# Pain management in children, from newborn to 6 years: Exploring pharmacists' roles and challenges

## Report from a FIP insight board

2025

International Pharmaceutical Federation

# Colophon



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# Acknowledgements

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# 1 Introduction

In December 2020, the World Health Organization (WHO) issued guidelines for managing chronic pain in paediatric patients.[1] The guidelines acknowledge that pain is a complex and multifaceted experience, shaped by the interaction of biological, psychological, and social factors. As such, effective pain management requires a multimodal, interdisciplinary approach.[1]

Pain in children differs from that in adults due to physiological, cognitive, developmental and social factors. A child's ongoing development leads to continuous changes in how they perceive and express pain, as well as cognitive abilities and levels of understanding and comprehension. These evolving differences are also influenced by environmental, cultural and social contexts, including relationships with parents, caregivers and healthcare providers.[1, 2]

Assessing and managing pain in children, aged newborn to 6years, can be particularly challenging. Young children may struggle to clearly express or localise their pain, making it difficult for caregivers and healthcare providers to identify the appropriate course of action. Effective pain management during this critical stage of development is essential, both to prevent under-treatment, which may result in prolonged discomfort or the risk of chronic pain, and over-treatment, which may result in adverse effects.[3, 4]

For families, witnessing a child in unrelieved pain can lead to frustration, helplessness, and difficulties managing pain at home.[5] Healthcare providers may also experience negative consequences, including moral distress, job dissatisfaction, and burnout.[4] Inadequate pain management often results in prolonged hospitalisations, increased interventions, and long-term complications, which collectively raise healthcare costs.[4]

The integration of a patient-centred approach involving parents and families is crucial. Parental and family dynamics can influence how pain is experienced and managed in children. Furthermore, early pain experiences shape a child's ability to manage pain later in life and may increase the risk of developing anxiety or depressive disorders.[4, 6]

The literature highlights key barriers to effective paediatric pain management, such as inadequate provider knowledge and training, organisational limitations, medication-related challenges, communication issues, and broader contextual factors.[4,6,7] In contrast, facilitators for improvement include proactive initiatives by healthcare providers, enhancements in organisational structure, family involvement, targeted education and training, technological advancements, procedural improvements, remote care options, up-to-date policies, and strong interprofessional relationships.[4, 7]

The *Lancet Child and Adolescent Health Commission* recommends four transformative goals to improve the lives of children with pain and their families: make pain matter, make pain understood, make pain visible, and make pain better.[7]

Pharmacists play a critical role in the management of pain in early childhood by ensuring proper use of medications, including nonprescription analgesics, individualising pain-management plans, and conducting periodic medication reviews to optimise outcomes and minimise adverse effects. They support parents and caregivers by providing education on pain and medication use, identifying potential drug-drug interactions or contraindications, assessing treatment response, recommending modifications when necessary, and referring families to paediatricians if pain relief is inadequate.[6]

To be effective, pharmacists must be equipped with skills in caregiver communication, pain assessment techniques, and the ability to recommend safe, age-appropriate treatments. This enables them to provide equitable and tailored support that meets the needs of both the child and their families.

As part of the FIP self-care programme, an insight board was convened in June 2025 to explore the challenges and opportunities in managing pain in children aged newborn to 6 years, with a focus on strengthening the pharmacist's role. The meeting brought together pharmacists, paediatric pharmacy researchers, and experts in paediatric pain management to:

- Examine professional and caregiver-related factors influencing pain management;
- Identify barriers and enablers across different settings; and
- Gather diverse perspectives to inform more effective, culturally sensitive, and family-centred care approaches.

The experts addressed the following key questions:

1. What are the current pharmacy practices and key challenges pharmacists face in managing pain in children aged newborn to 6 years?
2. From the pharmacist's perspective, what challenges or misconceptions do parents and caregivers face in managing pain in young children, and how can pharmacists better support them?
3. How can pharmacists strengthen their clinical role and improve their communication to parents and caregivers to ensure safe, effective, and family-centred pain management in early childhood?
4. What enablers—such as training, policy change, cultural understanding, or tools—can help improve pharmacist-led pain management for these children across diverse settings?

