

Case report on 6.7% of pediatric patients with superficial dermal burn injuries experiencing acute pain at RSUP dr. Sardjito, Yogyakarta

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Abstract

Burns are a trauma that can result in significant physical and psychological consequences. Patients with burn injuries frequently endure discomfort during treatments. Non-pharmacological methods can be employed and combined to alleviate pain, thus facilitating successful pain management. A non-pharmacological method to alleviate pain in children is the use of distraction techniques. Distraction techniques serve as a strategy to alleviate pain by redirecting the patient's focus, enabling them to temporarily forget their pain. The purpose of this study is to determine whether distraction strategies may effectively lower pain levels in pediatric burn patients in the West Aster Ward of RSUP (Central General Hospital) Dr. Sardjito Yogyakarta. The employed methodology was an observational case study utilizing a cross-sectional design, accompanied by comprehensive nursing care. The assessment and physical examination revealed that a 6-year-old kid patient experienced pain in the face and right hand resulting from a superficial dermal burn injury covering 6.7% of the body. The primary nursing diagnosis is acute pain associated with physical damage agents resulting from burn trauma. The expected outcome in cases identified with acute pain is that, within three days of nursing intervention utilizing distraction techniques, the case can be treated according to the objective. This case study is anticipated to enhance the implementation of nursing care for pediatric burn patients, consequently improving the quality of nursing services

Keywords: acute pain; burns; children; distraction technique; pain management

1. Introduction

According to World Health Organization WHO (2023), burns (Burn Injury) is a form of injury or damage to the skin and other organic tissues caused by contact with exposure to objects with extreme temperatures such as fire, hot water, chemicals, electricity and radiation. Burns have certain characteristics that are assessed based on the percentage of body area affected, which makes burns one of the diseases that need very serious treatment (Bahlia & Rizaldy, 2025). Burns are one of the global health issues that result in around 180,000 deaths each year (AlAlwan et al., 2022). Burns are trauma that can have a severe impact on both physically and psychologically, resulting in long life suffering and high mortality and morbidity (Zusandy et al., 2024). In everyday life, burns often occur due to negligence, lack of attention and supervision, or accidents. The incidence of burns partly occurs in developing countries with socioeconomic and lower middle income levels. These incidents generally occur in the home environment and work environment (WHO, 2023).

The incidence of burns can occur in all age groups, including children, teenagers, dawasa, and the elderly. The incidence of burns tends to be higher in the age group under 10 years old, Burns are also one of the fifth most common causes of child injuries, so children can be said to be vulnerable to burns (WHO, 2023). This can lead to serious medical problems that have a long-term impact on various aspects of the child's health and well-being (Ciornei et al., 2023). In addition to age, women also have a slightly higher mortality rate compared to men. Women have a fairly high incidence rate of burns in Southeast Asian countries, reaching 27% of global deaths with almost 70% of them being women (Almira et al., 2024).

The frequent occurrence of burns in daily life makes it challenging for health workers to provide care. Burn patients often experience pain during treatment (Zhang et al., 2024). Pain is a sensation of discomfort in the body that is physical and emotional and is often related to tissue damage in the body (Savitri et al., 2023). Managing pain in pediatric burn patients often poses its own challenges due to differences in the severity of injuries and the need for specialized care (Ciornei et al., 2023). This of course requires proper and appropriate pain management in providing care to pediatric patients.

Proper and effective pain management can be used as one of the alternatives used to treat pain in patients. Pain management is divided into two, namely pharmacological and non-pharmacological (Kasrin et al., 2024). In cases of acute pain in burn trauma, pharmacological management is often the

primary choice for pain relief (Savitri et al., 2023). Pharmacological management can be done by nurses by administering analgesic drugs that have been collaborated with doctors and pharmacists. Analgesic drugs to relieve pain will be relatively more expensive and cause quite serious side effects and dependence if used continuously (Prastiwi et al., 2021). To reduce dependence on the use of drugs, non-pharmacological techniques can be used and combined to relieve pain so that pain management can be achieved effectively. One of the non-pharmacological techniques to reduce pain in children is the distraction technique. Distraction techniques are one of the methods that can be done to reduce pain by diverting the patient's attention to other things so that the patient will forget about the pain they are experiencing (Hadija et al., 2024). Based on the above background, the author is interested in finding out more about nursing care for pediatric patients with burns in the West Aster room of Dr. Sardjito Hospital Yogyakarta.

