



Non-pharmacological Techniques to Control Pain and Anxiety during Medical Procedures in Children under 15 Years: A Systematic Review

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Abstract

One way to control pain and anxiety in a variety of medical procedures in children is through the use of non-pharmacological distraction techniques. Therefore, the present research aimed to investigate the effectiveness of such techniques.

In this systematic review, PubMed, Scopus, Web of Science, and Google Scholar were searched for articles published between 2015 and 2022 using specific keywords such as distraction, non-pharmacological techniques, procedural therapy, and children. Following the search, a total of 42 original articles and 21 review articles were screened and evaluated for inclusion in the study.

The distribution of medical and therapeutic procedures in the articles reviewed was as follows: 21.4% were related to dentistry, 21.42% to IV procedures, 14.28% to vaccinations, 9.52% to painful interventions, 7.14% to blood sampling, 7.14% to surgeries, 4.76% to stitches, and 14.28% to other procedures. Non-pharmacological solutions mentioned in the articles included robotic technology (14.28%), watching cartoons (11.9%), training videos (7.14%), mother's presence, breastfeeding and mother's voice (7.14%), audio-visual tools (4.76%), music therapy and pressure technique (7.14%) and various other solutions.

Given the lower risk of complications associated with non-pharmacological techniques, the sensitivity of children to drug dosage and side effects, and the cost-effectiveness of these techniques, their use is preferred in pediatric medical procedures.

Keywords: Distraction, Children, Medical procedures, Non-pharmacological technique.

Introduction

Pain is a mental feeling and reaction caused by the perception of nerves in different parts of the body. The body is exposed to internal or external stimuli, and one of the most common symptoms is physical and emotional discomfort such as fear and anxiety (1). Anxiety is in fact one of the most common reactions of children to painful treatment procedures. High levels of anxiety can be harmful to the child's physical and mental health prevent the correct performance of treatment procedures and increase maladaptive behaviors evoking negative emotions about the treatment staff (2,3). Pain and anxiety can lead to physiological changes, such as increased heart rate and breathing, sweating, decreased blood oxygen saturation, pupil dilation, restlessness and high blood pressure. It is also followed by other defense and protective mechanisms in the body that appear in abnormal conditions. Due to the importance of pain and its management, the American Academy of pain has ranked pain as the fifth vital sign to manage (1). Medical procedures are often accompanied by pain, which in turn increases children's anxiety and fear before, during and after the procedure (4). One duty of medical service providers in protecting patient rights is to control and reduce pain, especially in children, and try to relieve it (1). One way to control pain and anxiety during various medical procedures in children is non-pharmacological distraction techniques. There are different types of non-pharmacological distraction techniques, all trying to reduce the feeling of pain and anxiety using psychological techniques to influence physiology (5). Many studies have been conducted on the effect of different non-pharmacological distraction techniques on the level of anxiety and pain in children, including virtual reality (VR), companion health, clowns, storytelling, audio-visual tools, robotics, etc. The effectiveness of each has been investigated in different types of therapeutic procedures (6). The exact mechanism of distraction is still not well understood, yet

distraction techniques are believed to affect the patient's attention capacity and can distract the patient's attention from the harmful stimulus (8, 7). Cognitive-affective attention models can correctly explain this phenomenon (9).

Considering the importance of controlling pain and anxiety in children during medical procedures, which can increase their cooperation in the healthcare process and advance care goals, the present study was conducted to test the effect of non-pharmacological distraction methods on the amount of pain and anxiety in children under 15 years during healthcare procedures.

Methods

The current study is a systematic review aimed at investigating non-pharmacological distraction techniques for controlling pain and anxiety in children during medical procedures. The international databases PubMed, Scopus, Web of Science, Science Direct and Google Scholar were searched using keywords such as distraction, pediatric medical procedures, and non-pharmacological techniques from 2015 to 2024. The Persian equivalents were also searched in national databases Elmnnet, Magiran, and SID. The search in these databases was conducted independently by three researchers, with a third person consulted in case of discrepancies. The inclusion criteria were articles that examined non-pharmacological distraction techniques for managing pain and anxiety during medical procedures in children. Short articles, letters to the editor, conference abstracts, and articles without full text were excluded. The studies were then screened based on title and abstract, resulting in 2,200 articles initially retrieved. After removing duplicates and irrelevant items through evaluation of title, abstract, and full text, 42 original articles on non-pharmacological distraction techniques during various medical procedures in children were selected. Figure 1 illustrates the process of searching and selecting the studies in detail.