The insights gathered from this meeting highlight the invaluable benefits of practical, context-sensitive approaches that enable pharmacists to contribute more effectively to pain management in early childhood. These findings will inform FIP's ongoing work and guide action to support pharmacists globally in this essential area of care.

# 2 Insight board participants

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# 3 Current pharmacy practices

Insight board participants identified the most common early childhood pain-related complaints encountered in pharmacy practice (Figure 1).

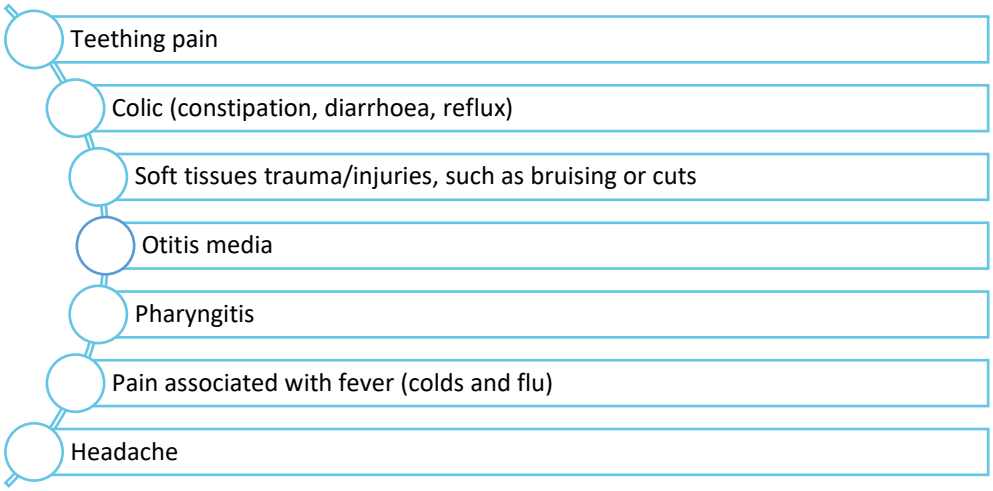


Figure 1: Common early childhood pain-related complaints encountered by pharmacists

Insight board participants reported that generally, pharmacists remain open to respectful, non-judgemental conversations with caregivers, recognising that cultural beliefs and traditions often influence how paediatric pain is perceived and managed. This cultural sensitivity may call for flexible, individualised approaches to care.

With access to a range of over-the-counter (OTC) medicines, pharmacists manage early childhood pain with analgesics, antipyretics and anti-inflammatories. Treatment recommendations are based on considerations such as formulation, dose, caregiver preferences, as well as the type of pain, underlying condition, severity of pain and the need for referral.

*"Pharmacists have access to analgesics, antipyretics and anti-inflammatories such as paracetamol, ibuprofen, mefenamic acid and other NSAIDs. Topical local anaesthetics are also available for teething, [and] topical anti-inflammatories for minor injuries and smooth muscle relaxants/antispasmodics such as hyoscine butylbromide for colic. Topical analgesics, including choline salicylate (lidocaine, tetracaine, etc), must be avoided, and if there is no improvement, must be discussed with a timeline."*

It is also common practice for caregivers to prefer non-pharmacological approaches.

*"In many cultures and family contexts, alternative or non-traditional remedies are used, such as herbal infusions, homemade preparations, or natural products. These may include chamomile, calendula, clove, or natural teething gels, among others."*

Ultimately, a pharmacist's role is to support, identify potential risks or interactions, and, when necessary, provide explanations for the choice of therapy, educate caregivers on how to use artificial intelligence (AI) responsibly, and offer safe, evidence-based alternatives, while integrating cultural resources where possible. This openness helps build trust and allows safe and effective pain management interventions in young children.