2. Method

This research is a case study research with an observational descriptive method. Data were obtained from the results of observations and interviews with patients. This study uses a cross sectional approach by providing comprehensive nursing care. The research subjects in the case study were 6-year-old pediatric patients with acute pain with a medical diagnosis of Superficial Dermal Burn Injury of 6.7%. The research focus of this study is the application of pain management and distraction techniques in pediatric patients with acute pain nursing diagnosis

The data collection technique in this case study uses primary data and secondary data. Primary data were obtained by observation and interviews with patients and families. The observations carried out are direct observations of the patient related to general conditions, awareness, vital signs, physical examinations and pain assessments. One of the instruments used in the process of measuring pain in children is the Wong Baker Face Scale. Secondary data is obtained by conducting a documentation study on all information related to the document. Secondary data in this study was obtained from the Patient Status Book and Electronic Medical Record (EMR). The research time will be conducted in December 2024 at Dr. Sardjito Hospital Yogyakarta.

3. Results and Discussion

3.1. Results

3.1.1. Assessment

From the results of the assessment on December 10, 2024, the results were obtained that An. was 6 years old, female, Muslim, Javanese, and Indonesian citizens. The patient was admitted to the hospital on Monday, December 9, 2024 with 1st degree superficial burns. Patients are included in the category of children. The assessment was carried out on the patient's parents. Based on the results of interviews conducted by parents, it was said that the child suffered burns. The incident occurred in the afternoon at 15.00 WIB when the child was playing with his brother in the yard near the garbage incinerator. When the child is squatting around the fire, there is a can or object that explodes when burned so that the explosion hits the child. The child suffered burns on the face and right hand. After the incident, the child cried loudly and was taken to the hospital. The child feels the pain of burns that feel hot, stinging and stinging. The results of the pain assessment using the Wong Baker Face Scale instrument were obtained with visible pain on a Scale of 4 (moderate).

Based on the previous health history assessment, the results were obtained that the child did not have a history of serious illness as a child and this is the first time he has been hospitalized. Previously, the child had also never experienced burn trauma. The patient's pregnancy and birth history is that the child was born at 41 weeks gestational age or exceeded HPL and was born normally with the help of induction. The history of breastfeeding children is good, exclusive breastfeeding for 6 months and continued for up to 2 years with complementary complementary foods. The patient also has a complete history of immunization from birth to the age of 6 years. Parents say that children's growth and development are according to their age stages. The patient does not have any allergies to drugs, food or beverages and the weather. The results of the study from family history did not find any chronic diseases in the family that could affect the wound healing process. The results of the study of the integument system were obtained that the child suffered from Superficial Dermal Burn Injury or Superficial One Degree Burn. The calculation of the total area of burns was obtained as a result of 6.7% of TBSA. The

face appeared to be wrapped in gauze, the wounds on the child's skin still looked damp and wet, the skin was reddish and there was blackness that began to peel off.

Based on the assessment of nutrition and fluids, the results of children's appetite and drinking both when sick and when hospitalized were not found. Children consume 2 glasses of milk measuring 250 cc in a day. And the child drinks 4 glasses of water in the size range of 250 cc. Eating habits are good and there is no decrease in appetite. The child is given a TETP (High Energy High Protein) diet. From the study, it was also found that the patient received a maintenance fluid of 1,025.1 cc/24 hours.

Based on the results of the physical examination, in general, the patient appeared to be feeling pain but was still cooperative, no signs of dehydration such as paleness and weakness were found. Children are able to express their feelings verbally. From the results of the examination of vital signs, the results of the pulse were 101 times per minute, respiration 24 times per minute, oxygen saturation 98% and body temperature 36.30C. Supporting examinations obtained from the results of the assessment were erythrocytes 4.77 million/ μ L, hemoglobin 13.3g/dL, hematocrit 38.2%, leukocytes $18.9 \times 10^3/\mu$ L, platelets $499 \times 10^3/\mu$ L.

The pharmacological treatment program of An.A patients is an infusion of 0.9% NaCl liquid with Fentanyl 100 mcg/2 mL + 50 cc NaCl is carried out using a syringe pump with a dose of 0.75 cc/hour (day 0 – day 2, Paracetamol 150 mg/8 hours, Chloramphenicol antibiotic ointment which is applied to the wound with each wound compress approximately every 8 hours.

