



Patients receiving either intervention reported lower scores on pain scales during venipuncture or IV start than the no analgesia group” Kearl et al (2015).

Abstract:

Background: Both the J-tip® (a needle-free device for subcutaneous delivery of lidocaine) and the Buzzy® (a cooled, vibrating device to employ gate control to minimize procedural pain) have shown some efficacy in diminishing the pain of venipuncture.

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Purpose: To develop an optimal protocol for pre-venipuncture/IV start pain management by investigating the impact of adding the use of Buzzy® prior to the use of the J-tip®.

Procedures: Pediatric emergency department patients aged 1 month to 21 years were prospectively enrolled in Phase 1 (J-tip® only) then Phase 2 (Buzzy® + J-tip®) for analgesia prior to venipuncture or IV start. Age-appropriate pain scale scores were collected for the subsequent procedure, as well the administration of lidocaine via J-tip®.

Main findings: With the combined intervention (phase 2), 14.2% of patients had a pain scale score >3 with venipuncture and 16.1% had a pain scale score >3 with application of the J-tip® itself. With no intervention for pain relief, 71% of patients experienced a pain scale score >3 for venipuncture. With the J-tip® alone (phase 1), 21% had a pain scale score >3 with venipuncture and 22.3% had a pain scale score >3 with application of the J-tip® itself.

Conclusions: Patients receiving either intervention reported lower scores on pain scales during venipuncture or IV start than the no analgesia group. The combined intervention did not yield a significant decrease in scores on pain scale scores over the J-tip® alone.

Reference:

Kearl, Y.L., Yanger, S., Montero, S., Morelos-Howard, E. and Claudius, I. (2015) Does Combined Use of the J-tip® and Buzzy® Device Decrease the Pain of Venipuncture in a Pediatric Population? Journal of Pediatric Nursing.

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