# 4 Challenges in pharmacist-led pain management

## 4.1 Variability in infant and toddler pharmacotherapy

The existing age-related variations in pharmacokinetics and pharmacodynamics for infants, toddlers and young children re-emphasise the need for accurate formulation and dosing. Participants identified that ensuring weight-based dosing (which is not always applied in practice) is a major challenge. For example, some formulations such as paracetamol, are still age-banded. There is often a mismatch between a child's age and standardised weight, and relying on this dosing approach can result in the undertreatment of pain. Additionally, a difference in the measurements such as pounds (lb) and kilograms (kg), can be confusing to parents.

*"Dosing in medical information used in the hospital is [often] based on kg. However, parents know their children's weight in pounds. Over-the-counter products provide information in pounds, but it causes concern when discussing pain management between paediatricians and caregivers."*

Dose banding[1] presents challenges in hospital settings, especially in a multidisciplinary team. There is considerable confusion around the appropriate dosing of paracetamol and ibuprofen for children being discharged. While some surgeons and physicians advocate for administering the maximum dose, such as 15 mg/kg, to ensure optimal analgesic effect, the pharmacy team often raises concerns about the practicality of this approach for caregivers. Issues include whether parents can accurately measure and administer doses, especially when doses involve decimals or complex calculations. As a result, dosing practices vary significantly between providers, leading to inconsistency and uncertainty in pain management at home.

## 4.2 Lack of standardisation

The lack of standardisation in over-the-counter paediatric products was identified as another significant challenge. Variations in concentrations between countries increase the risk of dosing errors, particularly when caregivers use seemingly familiar products from different regions without recognising these differences.

*"In the US, acetaminophen has been standardised for [children] under two years. However, it lacks dosage information and relies on pharmacists to provide the correct dose. There are multiple products for acetaminophen and ibuprofen, but the liquid forms for ibuprofen have two different concentrations, so errors are a great concern."*

Furthermore, inconsistent labelling standards and a lack of clear guidance can lead to confusion for parents, caregivers, and even pharmacists.

## 4.3 Pharmacists' prescribing confidence and lack of awareness

Participants noted uncertainty among pharmacists regarding the appropriate use of acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs); specifically, which one to use, and whether to alternate or combine them. This uncertainty is compounded by a lack of confidence in accessing and recommending over-the-counter products for paediatric patients, particularly when dosing instructions for children under two years of age are not provided on the product label.

*"Education in pharmacy schools is often limited, and pharmacists may hesitate to advise beyond labelled recommendations. However, the paediatrician will often tell people what to do and then [they] come to the pharmacy looking for the products, only to find limited information."*

This highlights the need for clearer professional guidance on paediatric use of off-label medicines.

[1] Dose banding is a system whereby drug doses which are calculated are grouped and rounded to set of pre-defined doses. Each series of consecutive dose(s) is called a 'band', with the dose to which they are rounded towards being the 'banded dose'. https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2017/01/dose-banding-tables-how-to.pdf

There is also a lack of awareness of the efficacy of certain pharmacological therapies in pain management. A common example cited was the use of sucrose 24% for managing procedural pain in infants, newborn to 6 months, despite strong evidence and successful nurse-initiated implementation in various healthcare settings. A hesitation in prescribing is often observed, as this therapy is widely seen as non-pharmacological.

*"A lot of evidence is available and has shown great effectiveness with the use of sucrose 24% for management of residual/procedural pain in young children in a hospital setting. Many healthcare workers are not aware of this."*

*"The main challenge with using sucrose is that it is not considered a medication, but more of a dietary supplement. This is the reason why pharmacists do not like to handle it despite knowing about it."*

## 4.4 Operational constraints

Community pharmacists tend to have limited access to patients' electronic medical records. This lack of access to clinical history or further contextual information often hinders a pharmacist's ability to make informed decisions regarding the appropriateness of paediatric dosing.

