



ANGEL AID

TRAUMA-LESS NEEDLE POKES:

7 STEPS TO EASIER INJECTIONS, BLOOD DRAWS AND IVs

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Watch the webinar on-demand at ANGELAIDCARES.ORG/HORIZON

MY NEEDLE POKE PLAN FOR INJECTIONS

NAME: _____

STEP #1 PREPARE THE BRAIN: (4Ts)

- TIMING: The best time and day of the week for my needle poke is _____ (within doctor approved guidelines)
- TREATS: The REWARD I will get for my bravery is: _____
- TALK:
 - PARENTS: I've talked/listened to my child about their fears, past pokes, & introduced new tools/plan
 - TEENS-ADULTS: I've talked about my fears, past pokes and my new tools/plan with MY ALLY: _____
- TOOLS:
 - I'll use this pain blocker: Buzzy or Numbing Lotion (see details step #5)
 - Self-Administered Injections: I've readied my medication/needles/syringes, and reviewed product instructions and doctor guidelines provided by my healthcare team.
 - I've created a toolkit (small bag/fanny pack)

#2 CALM THE BODY:

- HYDRATION: I will drink ___ glasses of water/electrolyte drink the day before, and ___ glasses the day of (if approved by my doctor)
- EXERCISE: I will do _____ for _____ minutes prior to my poke (make it do-able)
- MEDITATION: I will meditate or listen to meditation app for _____ minutes prior (try Headspace, Spire or just count your in/out breaths)
- MANTRA: My mantra is: _____ (example: I am brave! I got this!)

#3 ADVOCATE: I AM THE CAPTAIN OF MY MEDICAL JOURNEY!

- PARENTS: This ally _____ will help me with my child/ren during the poke
- SCHOOL: I've told the school that my child needs a needle poke and they're trained to help. _____ will assist my child
- HOME POKES: I will set my up child/ren or other members of the household (who are not getting needle pokes) with this activity: _____
- OR others will help me during my poke by doing: _____
- WORKPLACE: I've told my boss/coworkers that I need a break at _____ (time) to get my needle poke. A private space I will use is: _____
- KIDS/TEENS: Parents/siblings/Caregivers will support me during my needle poke by doing this: _____
- Anything else? _____

#4 USE THE COMFORT HOLD:

- PARENTS: My child will sit upright on my lap or _____
They want me to hold hand/touch shoulder/touch leg/be hugged (circle all that apply)
- TWEEN/TEENS/ADULTS: I prefer my ally touch shoulder, leg, hand or not at all: _____
- Going solo? TWEEN/TEENS/ADULTS: I will hold my touchstone: _____
(sacred object, prayer beads, etc)
- I may call/text my ALLY afterward at this #: _____

#5 BLOCK THE PAIN:

- The pain blocker I will use is the: __Buzzy® __L.M.X. 4 __EMLA
I've acquired supporting materials:
- For Buzzy: __ice wings, __tourniquet
- For Numbing Lotion: __Tegaderm or __Glad Press'n Seal®
- I've reviewed instructions/video on how to use my pain blocker
- I have practiced using my pain blocker

#6 USE ACTIVE DISTRACTION:

- The distraction I will use is: _____
 - I've bought my Buzzy® DistrACTION cards, "Where's Waldo" Books or pinwheel/bubbles,
other: _____
- Tip: Distraction cards are effective for teens & adults also. You may also count tiles,
colors, shapes on wall or in poster.

#7: REWARD, REFUEL, REFLECT:

- My REWARD is: _____ ! You earned it!
- REFLECT:
- What worked? _____
- What didn't work? _____
- Improvements for next time: _____

CHECKLIST My TOOLKIT is packed with:

- | | |
|--|--|
| <input type="checkbox"/> My plan | <input type="checkbox"/> Tegaderm or Glad Press'n Seal® (for lotion) |
| <input type="checkbox"/> Medication/syringes/needles | <input type="checkbox"/> Distraction |
| <input type="checkbox"/> Water bottle/electrolyte drink | <input type="checkbox"/> Touchstone |
| <input type="checkbox"/> Pain blocker (Buzzy or Numbing Lotion) | <input type="checkbox"/> Healthy snack |
| <input type="checkbox"/> Ice wings/Cold Pack, Tourniquet (for Buzzy) | <input type="checkbox"/> Reward (or plan for reward) |

Use #MightyKidsCan to share your bravery stories

YOU GOT THIS! © Mighty Kids Can/Pamela Alma Weymouth

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on-demand training Webinar, please visit*

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Note: Each step in this plan is backed by evidence-based research, but these are recommendations only and may need to be modified to work best for you or your child's specific medical situation. This is not medical advice and all steps you take should be reviewed with your medical provider to ensure they are appropriate and safe for you and/or your child. Talk to your doctor.