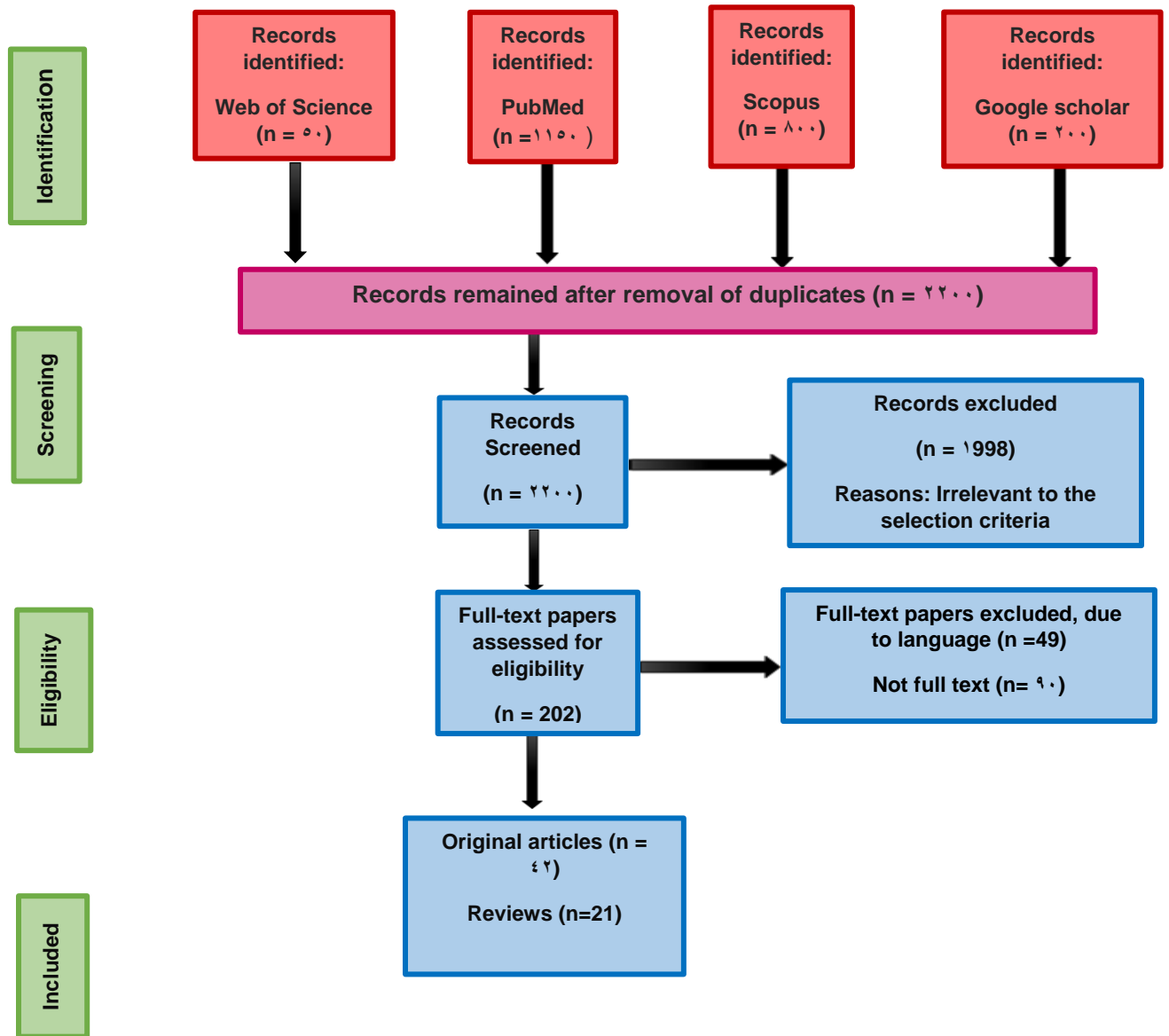


Figure 1. Flowchart of the article selection process for inclusion in the study

Results

The data collected in this research included: first author's name and year of publication, type

of medical procedure, type of distraction technique, target population and effect of distraction technique. More details of the articles are presented in Table 1.

Table 1. Details of the reviewed articles in the current research

Row and reference	First author and publication year	Type of medical procedure	Type of distraction technique	Effect of distraction technique
١ (10)	P. V. A. Aditya ٢٠٢١	dentistry	Using features, spammers, Kaldiscope and virtual reality	Effective in reducing children's anxiety
٢ (11)	U. B. Dixit and ٢٠٢١	dentistry	Interactive distraction	Cost-effective and effective in managing children's fear and anxiety
٣ (12)	A. Garrocho-Rangel ٢٠١٨	dentistry	Using Vess audiovisual equipment	Lack of favorable effect in controlling pain and anxiety compared to other traditional medicinal methods
٤ (13)	F. Ghaderi ٢٠٢٠	dentistry	Using lavender aromatherapy	Effective in reducing pain and anxiety in children
٥ (14)	S. Ghadimi ٢٠١٨	dentistry	Watching a cartoon	Lack of favorable effect on controlling and reducing anxiety during treatment procedure
٦ (15)	H. Güand ٢٠٢٠	dentistry	Using local heat	Effective in reducing children's pain during the procedure compared to other medicinal methods
٧ (16)	Y. Kasimoglu ٢٠٢٠	dentistry	Robotic technology	Effective in reducing pain and anxiety in children
٨ (17)	J. Kharouba ٢٠٢٠	dentistry	Watching a cartoon	Effective in reducing children's anxiety and improving social relations and children's behavior during the procedure
٩ (18)	S. Shekhar ٢٠٢٢	dentistry	Stress ball and audio visual glasses	Effective in controlling anxiety during the procedure and not having a favorable effect on pain control