A further operational challenge is often frequent changes to national policies and clinical guidelines, which can lead to confusion and a lack of consistency in paediatric pain management, contributing to professional hesitation. Contradictions across different care pathways further complicate decision-making. One example highlighted was the new recommendation on the use of paracetamol for managing post-immunisation fever, a practice that was previously routine but is now questioned. This hesitation is partly influenced by emerging literature suggesting that the prophylactic use of paracetamol may reduce vaccine immunogenicity.

*"Many years ago, we were told to prophylactically give acetaminophen before going to the paediatrician. But now, the use of acetaminophen post-vaccination is being advised against. This leaves a challenge of what happens post-vaccination. Oftentimes, there would be arguments with the care providers to make recommendations that can help children. That information has hampered what we can do post-vaccination for kids because they're so worried about what's happening pre-vaccination."*

## 4.5 Communication gaps and time constraints

Young children often struggle to articulate the severity of their pain, and this difficulty is even more pronounced in children with disabilities such as autism or speech impairments. In such cases, pharmacists rely heavily on caregivers' interpretations, which may not always be accurate. This reliance can lead to misinterpretation of the child's condition and inappropriate management decisions.

*"Children, especially those with learning disabilities or communication difficulties, remain a significant challenge as many struggle to express how they feel. This makes it difficult to assess and manage their pain effectively, even when using tools like FLACC scores."*

*"If a child is teething, they might be pulling at their ears. The parent thinks it's an earache. Or the other way around: a parent is rubbing teething gel on a child's gums, meanwhile it's an earache. So that is a challenging one, especially in a busy environment with pharmacists trying to establish what this pain is."*

Additionally, young children may have been given traditional or home remedies before presenting at the pharmacy, and caregivers may omit that information, perceiving it as an unnecessary detail.

Even when pharmacists are willing and capable of supporting paediatric pain management, time constraints from managing other pharmacy responsibilities hinders effective counselling to parents and caregivers.

# 4.6 Caregiver-associated challenges

## 4.6.1 Misconception on the efficacy of the route of administration

Some caregivers perceive that intravenous (IV) agents work better than oral agents. This preference for IV agents, informed by previous hospital treatments, personal beliefs, and the 'urgency' to speed up the child's recovery, is common in community settings when caregivers present with children for consultations.

Additionally, for children who cannot swallow, other dosage forms, such as suppositories, are not culturally accepted by caregivers.

## 4.6.2 Wrong and/or delayed dosing

Caregiver hesitancy around the use of analgesics in young children is a significant barrier to effective pain management. Many caregivers are uncertain about which medications are safe and appropriate, leading to reluctance in administering treatment. Unfortunately, this fear and lack of confidence often results in the undertreatment of pain, leaving many paediatric patients without adequate relief. While this is a problem for OTC products, it is even more of an issue when prescription pain medications are necessary. Common mistakes also include confusion about dosing: misunderstanding concentrations, using household utensils for measurement, and not adhering to the correct dosing intervals or treatment duration.

*"Parents and caregivers often delay administering the next prescribed dose of pain medication or completing a regimen until visible signs of pain reappear."*

*"We've been brilliantly educated, for example, with antibiotics, where a complete course is emphasised. But for a child with a particularly recurring painful condition, parents may not be dosing at the recommended frequency, but waiting. I think there should be some education and thought around how we can encourage people to give the medicine when they know there's underlying conditions, rather than wait for these spikes, and then, having to respond to them."*

When provided with a dosing range, caregivers may opt for the lower end of the range out of caution. However, in some cases, administering the higher end of the recommended dose may be more effective for adequate pain control. Conversely, parents who are anxious to relive their child's pain may unintentionally overdose, expecting a faster effect.