3.1.2. Nursing Diagnostic Analysis

The nursing diagnosis that appeared, namely Acute Pain (D.0077) related to a physical harm agent due to superficial degree I burns, as evidenced by subjective data, namely the patient's mother said her child suffered burns due to an explosion from garbage burning while playing around the garbage incinerator, the patient's mother said yesterday her child cried because of slight pain and felt hot. The patient nodded when asked if there was pain in the face and hand area. Objective data are that the face appears to be wrapped in compressed gauze with chloramphenicol ointment and NaCl 0.9%, the lower right hand appears to be wrapped in moist gauze, pain appears on a Scale of 4 (moderate) with the Wong Baker Face Scale, Burns of the first degree (superficial burn) TBSA 6.7%, pulse: 101 x/minute, breathing 24x/minute, wounds still look moist and wet, skin appears reddish and blackness begins to peel, appears to grimace if the wound is touched.

3.1.3. Nursing Intervention Analysis

External (Outcome) is an aspect that can be observed and measured including the condition, behavior, perception of the patient and the family or community as a response to the provision of nursing care (PPNI, 2019). After nursing treatment for 3 x 24 hours, it is hoped that the level of pain (L.08066) can decrease and pain control (L.08063) can increase with the outcome criteria, namely pain complaints are quite decreasing, grimacing decreases, the ability to use non-pharmacological techniques is quite increased and the use of analgesics is quite decreasing. Burn patients feel severe pain from burns and procedures performed to aid healing. To achieve effective pain assessment and management, it is very important to report pain level complaints from patients themselves (Tetteh et al., 2021). The complaints and perceptions of pain experienced by patients are subjective so no two people experience pain with the same response and feeling. The effect of the extent of the burn on the perception of the degree of pain is not always directly proportional, this is determined by other factors such as the depth of the burn (Yudhanarko et al., 2019).

The intervention given to patients with acute pain due to burns is pain management (SIKI I.08238) combined with distraction techniques (SIKI I.08247). Pain management is carried out by identifying the location, characteristics, duration, frequency, quality, and intensity of pain. identification of pain scales, identification of non-verbal pain responses, identification of factors that aggravate and reduce pain. Provide nonpharmacological techniques to reduce pain, facilitate rest and sleep. Teach pharmacological techniques to reduce pain as well as collaborative analgesic administration. Meanwhile, the distraction techniques carried out are Identify the desired choice of distraction techniques, provide age-appropriate distraction techniques: watching videos and telling stories.

3.1.4. Nursing Implementation Analysis

The authors implement the diagnosis of acute pain to reduce pain and distract patients from the pain experienced. The implementation is carried out by pain management and distraction techniques. The implementation carried out for pain management is to identify the location, characteristics, duration, frequency, quality and intensity of pain. Determining the location of the pain helps in understanding the affected area and the severity of the burn. Localized pain can indicate certain complications, such as infections. The characteristics of pain (sharp, throbbing, throbbing) provide information about the physiology behind the pain. For example, sharp pain may indicate nerve or tissue damage. The location and characteristics of the pain can help determine the severity of the burn. Identify pain scales using the Wong Baker Face Scale by measuring before and after implementation. Measuring pain before and after the intervention provides a clear picture of the level of pain experienced by the patient to assess the effectiveness of the therapy performed. Identify pain responses, Identify factors that can aggravate and aggravate pain, teach non-pharmacological techniques with distraction techniques by watching cartoon videos for 10 minutes and telling stories. Collaborating on the administration of painkillers with fentanyl and paracetamol.

3.1.5. Nursing Evaluation Analysis

Nursing evaluation in the case after nursing actions were carried out for 3 x 24 hours, it was found that acute pain nursing problems related to physical injury agents due to superficial degree I burns were partially resolved characterized by: Pain complaints from scale 2 moderately increased to scale 4 moderately decreased, grimacing from scale 2 to scale 2 moderately decreased to scale 4 moderately decreased, The ability to use non-pharmacological techniques from scale 2 has decreased somewhat to 4 and the use of analgesics from scale 2 has decreased to 3 moderate. From subjective data, the child said that he still felt a little pain in his face and hands but no longer felt hot, parents said that the child still had pain disappeared and the patient's parents said that with the therapy taught, the child was not focused on the pain so that the child felt more comfortable than before the therapy. Objective data on children's pain began to decline measured by the Wong baker Face Scale from 4 (moderate) to 2 (mild) scale, pain was felt when bumped in the facial area or when giving compresses and ointments, Children seemed happy when given the technique of distraction storytelling, playing and watching videos, pulse 100x per minute, Patients were also given Fentanyl analgesic drugs with a dose of 0.75 cc/hour in 2 days. The acute pain problem is partially resolved. Planning continued interventions, monitoring pain with PQRST and pain scale measurement with the Wong Baker Face Scale. Recommend applying distraction techniques while still in hospital treatment.