۱۰ (19)	B. Aykanat Girgin ۲۰۲۰	blood sampling	Using the method of inflating the balloon and pressing the ball and coughing	The methods of inflating a balloon and pressing the ball are effective in controlling pain and reducing fear and anxiety during the procedure, and the cough solution is less effective than other methods in controlling pain and fear during the procedure.
۱۱ (20)	Nejla Canbulat Şahiner ۲۰۲۲	Blood sampling	Using a vacuum cleaner with a cartoon design	Effective in reducing pain and anxiety during the procedure
۱۲ (21)	Sevil Inal ۲۰۲۰	Blood sampling	Using Buzzy the rmomechanical) (technique	Effective in controlling pain and not having a favorable effect on controlling anxiety during the procedure
۱۳ (22)	Tuba Koç Özkan ۲۰۲۰	Getting an IV	Acupressure	Effective in pain control during the procedure
۱۴ (23)	Alereza Momenabadi 2021	Getting an IV	Using music therapy and acupressure at the Hugo point	Effective in controlling children's pain in both methods
۱۵ (24)	Samina Ali ۲۰۲۱	Getting an IV	Using an iPad	Lack of favorable effect in reducing pain and anxiety during the procedure
۱۶ (25)	Gabriela S Ortiz ۲۰۱۹	Getting an IV	music therapy	Effective in pain control during the procedure
۱۷ (26)	Swati Chavan ۲۰۲۱	Getting an IV	Watching a cartoon	Effective in pain control during the procedure
۱۸ (27)	Sherzad Khudeida Suleman ۲۰۲۲	Getting an IV	Art-based intervention called Children's Office Coloring	Effective in controlling pain and anxiety during the procedure
۱۹ (28)	Sacide Yildizeli Topcu ۲۰۲۰	Getting an IV	chewing gum	Effective in pain control during the procedure

۲۰ (29)	Rachelle C W Lee-Krueger ۲۰۲۱	Getting an IV	Robotic technology to teach deep breathing as a coping strategy	Lack of favorable effect in reducing pain and anxiety
۲۱ (30)	Christine T Chambers ۲۰۱۸	vaccination	Pain management training video	Effective for parents to manage children's pain during the procedure by parents
۲۲ (31)	Manal Kassab ۲۰۲۰	vaccination	Using sucrose	Effective in reducing pain during the procedure
۲۳ (32)	Zohreh Karimi ۲۰۲۲	vaccination	Using breastfeeding intervention	Effective in reducing pain during the procedure
۲۴ (33)	Esra Karaca Ciftci ۲۰۱۶	vaccination	Using skin irritation	Effective in reducing pain during the procedure. Babies in the intervention group had fewer cats than the control group
۲۵ (34)	Tuğba Güngör ۲۰۲۱	vaccination	Using local heat and cold	More effectiveness of local cold compared to local heat in reducing pain before the procedure
۲۶ (35)	Pedro Gorrotxategi Gorrotxategi ۲۰۲۲	vaccination	Breastfeeding in babies aged 2 to 11 months and sounding a party horn by a 4-year-old child	Effective in pain control during the procedure
۲۷ (36)	Samina Ali ۲۰۱۸	Getting an IV	Robotic technology	No additional pain and anxiety on children and an effective tool in non-pharmacological distraction during the mentioned procedure
۲۸ (37)	F. Alhani ۲۰۱۹	surgery	Using mother's voice as hearing therapy	Effective in reducing children's anxiety after surgery
۲۹ (38)	Doa'a Abdullah Dwairej ۲۰۲۰	surgery	Using video games	Effective in reducing children's anxiety before surgery, during transfer to