It is also commonly observed that, in response to a child's pain or distress, caregivers may often resort to feeding as a method of soothing. This can lead to overfeeding and the development of an unhealthy association between comfort and eating which, over time, may contribute to childhood obesity. Additionally, overfeeding can result in abdominal distension, which may further exacerbate the child's discomfort or pain.

# 5 Successful strategies and enablers to support paediatric pain management

The insight board participants identified key strategies and enablers that empower pharmacists to deliver safe and effective pain management for young children. As highly accessible health professionals, pharmacists are uniquely positioned to support families through caregiver counselling and education. These strategies centre around the pharmacists' expertise and accessibility to enhance pain management outcomes, ensuring a family-centred approach.

## 5.1 Communication skills and language use

Improving communication skills and language use was identified as a key enabler to ensuring safe and effective paediatric pain management. Participants highlighted how conveying information clearly and appropriately can significantly enhance the health literacy of parents and caregivers. These skills are vital in involving the parents or caregivers and their children in the decision-making process, creating an environment where families feel heard and understood.

### 5.1.1 Clear and simple language tailored to patient and parent/caregiver health literacy

Participants highlighted that communication plays an important role in improving therapeutic outcomes and medication adherence for patients. This includes good communication with regards to medication use, such as explaining palatability to support adherence in young children, directly involving parents and caregivers when demonstrating proper dosing techniques with tools such as oral syringes, and providing guidance on when to seek medical advice. The use of clear, simple language is key to ensuring that parents and caregivers understand the information given to them, and feel confident and informed when managing their child's pain.

*"Reflective listening and effective counselling are key to understanding the problem."*

One participant mentioned how pharmacists' use of terminology when communicating with patients or parents affects their decision-making capabilities. Using overly technical or clinical language may confuse or intimidate individuals, potentially leading to hesitation. Emphasis was also given to allowing the patient to use their own choice of pain descriptors, especially when communicating with young patients.

*"From a health literacy standpoint, when we give people the autonomy to develop their own vocabulary and descriptors, sometimes it's okay to pause and let the child – or the caregiver, if they've heard the child say things – really describe it."*

*"It is helpful to give a little more structure and guidance in how we phrase the question. We ask them to take a single finger and point to where the pain is located. When they're given full freedom to use their whole hand or body, the response tends to be vaguer and more generalised. But when they're asked to use just one finger to show where it hurts, it often leads to more precise and specific localisation of the pain."*

### 5.1.2 Building trust

Participants discussed how the emotions of both caregivers and patients should be appreciated, understood and handled with empathy by listening attentively and responding with care. This helps pharmacists move beyond simply sharing information to fostering a more family-centred approach.

*"As both a mother and a pharmacist, I believe that strengthening communication with families starts with listening without judgment and building trust. Caregivers often come to the pharmacy feeling anxious or unsure, and they need to feel supported."*

*"In our clinical role, we can clearly explain what the medicine is for, how to use it, and what to expect, but we also need to validate the child's pain, respond with empathy, and tailor our advice to each family's reality."*

*"Supporting pain management in early childhood is not only a technical task, it is a human one. A family-centred approach means looking beyond the medicine and being present for caregivers throughout the process."*

### 5.1.3 Leading parents or caregivers to the right resources

Caregivers are often interested in learning more, but pharmacists may face time limitations which could prevent them from fully addressing caregivers' concerns. Redirecting caregivers to appropriate resources can help improve their understanding of medication dosing and administration techniques while minimising the spread of health misinformation.

*"[A] take-home pamphlet with accurate information and FAQs is critical in supporting the parent."*

*"To minimise dosing errors, especially with medications available in multiple concentrations, pharmacists can provide clear written resources that specify the exact concentration dispensed."*

*"We get a short time with the parent or caregiver, and they may be distressed. So, to give a link or a pamphlet to good information ensures they're not going and searching the web for information that isn't evidence-based or necessarily good for the child."*

## 5.2 Policy and regulatory support and collaboration across sectors

Participants emphasised that while individual pharmacists can significantly improve pain management in early childhood, sustained impact requires robust policy and regulatory support. Access to clinical information, such as medical records, is often hindered by systemic barriers. Several participants noted that policies enabling pharmacists to access patient records are essential to better patient-centred care.