3.2. Discussion

The results of the study showed that the patient was 6 years old. Patients are included in the category of children. According to the Indonesian Ministry of Health, children start from pre-school age, which is 60-84 months to school-age children from 7 to 10 years old. Preschool children are children aged 2 to 6 years. Age Preschool divided into two namely Preschool early (toddler age) with the age of 2 to 3 years and Preschool end with the age of 4 – 6 years. Children aged 4-6 have a golden age (The Golden Age) In its development, it is accompanied by the maturation of physical and psychological functions that are ready to respond to various activities that occur in their environment. In addition, psychosocial and cognitive development has increased. At this age, children are active in developing their curiosity about various things (S Maria, 2019). So that children often approach something that is valid because of their curiosity. According to Olivia et al. (2023) Age is closely related to the incidence of burns where children are more prone to injury because they are not aware of the general dangers that exist around the household environment such as hot water, open fire and electricity. The results of the research conducted by Almira et al., (2024) The results were obtained that the area of thermal burns was the highest in children, which was 13% with the area of burns <10% and >20% of TBSA.

Based on the gender characteristics in the case, the burns were experienced by girls. According to research conducted by Dr. Ingka, (2020) Women have twice the risk of developing burns in developing countries. Recent data shows that the death rate from burns in women is slightly higher than in men. This is certainly different from the usual injury pattern, where men tend to suffer more injuries due to various mechanisms. Meanwhile, according to research conducted by Toma et al., (2024) It shows that

boys have a higher prevalence of burns compared to girls which is about 65% (n=292) of all burns that originate from fire.

The researcher conducted a pain assessment using an instrument Wong Baker Face Scale. The results of pain appeared to be Scale 4 (moderate). Wong Baker Face Scale is a measuring tool to assess the scale of pain that is visually represented by facial expressions (Putriantini et al., 2024). The ukuR tool is used to measure pain in children aged 3 – 7 years (Ramdhani et al., 2020). Burn pain is inseparable from the management of the burn itself, where the burn can be related to the healing process of the wound itself and also pain in the burn is included in the category of acute pain. Acute pain in burns that are not handled properly will cause a pain response that does not decrease or disappear, increase the risk of chronic pain, increase additional inflammation and interfere with the wound healing process (Pasaribu & Alpiyah, 2023).

The pediatric patient in this case experienced Superficial Dermal Burn Injury or Superficial First Degree Burns of 6.7%. A 1st degree burn or superficial burn is a burn that occurs in the epidermal layer as a result of an inflammatory process. The epidermal layer is the most superficial layer that serves as the main barrier to several environmental factors (Saputra, 2023). Superficial burns are characterized by red and painful. Usually, this 1st degree burn is caused by contact with hot objects or exposure to sunlight radiation. These burns can heal within 7 – 10 days (Ramdhani et al., 2020).

The child is given a TETP (High Energy High Protein) diet. The TETP diet is commonly used for patients with burns that aim to support the recovery of damaged tissues, prevent infection and maintain immunity. Burns in children are heavier than those of adults, so children with burns can be in a critical condition and at risk of nutritional disorders. Nutrition is an important component in treating burns. The goal of nutritional support in burns is to provide sufficient amounts of energy, fluids, and nutrients to maintain vital function and homeostasis, improve immune system activity, replace lost proteins, maintain body mass, prevent nutrient deficiencies, speed up wound healing and overcome infection. Proper nutrition can help reduce inflammation, improve mood, and even reduce pain sensations (Kunduraci & Garipagaoglu, 2021).

The area of the burn is used as the basis for fluid calculation to perform fluid resuscitation on the burn. Fluid resuscitation is also necessary for the hydration status of the body and skin because most of the vascular volume is lost through the skin especially during shock or traumatic conditions such as burns to avoid shock. Hypovolemia shock will cause pain due to a decrease in blood volume and fluids that cause a reduced supply of oxygen and nutrients to the tissues including the nerves responsible for pain (Taghavi, 2023). The use of fluid therapy is divided into 2 phases, namely the initial resuscitation phase and the maintenance phase. The patient in the case was given maintenance fluid with the calculation of the amount of fluid for pediatric patients with burn area <10% not calculated based on the Baxter formula using based on the physiological needs of the body and IWL (Insensible Water Loss) on burns with the formula $(1500 \text{ ml} \times \text{TBSA}) + \text{IWL}$ (Shahara, 2020).