				the operating room and after surgery
۳۰ (39)	Francesco Molinaro ۲۰۲۰	surgery	Robotic technology during surgery	Lack of favorable effect on reducing postoperative pain during robotic surgery
۳۱ (40)	Marzieh Beigom Bigdeli Shamloo ۲۰۱۸	suture	face to face training	Effective in reducing anxiety and pain during the procedure
۳۲ (41)	Hyo Jeong Choi ۲۰۲۱	suture	Watching a cartoon	Effective in controlling the pain and anxiety of children aged 3 to 6 years during the procedure
۳۳ (42)	Nejla Canbulat Şahiner ۲۰۱۹	Intramuscular injection	Using distraction cards	Effective in controlling pain and anxiety during the procedure
۳۴ (43)	Hülya Durak ۲۰۲۱	Therapeutic inhalation in children with acute bronchitis	Watching a cartoon	Effective in controlling children's anxiety and fear during the procedure
۳۵ (44)	Çiğdem.Erdoğan ۲۰۲۰	Painful interventions for children in the intensive care unit	Using mother's voice	Effective in controlling children's pain during and after painful interventions
۳۶ (45)	Christian E Farrier ۲۰۱۹	Painful medical interventions for children hospitalized in the ward	Robotic technology using distraction strategies and deep breathing in outpatient and inpatient departments	Effective in controlling anxiety and pain during and before painful interventions
۳۷ (46)	Wendy M Gaultney ۲۰۲۱	Painful medical interventions	Using cognitive load theory	Lack of favorable effect in controlling pain and anxiety during the procedure
۳۸ (47)	Emma Rheel ۲۰۲۱	Painful medical interventions	Using Pain Neuroscience Education (PNE) technique	Effective in controlling pain during the procedure and increasing the pain tolerance threshold

۳۹ (48)	Claudio Longobardi ۲۰۱۹	While waiting for an emergency doctor's examination	Soap bubbles	effective in controlling pain while waiting for a doctor's examination and not having a favorable effect on controlling pain after a doctor's examination and controlling anxiety while waiting and after a doctor's examination
۴۰ (49)	Sarah Kisling ۲۰۲۱	People with chronic pain	Educational video about pain awareness	Effective in teaching children how to manage pain and not having a favorable effect on pain control
۴۱ (50)	Fatemeh Cheraghi ۲۰۲۰	Changing the burn dressing	Watching a cartoon	Effective in pain control during the procedure
۴۲ (51)	Lindsay A Jibb ۲۰۱۸	Subcutaneous injection of children with cancer	Robotic technology aiming to use psychological strategies	Effective in controlling anxiety during the procedure and not having a favorable effect on pain during the procedure

Discussion

The review of 42 original articles and the information summarized in Table 1 revealed that 21.42% of the medical and therapeutic procedures were related to dentistry, 21.42% were related to IV injections, 14.28% to vaccinations, 9.52% to painful interventions, 7.14% to blood sampling, 7.14% to surgeries, 4.76% to suturing, and the remaining 14.28% were related to inhalation therapy, intramuscular injection (IM), chronic pain, burn dressing change, and subcutaneous (SC) injection. Among these distraction techniques, 14.28% involved with robotic technology. Half of these techniques were effective in controlling pain and anxiety, while the other half were not effective. 11.9% of the techniques involved watching cartoons, with

80% of them being effective in controlling pain and anxiety, and the remaining 20% not being effective. 7.14% of the techniques included pain management training videos, which can be considered an effective solution for teaching pain management, but in 33.3% of cases, there was no favorable effect on control. Additionally, 7.14% of the reviewed articles mentioned the presence of the mother, breastfeeding by the mother, and the use of the mother's voice as effective ways to control pain and anxiety. 4.76% of the techniques were related to audio-visual tools, with the Vess audio-visual device not affecting pain and anxiety control during the procedure, and audio-visual glasses only affecting anxiety control. Furthermore, in 7.14% of studies mentioned music therapy and pressure techniques as solutions to control pain and anxiety. Other

effective methods included face-to-face training, video games, soccer balls, chewing gum, inflating balloons, pressing balls, coughing, and using an iPad as an ineffective distraction solution to control pain and anxiety during medical procedures. Overall, in 75.47% of procedures, non-pharmacological distraction strategies, significantly helped control pain and anxiety during the procedure, while in the remaining 24.53% of procedures no favorable effect was observed.

To explore other non-pharmacological distraction techniques during various types of medical procedures, additional articles were reviewed, each offering a solution to reduce the feeling of pain and anxiety in children.

Music therapy

Music plays a significant role in our daily lives, evoking various feelings and emotions. The human brain has remarkable ability to receive and process music, with the auditory system, brain lobes, and Wernicke's area responsible for analyzing it. The primary areas receive signals from the inner ear while the perception of music, including pitch frequency, melodic contours and volume, is processed through the thalamus and primary areas. Secondary areas handle complex patterns of harmony, melody, and rhythm, with tertiary areas allowing for a deeper understanding of music (17). Furthermore, music processing not only activates other brain regions, but also impacts mesolimbic dopaminergic pathways, leading to enhanced anxiolytic effects (43).

Audio-visual tools

Audio-visual tools, such as screens and headphones that cover the eyes and ears, are considered modern distraction tools. They provide both sound and image simultaneously, creating a three-dimensional environment for the viewer and listener (19). This application may be more appealing to children than other traditional methods discussed in this review. It causes disconnection from the real world during the medical procedure (16). A study suggested that

the use of audio-visual tools is an effective yet costly way to reduce feelings of pain and anxiety during dental procedures, making them suitable for adults as well (19).