*"In the United States, there's often a complete disconnect between the child's medical record and what we have in the prescription system. We don't even get the patient's weight. So, how do we ensure that we have all the information we need in order to take care of the patient properly?"*

Participants highlighted the need for foundational studies to reassess the palatability and formulations of medications to improve dose acceptance and administration success for young patients. They emphasised that regulatory bodies should mandate pharmaceutical agencies to prioritise these studies.

*"We should be mandating that pharmaceutical agencies putting out these products are studying palatability and evaluating the impact of dose acceptance, and how successful someone is likely to be in administering that dosage form."*

One participant emphasised the need to license analgesics specifically formulated for children.

*"It's completely astonishing that there is a population of people in the world who have no licensed analgesics, and that population is young children in the first weeks of life. So, from a regulatory side, there's a huge amount of work to do to actually get licensed analgesics for newborn babies."*

## 5.3 Empowering pharmacists

Many participants noted that empowering pharmacists in their role as healthcare providers can positively impact healthcare outcomes for all. Recognising the value and impact of their interactions with parents and caregivers fosters a stronger sense of capability, responsibility, and motivation to apply their knowledge effectively in everyday practice.

*"Those few minutes of conversation and that extra effort you make to understand the child's pain is really going to make a difference."*

*"Making pharmacists aware of the influence they have and how important what they say is, is just as important as what they're being taught."*

One participant also mentioned the use of opportunities which arise during targeted services. For instance, educating caregivers during immunisation programme appointments.

*"In South Africa, pharmacists are far more involved in public-private partnerships, where, in private pharmacies, we are now vaccinating as part of the expanded programme for immunisation, which means we have even more contact with very small babies, and this is an opportunity to educate caregivers on pain and pain relief."*

## 5.4 Pharmacy education and training

Participants highlighted that pharmacy education and training is a key enabler for effective pain management in paediatric populations. This includes training in early childhood pain management, communication strategies, and weight-based dosing, which will help to equip pharmacists to engage confidently with families and young patients.

*"We need practical, up-to-date training so pharmacists feel confident advising families—especially on weight-based dosing and appropriate treatment duration."*

*"We don't practice enough talking to and communicating with individuals around children. A 6-year-old can talk to you; a 5-year-old can talk to you; but none of our undergraduates are ever trained on how to discuss information with a younger child. So, how we educate people is really critical."*

## 5.5 Cultural understanding

Participants highlighted that cultural beliefs significantly influence caregivers' willingness to use certain medication forms. Understanding these cultural preferences enables pharmacists to offer suitable alternatives.

*"In many cultures, suppositories are not really an acceptable dosage form that people are willing to engage with. So, if oral solutions are what we have readily available for the newborn to 6 years age group, we really need to consider whether there are alternative dosage forms we should be putting into the pipeline—ones that could serve as a substitute or complement to oral solutions."*

## 5.6 Practical pain assessment tools

Participants discussed a range of practical tools and methods that support effective pain assessment and management in children. Equipping pharmacists with these tools enables them to assess pain more accurately using approaches such as pain scoring systems, observation of play or externalisation behaviours, and other age-appropriate indicators. Simple yet effective aids, like medication schedule charts or phone alarm reminders, empower families to manage treatment routines consistently and confidently.

