

## SHORT COMMUNICATION

# Parental Satisfaction with Ametop in Routine Paediatric Phlebotomy

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Local anaesthetic cream is offered for non-urgent paediatric phlebotomy in virtually all cases. In practice, this requires the parent and child to wait around for a minimum of 40 minutes in a hospital environment. It is conceivable that in combination with the stress of having the preparation applied, parents may consider this to be at least as negative an experience as straightforward venepuncture. Previous studies<sup>1</sup> have shown a positive association between anticipatory anxiety and pain ratings. It would appear possible that application of cream followed by a long delay could contribute to this phenomenon. Despite this little has been done to assess the opinion of principal carers about the use of topical local anaesthetics.

We have recently conducted a study to assess satisfaction of parents and staff with the use of Ametop gel (Smith and Nephew, Hull, UK) when used in conjunction with the manufacturer's guidelines in routine (non-urgent) paediatric phlebotomy. This was done by means of a questionnaire involving 100 parents attending our unit with their children for routine blood tests (children attending paediatric out patients or referred electively by their GPs).

We were pleased to discover that 87% of parents would advocate use of Ametop for further blood tests in their child, with average pain scores on a visual analogue scale (1–10) being only 2.8 and 47% giving a minimum score of one out of ten.

Staff members would recommend use of Ametop for further blood tests in a given child in 91% of cases. There were four cases where the parent felt Ametop was ineffective but the nursing staff felt it was beneficial.

In keeping with previous research showing amethocaine to be a cutaneous vasodilator,

we confirmed that vein visibility was, on average, better after application of Ametop.

The only notable deviation from the manufacturer's recommendations involved the gel being left in contact with the skin for > 1 hour (6% of cases), which increases the incidence of local reactions according to the data sheet.

A previous study<sup>2</sup> showed that, in 72% of children where Ametop was used for venepuncture, there was either no response at all or only mild facial grimacing. Interestingly, our results similarly show that 86% of children were felt to have adequate local anaesthesia at the time of needle entering skin in the opinion of the phlebotomist.

It may be fair to assume that waiting over half an hour for the onset of a preparation in a hospital environment constitutes a significant inconvenience. However, this study confirms that when used in accordance with the manufacturer's guidelines, Ametop gel offers adequate local anaesthesia and importantly we have gone on to show that the preparation also confers parent and staff satisfaction.

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## References

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2. Arrowsmith J, Campbell C. A comparison of local anaesthetics for venepuncture. *Arch Dis Child* 2000;82:30–310.