



Introduction

Venipuncture is a therapeutic or diagnostic procedure in which needle is inserted into vein, usually in peripheral veins, in order to take treatment or take blood sample. The procedure is painful and often requires physical restrain of the child in order to complete the procedure (*Shah and Ohesson, 2004*).

Distraction technique for the child may decrease sensation of pain and increase the level of cooperation during the procedure. The explanation may best be performed immediately prior to the procedure and should be carried out using developmentally appropriate terms and language. Staff experienced and trained in pain distraction techniques (e.g. a Play Therapist) should be available in areas such as Oncology, where ill or injured children are placed in an unfamiliar environment with unknown physicians, nurses and other staff (*Zempsky and Schechter, 2003*).

Distraction technique is a procedure like inviting the child to shift his focus from the pain to something more pleasant and interesting. As your child's attention is diverted to something other than pain, the pain signals are interrupted. Distraction tends to work best on mild pain, especially a pain familiar to the child. Children are better distracted when practicing common techniques such as reading books, helping to tell a story, and playing a video game. The distraction techniques also included music, counting objects in the room, blowing on a party toy, non-medical conversation, toys and puppets, books, and bubbles (*Johnston and Steven, 2003*).

Equipments for distraction should be available in settings where management of procedure-related pain in children is to occur. These



include toys, interactive books, puppets, bubbles, and magic wand, electronic games that will quickly engage and sustain a child's attention. Music, either live or recorded, and videos are also useful for distraction. Nature and degree of possible movements should be considered during the selection of an appropriate type of distraction method (*Gold Schneider and Anand, 2005*).

Staff using distraction techniques should have the experience to determine if the technique currently used is effective in managing the child's current perception of pain. Ongoing assessment should be made for any technique used, with regard to the child's coping, especially during the procedure. It may be necessary to switch techniques, but empathic statements such as "It'll be all right" tend to decrease distress. Assessment of pain needs to continue until the end of the procedure (*Finnley, 2005*).

It is important to inform children what they might see, feel, smell, and hear during the procedure. Words used should not frighten them, using their past experiences or familiar sensations as a guide. For example, describing a sharp and pricking needle, one might say that sometimes it feels like a sting to me, and we wonder if it will feel like a little sting or a little cool to you?" In this way, the child focuses on the actual sensation they experience and not the fear associated with pain (*Breau, 2005*).

The magnitude of the problem concentrated on importance of distraction of pain for children with cancer undergoing venipuncture. The pediatric nurse should be to contribute in the management of pain using different distraction technique in order to reduce pain. The present study is conducted to reduce pain among children undergoing venipuncture by using distraction techniques(*Breau, 2005*).