*"In the inpatient setting, we use the idea of play or externalisation. For example, we might use a child doll and ask the child where the doll needs help or where the doll feels pain. By externalising their experience onto the doll, children are sometimes able to describe their own pain more accurately."*

*"We also need simple tools to support families in their daily routines. For example, we can offer a medication schedule chart or suggest setting phone alarms to remind them when to give each dose. These small actions can significantly improve adherence and treatment safety at home."*

*"Another thing that we do at our hospital is that we have this pill school, which basically tries to help patients who can potentially swallow tablets. It kind of teaches them, with little sweets, how to do it. So then, we're trying to push as many people to start taking tablets. And then we find it's quite successful, and it's definitely something that improves the number of of choices that we can give to the patients for their pain relief."*

*"When we do the pain rounds, we try to use different techniques to assess pain scoring. One is the Baker Faces scale, where patients can point to a face on the chart that reflects how they're feeling—whether happy or sad—and we ask them about their pain. That works well for a select group of patients. Another technique we use, which is particularly effective for our sickle cell patients, is colouring body maps. We print out a body map, and patients colour in the areas where they feel pain. They might use different colours or make some areas more opaque. We also try to use descriptive words they understand, like 'sparkly' or 'kind', to help them express their pain experience more accurately."*

## 5.7 Advocating for pharmacists

Another enabler highlighted during the insight board was the importance of advocating for the pharmacist's role within the multidisciplinary healthcare team. Participants emphasised that pharmacists, particularly those in community settings, are often the first point of contact for families seeking advice on managing their child's pain. To effectively contribute to patient care, pharmacists must be recognised and advocated for as integral collaborators.

# 6 Conclusions and recommendations

As outlined at the beginning of this publication, pharmacists play a critical role in the management of pain in early childhood. Insights have highlighted the multifaceted nature of paediatric pain management, underscoring the influence of both professional and caregiver-related factors. Discussions particularly focused on the barriers and enablers to delivering safe, culturally sensitive, and family-centred care.

Globally, pharmacists continue to support safe and effective pain management in children by actively identifying potential risks, educating caregivers, and offering evidence-based alternatives, ultimately improving outcomes for children and their families. However, significant challenges persist, which hinder pharmacists' ability to provide consistent, accurate, and safe recommendations. These include:

- Variability in infant and toddler pharmacotherapy
- Limited prescribing confidence and awareness among pharmacists
- Operational constraints, including limited access to clinical records
- Caregiver misconceptions and administration errors
- Communication gaps and time constraints.

Overcoming these challenges would require both practical solutions and policy-level strategies. As shared by the participants, some of the enablers to improve pharmacist-led paediatric pain management across diverse settings include:

- Improving literacy, communication skills and language use
- Garnering policy and regulatory support
- Empowering pharmacists in their role as healthcare providers
- Improving pharmacy education and training
- Recognising and addressing cultural beliefs and practices
- Using practical pain assessment tools
- Advocating for the pharmacist's role within multidisciplinary teams.

**Recommendations**

To improve paediatric pain management and optimise the pharmacist's role, the following recommendations are proposed for pharmacists, pharmacy organisations and policymakers:

1. Promote the use of accurate measuring devices to ensure safe and appropriate dosing in young children.
2. Ensure clear and consistent communication to support safe, effective paediatric pain relief and strengthen caregiver understanding.
3. Encourage pharmacists to provide family-friendly guidance and reinforce adherence to prescribed dosages and treatment regimens.
4. Advocate for stronger industry collaboration to improve labelling clarity and product standardisation across paediatric medicines.
5. Seek collaborative efforts between industry, pharmacists, and caregivers to enhance the understanding and safe use of paediatric medicines.

Ensuring medication safety and effective pain relief in early childhood is essential for promoting long-term health and well-being. There is a clear need to empower pharmacists with the tools, training, and system-level support required to fulfil this role. The insights and outcomes from this discussion provide a valuable foundation for developing practical strategies, policy recommendations, and paediatric-specific educational interventions aimed at improving pain management in this vulnerable age group, ultimately reinforcing pharmacists' indispensable position within the broader healthcare system for young children.

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