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Modulo per la sottomissione abstract di ricerca **INFERMIERISTICA**

Titolo (massimo 15 parole)

A systematic review of guidelines about the management of procedural pain in neonates

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Testo (massimo **250 parole**, preferibilmente in italiano (accettato anche in inglese), suddiviso in Introduzione, *Metodi, Risultati, Conclusioni* e *Finanziamento*

The evolution of neonatal intensive care is associated with improved survival of the neonates. During hospitalization in NICU, neonates are exposed to many painful procedures within a stressful environment. Inadequately treated pain can lead to short and long-term complications from hyperalgesia to alterations of the pain experience. To date, many evidence-based guidelines are available; however the quality of these guidelines and their clinical application remains unclear. Additionally, systematic prevention of procedural pain is rarely implemented in NICU and pain remains undertreated.

This systematic review aims at determining the quality of the existing guidelines on the management of procedural pain in neonates and to identify the most relevant evidence-based procedures to prevent procedural pain in neonates. Ultimately, this review will contribute to the development of a complex intervention to prevent procedural pain in neonates.

In total, four electronic databases and the grey literature published between 2007 and 2017 were searched using keywords such as procedural pain. The methodological quality is analysed using AGREE II.

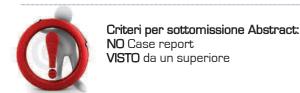
A total of 880 records were identified. After screening for eligibility, 14 guidelines were included in this review. Among these are seven were defined high quality guidelines. Besides the usual recommendations for pharmacological and non-pharmacological treatments, inclusion of parents, improving interprofessional collaboration and considering the setting were identified as important elements.

Procedural pain prevention needs to involve not only pharmacological and non-pharmacological pain treatment but also parents and interprofessional collaboration. Hence, these elements need to be included in the development of a complex intervention to prevent procedural pain in neonates.

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Invio Abstract