The clown

Humor has long been recognized as one of the most effective factors for coping with stressful life, situations and has always been a focus of researchers. Among all the areas and aspects of human life influenced by humor, pain control has consistently captured the interest of researchers. Humor is seen as a factor that is linked to behavioral resistance to pain (9). In a study, humor was presented as a viable solution, similar to other distraction techniques, for reducing anxiety and pain in children (17).

Mobile health

Mobile health is a new field of health-care that can increase people's ability to self-care (11). Today, people in around the world use mobile phones more than ever before. For example, in America, 82% of the population used smartphones in 2018 (23). In Finland, 94% of people under the age of 55 had a smartphone (17). Smartphone devices, programs and games can be used as a distraction approach for children to reduce their pain and anxiety (32).

Play Therapy

Play therapy is a simple, affordable, and readily available intervention that has been used for years to reduce stress and anxiety in children during medical procedures (6). WHO introduced the right to play as one of children's rights in medical centers and hospitals, encouraging doctors and nurses to incorporate games into treatment procedures (14). In a limited review study, Gjaerde et al. investigated the effect of games on the levels of anxiety and pain in children during hospital procedures. The evidence in the study showed that interventions and play therapy had a positive impact on the four clinical areas of education, diagnostic processes, treatment and recovery, and adaptation,

ultimately reducing feelings of pain and anxiety (52).

Cold and shivering

The Buzzy device is designed to provide cold and vibration simultaneously, effectively reducing pain at the injection site. It is an easy-to-use, reusable and quick method of non-pharmacological distraction. This device resembles a bee, with two components: the bee's body (vibration) and the bee's fins (cold). The combined application of vibration and cold affects pain receptors and the body's nervous pathways, reducing the sensation of pain (33). However, various studies have yielded different results. In a study by Faghihian et al., which examined the impact of vibration on pain level through a systematic review, the vibration intervention was not found to be an effective method of non-pharmacological pain distraction with no significant difference between the intervention and control groups. No review studies were identified either (53).

Virtual reality

Virtual Reality (VR) has been increasingly used in recent years as a new, non-pharmacological method for medical procedures (14). VR devices create a sense of distraction that can help reduce pain and anxiety in various medical procedures such as dentistry (18), burns, wound care, and venous access (24). The side effects of using VR in medical procedures are minimal compared to other distraction methods. Only with long-term use can symptoms like dizziness, headache, nausea and eye pressure increase (32).

Conclusion

The current research review was conducted to explore different techniques or distraction and pain reduction during therapeutic procedures in children. Through a thorough investigation, it was found that various non-pharmacological distraction techniques can be highly effective in managing pain and anxiety during medical

procedures. These techniques have fewer side effects compared to pharmacological methods, are cost-effective, and are highly effective. Due to children's high sensitivity to dosage and side effects, it is recommended to use non-pharmacological distraction techniques in therapeutic and medical procedures.

Conflict of interest

The authors have confirmed that this study has no relevant financial or non-financial competing interests.

References

1. Sarbijan, S. S., Rabori, R. M., & Nouhi, E. (2021). The Effect of Balloon Inflating Distraction on Pain Intensity During Venous Blood Sampling in Children: A Randomized Controlled Trial. <https://doi.org/10.21203/rs.3.rs-711305/v1>.
2. Francischinelli AGB, Almeida FdA, Fernandes DMSO. Routine use of therapeutic play in the care of hospitalized children: nurses' perceptions. *Acta Paul Enferm.* 2012;25(1):18-23. <https://doi.org/10.1590/s0103-21002012000100004>.
3. LI WH, Chung JOK, Ho KY, Kwok BMC. Play interventions to reduce anxiety and negative emotion in hospitalized children. *BMC pediatrics.* 2016;16(1):36. <https://doi.org/10.1186/s12887-016-0570-5>.
4. Yazdanparast E., Davoudi M., Ghorbani S. H., Akbarian A., Chenari H. A. (2022). Investigating the relationship between moral sensitivity and attitude towards euthanasia in nursing students of Birjand University of Medical Sciences. *Clinical Ethics*, 17(2), 205–210. <https://doi.org/10.1177/14777509211016294>
5. Atzori, B., Lauro Grotto, R., Giugni, A., Calabrò, M., Alhalabi, W., & Hoffman, H. G. (2018). Virtual reality analgesia for pediatric dental patients. *Frontiers in psychology*, 9, 2265. <https://doi.org/10.3389/fpsyg.2018.02265>.
6. Shureshi P, Ahmadi Chenari H, Ahmadi M, Jesmi A A. Effect of Education by Lecture and Pamphlet Methods on Soldiers Knowledge about Meningitis Disease. *J Mil Med* 2015; 17 (3) :181-186
7. Slifer KJ, Tucker CL, Dahlquist LM: Helping children and caregivers cope with repeated invasive procedures: How are we doing? *Journal of Clinical Psychology in Medical Settings.* 2002, 9:131–152. <https://doi.org/10.1023/A:1014944110697>.
8. National Institutes of Health: Integration of behavioral and relaxation approaches into the

treatment of chronic pain and insomnia. *Journal of the American Medical Association*. 1996, 276:313–318. <https://doi.org/10.1001/jama.1996.03540040057033>

