledge of pain assessment and management (**Rieman and Gordon, 2007**).

Despite all the information available to pediatric nurses, current guidelines and standards for pain assessment and management are not used consistently in the care of children's pain. Therefore, a survey of pediatric nurses' knowledge and attitudes regarding pain was used to evaluate competency in pain management and assessment (**Rieman et al. 2007**).

For better assessment and management of pain, there is still a need to instill in nurses early in their education, a responsibility for pain assessment and use of analgesics (**Simons and Moseley, 2009**). Continuing professional education programs could positively influence nursing practice behaviors and subsequent patient's outcomes (**Levett-Jones, 2005**). Education programs should provide nurses with correct information about pain management, improve their clinical skills in treating patient's pain, and help ensuring that nurses have the knowledge and skills to manage pain effectively (**Lin et al. 2008**).

Significance of the Study:-

Pain and fear of pain are major concerns for many hospitalized infants and children. Nurses need to understand this pain, be able to assess and manage it, and be able to improve the experiences and outcomes for the infants and children in their care.