9. Eccleston C, Crombez G: Pain demands attention: A cognitive-affective model of the interruptive function of pain. *Psychological Bulletin*. 1999, 125:356–366. <https://doi.org/10.1037/0033-2909.125.3.356>.

10. Matthew J. Page^{1*}, Joanne E. McKenzie¹, Patrick M. Bossuyt², Isabelle Boutron³, Tammy C. Hoffmann⁴, Cynthia D. Mulrow⁵, Larissa Shamseer⁶, Jennifer M. Tetzlaff⁷, Elie A. Akl⁸, Sue E. Brennan¹, Roger Chou⁹, Julie Glanville¹⁰, Jeremy M. Grimshaw¹¹, Asbjørn Hróbjartsson¹², Manoj M. Lalu¹³, Tianjing Li¹⁴, Elizabeth W. Loder¹⁵, Evan Mayo-Wilson¹⁶, Steve McDonald¹, Luke A. McGuinness¹⁷, Lesley A. Stewart¹⁸, James Thomas¹⁹, Andrea C. Tricco²⁰, Vivian A. Welch²¹, Penny Whiting¹⁷ and David Moher²². The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *Page, M. J., et al.* 2021.10:89. (1-11). <https://doi.org/10.1371/journal.pmed.1003583>.

11. Aditya, P.V.A., et al., Comparison of effectiveness of three distraction techniques to allay dental anxiety during inferior alveolar nerve block in children: A randomized controlled clinical trial. *Heliyon*, 2021. 7(9). <https://doi.org/10.1016/j.heliyon.2021.e08092>.

12. Dixit, U.B. and L. Moorthy, The use of interactive distraction technique to manage gagging during impression taking in children: a single-blind, randomised controlled trial. *European Archives of Paediatric Dentistry*, 2021. 22(2): p. 219-225. <https://doi.org/10.1007/s40368-020-00582-2>

13. Garrocho-Rangel, A., et al., A video eyeglasses/ earphones system as distracting method during dental treatment in children: A crossover randomised and controlled clinical trial. *European Journal of Paediatric Dentistry*, 2018. 19(1): p. 74-79. <https://doi.org/10.23804/ejpd.2018.19.01.14>.

14. Ghaderi, F. and N. Solhjoui, The effects of lavender aromatherapy on stress and pain perception in children during dental treatment: A randomized clinical trial. *Complementary Therapies in Clinical Practice*, 2020. 40. <https://doi.org/10.1016/j.ctcp.2020.101182>.

15. Ghadimi, S., et al., Effect of visual distraction on children's anxiety during dental treatment: a crossover randomized clinical trial. *Eur Arch Paediatr Dent*, 2018. 19(4): p. 239-244. <https://doi.org/10.1007/s40368-018-0352-x>.

16. Gümüş, H. and M. Aydinbelge, Evaluation of effect of warm local anesthetics on pain perception during dental injections in children: a split-mouth randomized clinical trial. *Clinical Oral Investigations*,

2020. 24(7): p. 2315-2319. <https://doi.org/10.1007/s00784-019-03086-6>.

17. Kasimoglu, Y., et al., Robotic approach to the reduction of dental anxiety in children. *Acta Odontologica Scandinavica*, 2020. 78(6): p. 474-480. <https://doi.org/10.1080/00016357.2020.1800084>.

18. Kharouba, J., B. Peretz, and S. Blumer, The effect of television distraction versus Tell-Show-Do as behavioral management techniques in children undergoing dental treatments. *Quintessence Int*, 2020. 51(6): p. 486-494. <https://doi.org/10.3290/j.qi.a44366>.

19. Shekhar, S., et al., Effect of active and passive distraction techniques while administering local anaesthesia on the dental anxiety, behaviour and pain levels of children: a randomised controlled trial. *European Archives of Paediatric Dentistry*, 2022. 23(3): p. 417-427. <https://doi.org/10.1007/s40368-022-00698-7>.

20. Aykanat Girgin, B. and İ. Göl, Reducing Pain and Fear in Children During Venipuncture: A Randomized Controlled Study. *Pain Management Nursing*, 2020. 21(3): p. 276-282. <https://doi.org/10.1016/j.pmn.2019.07.006>.

21. Canbulat Şahiner, N., A.S. Türkmen, and D. Şahin, Effect of using vacutainers with cartoon characters on the pain and fear levels of preschoolers during bloodletting. *Journal of Paediatrics and Child Health*, 2022. <https://doi.org/10.1111/jpc.16042>.

22. Inal, S. and M. Kelleci, The Effect of External Thermomechanical Stimulation and Distraction on Reducing Pain Experienced by Children during Blood Drawing. *Pediatric Emergency Care*, 2020. 36(2): p. 66-69. <https://doi.org/10.1097/PEC.0000000000001264>.

23. Koç Özkan, T. and S. Balcı, The Effect of Acupressure on Acute Pain During Venipuncture in Children: Implications for Evidence-Based Practice. *Worldviews on Evidence-Based Nursing*, 2020. 17(3): p. 221-228. <https://doi.org/10.1111/wvn.12437>.

24. Alireza Momenabadi, Maryam Radmehr, Narges Sadeghi. Effect of two Methods of Acupressure in Hugo Point and Music on Severity of Pain During IV Insertion in Children. *P J M H S*. 2021. 14(2):697-700.

25. Ali, S., et al., A randomized trial of iPad distraction to reduce children's pain and distress during intravenous cannulation in the paediatric emergency department. *Paediatrics and Child Health (Canada)*, 2021. 26(5): p. 287-293. <https://doi.org/10.1093/pch/pxaa089>.

26. Ortiz GS, O'Connor T, Carey J, et al. Impact of a Child Life and Music Therapy Procedural Support Intervention on Parental Perception of Their Child's Distress During Intravenous Placement. *Pediatr*

- Emerg Care.* 2019;35(7):498-505. <https://doi.org/10.1097/PEC.0000000000001065>
27. Chavan, S. and P. Naregal, Effectiveness of cartoon animation video on pain during venepuncture among 3-6 year old children. *Sri Lanka Journal of Child Health*, 2021. 50(2): p. 299-305. <http://dx.doi.org/10.4038/sljch.v50i2.9577>.
 28. Suleman, S.K., A. Atrushi, and K. Enskär, Effectiveness of art-based distraction on reducing pediatric patients' pain and anxiety during venipuncture: A randomized controlled trial. *Complementary Therapies in Clinical Practice*, 2022. 48. <https://doi.org/10.1016/j.ctcp.2022.101597>.
 29. Yildizeli Topcu, S., et al., Effect of Gum Chewing on Pain and Anxiety in Turkish Children During Intravenous Cannulation: A Randomized Controlled Study. *Journal of Pediatric Nursing*, 2020. 52: p. e26-e32. <https://doi.org/10.1016/j.pedn.2019.12.007>.
 30. Lee-Krueger, R.C.W., et al., Children's Pain during IV Induction: A Randomized-Controlled Trial with the MEDi@Robot. *Journal of Pediatric Psychology*, 2021. 46(8): p. 991-1000. <https://doi.org/10.1093/jpepsy/jsab028>.
 31. Riddell, R.P., et al., Featured article: The ABCDs of pain management: A double-blind randomized controlled trial examining the impact of a brief educational video on infants' and toddlers' pain scores and parent soothing behavior. *Journal of Pediatric Psychology*, 2018. 43(3): p. 224-233. <https://doi.org/10.1093/jpepsy/jsx122>.
 32. Kassab, M., B. Almomani, and K. Nuseir, Efficacy of sucrose in reducing pain during immunization among 10-to 18-month-old infants and young children: a randomized controlled trial. *Journal of pediatric nursing*, 2020. 50: p. e55-e61. <https://doi.org/10.1016/j.pedn.2019.11.010>.
 33. Karimi, Z., et al., The Effect of Breastfeeding Versus Sensorial Saturation on Infants' Behavioral Responses of Pain following Pentavalent Vaccination on 4 and 6 Month Old Infants: A Randomized Controlled Clinical Trial Study. *International Journal of Community Based Nursing and Midwifery*, 2022. 10(2): p. 146-155. <https://doi.org/10.30476/IJCBNM.2021.87090.1400>.
 34. Karaca Ciftci, E., F. Kardas Ozdemir, and D. Aydın, Effect of flick application on pain level and duration of crying during infant vaccination. *Ital J Pediatr*, 2016. 42: p. 8. <https://doi.org/10.1186/s13052-016-0218-y>.
 35. Güngör, T. and Ö. Öztürk Şahin, Analysis of two non-pharmacological pain management methods for vaccine injection pain in infants: A randomized controlled trial. *Agri*, 2021. 33(1): p. 15-22.
 36. Gorrotxategi Gorrotxategi, P., et al., Nonpharmacological pain management in vaccination. Perception of paediatricians, patients and guardians. *Anales de Pediatria*, 2021.
 37. Ali, S., et al., Study protocol for a randomised controlled trial of humanoid robot-based distraction for venipuncture pain in children. *BMJ Open*, 2018. 8(12): p. e023366. <https://doi.org/10.1136/bmjopen-2018-023366>.
 38. Babaei, K., F. Alhani, and M. Khaleghipour, The effects of maternal voice on anxiety and physiologic parameters among children undergoing tonsillectomy. *Prensa Medica Argentina*, 2019. 105(2).
 39. Dwairej, D.A., H.M. Obeidat, and A.S. Aloweidi, Video game distraction and anesthesia mask practice reduces children's preoperative anxiety: A randomized clinical trial. *Journal for Specialists in Pediatric Nursing*, 2020. 25(1). <https://doi.org/10.1111/jspn.12272>.
 40. Molinaro, F., et al., Considerations regarding pain management and anesthesiological aspects in pediatric patients undergoing minimally invasive surgery: robotic vs laparoscopic-thoracoscopic approach. *J Robot Surg*, 2020. 14(3): p. 423-430. <https://doi.org/10.1007/s11701-019-01005-1>.
 41. Bigdeli Shamloo, M.B., et al., Effect of Face-to-Face Education on Anxiety and Pain in Children with Minor Extremity Injuries Undergoing Outpatient Suturing in Emergency Department. *Indian Pediatr*, 2018. 55(1): p. 41-44.
 42. Choi, H.J. and H.J. Kim, Efficacy of Cartoons as a Distraction Technique for Children Undergoing Suture of Facial Lacerations in the Emergency Department. *Pediatric emergency care*, 2021. 37(9): p. 471-473. <https://doi.org/10.1097/PEC.0000000000001951>.
 43. Canbulat Şahiner, N. and A.S. Türkmen, The Effect of Distraction Cards on Reducing Pain and Anxiety During Intramuscular Injection in Children. *Worldviews on Evidence-Based Nursing*, 2019. 16(3): p. 230-235. <https://doi.org/10.1111/wvn.12359>.
 44. Durak, H. and G. Uysal, The Effect of Cartoon Watching and Distraction Card on Physiologic Parameters and Fear Levels during Inhalation Therapy in Children: A Randomized Controlled Study. *Journal of Tropical Pediatrics*, 2021. 67(1). <https://doi.org/10.1093/tropej/fmab018>.
 45. Erdoğan, Ç., T. Turan, and B. Pınar, The effect of maternal voice for procedural pain in paediatric intensive care unit: A randomised controlled trial. *Intensive and Critical Care Nursing*, 2020. 56. <https://doi.org/10.1016/j.iccn.2019.102767>.

46. Farrier, C.E., J.D.R. Pearson, and T.N. Beran, Children's Fear and Pain During Medical Procedures: A Quality Improvement Study With a Humanoid Robot. *Can J Nurs Res*, 2020. 52(4): p. 328-334. <https://doi.org/10.1177/0844562119862742>.
47. Gaultney, W.M., L.M. Dahlquist, and R.L. Quiton, Cognitive load and the effectiveness of distraction for acute pain in children. *European Journal of Pain (United Kingdom)*, 2021. 25(7): p. 1568-1582. <https://doi.org/10.1002/ejp.1770>.
48. Rheel, E., et al., The effect of a pain educational video intervention upon child pain-related outcomes: A randomized controlled study. *European Journal of Pain (United Kingdom)*, 2021. 25(10): p. 2094-2111. <https://doi.org/10.1002/ejp.1822>.
49. Longobardi, C., et al., Soap bubbles as a distraction technique in the management of pain, anxiety, and fear in children at the paediatric emergency room: A pilot study. *Child: Care, Health and Development*, 2019. 45(2): p. 300-305. <https://doi.org/10.1111/cch.12633>
50. Kisling, S., et al., The efficacy of an educational movie to improve pain and dysfunctional behavior in school children: A randomized controlled trial. *Eur J Pain*, 2021. 25(7): p. 1612-1621. <https://doi.org/10.1002/ejp.1777>.
51. Cheraghi, Fatemeh & Kalili, Arash & Soltanian, Ali-Reza & Eskandarlou, Mahdi & Sharifian, Pegah. (2021). A Comparison of the Effect of Visual and Auditory Distractions on Physiological Indicators and Pain of Burn Dressing Change Among 6–12-Year-Oldchildren: A Clinical Trial Study. *Journal of Pediatric Nursing*. 58(2).2021. <https://doi.org/10.1016/j.pedn.2021.01.011>.
52. Gjørde, L. K., et al. (2021). "Play interventions for paediatric patients in hospital: A scoping review." *BMJ Open* 11(7). <https://doi.org/10.1136/bmjopen-2021-051957>.
53. Faghihian, R., et al. (2021). "Effect of vibration devices on pain associated with dental injections in children: A systematic review and meta-analysis." *Australian Dental Journal* 66(1): 4-12. <https://doi.org/10.1111/adj.12811>.