The results of blood laboratory tests showed that the patient's leukocyte count increased. The increase in leukocyte count is due to burn trauma that causes a unique systemic stress response and is characterized by increased metabolism and inflammation (Laggner et al., 2022). According to The Royal Children's, (2020) In extensive burns, fluid loss from damaged tissue leads to a decrease in plasma and an increase in hematocrit with a decrease in cardiac output that contributes to widespread cellular hypoperfusion resulting in multisystem damage. Extensive burns can cause anemia due to blood loss. Monitoring hemoglobin and hematocrit levels is important to determine the need for a transfuse.

The pharmacological treatment program of patients with liquid infusion of NaCl 0.9% with Fentanyl 100 mcg/2 mL + 50 cc NaCl was carried out using a syringe pump with a dose of 0.75 cc/hour (day 0 – day 2, Paracetamol 150 mg/8 hours, Chloramphenicol antibiotic ointment which is applied to the wound with each wound compress approximately every 8 hours. Fentanyl has been established as a basic pain management therapy in patients with burns because it is excellent at providing adequate analgesia and can work quickly in about 1-2 minutes (Nakano et al., 2024). It has an analgesic and antipyretic effect. Paracetamol works by inhibiting the synthesis of prostaglandins in the central nervous system, which contributes to pain reduction. The combination of paracetamol and fentanyl can produce a stronger analgesic effect because the two drugs work on different pathways. Paracetamol which acts on the central nervous system, and fentanyl which acts on opioid receptors, provide a multifaceted approach in pain management (Chinchilla & Moyano, 2022).

The main nursing diagnosis that appears in the case of burns in cases is acute pain. Acute pain is defined as a sensory or emotional experience related to actual or functional tissue damage, with a sudden or slow onset and mild to severe intensity lasting less than 3 months. When the skin is damaged by burns, heat activates pain-sensing neurons (nociceptors) in the affected area, causing nociceptive pain. Damaged tissue triggers an inflammatory response, immune cells (e.g. skin-dwelling immune cells, neutrophils, macrophages,) release inflammatory mediators such as histamine, serotonin, bradykinin, leukotrienes, and prostaglandins that sensitize nociceptors thereby increasing pain sensations (You et al., 2025).

Burn patients feel severe pain from burns and procedures performed to aid healing. To achieve effective pain assessment and management, it is very important to report pain level complaints from patients themselves (Tetteh et al., 2021). The complaints and perceptions of pain experienced by patients are subjective so no two people experience pain with the same response and feeling. The effect of the extent of the burn on the perception of the degree of pain is not always directly proportional, this is determined by other factors such as the depth of the burn (Yudhanarko et al., 2019).

The intervention given to patients with acute pain due to burns is pain management combined with distraction techniques. Burns can cause activation of pain receptors (nociceptors) in the skin and surrounding tissues. The location of the pain can also change if there is a spread of inflammation or the presence of neuropathy due to local nerve damage. Burn pain can be nociceptive (due to tissue damage) and/or neuropathic (due to peripheral nerve damage). These characteristics give a clue as to whether the pain is caused by inflammation, pressure, or nerve damage. Post-burn acute pain generally lasts from a few days to weeks. Long-lasting persistent pain can indicate a chronic process or complications such as an unhealed wound or chronic pain syndrome. Burn pain often increases during treatment procedures (e.g. when changing bandages), due to mechanical stimulation of nerve endings (Ma et al., 2024). The frequency of pain is closely related to the healing phase and local inflammatory activity while the intensity of pain is related to the extent and depth of the wound, as well as individual sensitivity to pain. High intensity can trigger physiological stress, increased heart rate, blood pressure, and stress hormones (cortisol). Usually, facial expressions are referred to as pain behaviors, however, nurses should note that they are non-verbal expressions of the patient's actual pain. Therefore, when assessing pain, nurses must evaluate the patient's pain behavior, both verbal and non-verbal (Tetteh et al., 2021)

Distraction techniques in children show greater benefits for reducing pain. Non-pharmacological methods improve the individual's sense of control, reduce the feeling of weakness, increase the level of activity and functional capacity, and reduce the dose of analgesic drugs needed so as to reduce the side effects of treatment, non-pharmacological pain control methods can be used to improve the analgesic effect (Hijriana & Yusnita, 2023). Analgesic use interventions given to burn patients on the mild, moderate, and severe pain scales were grouped based on the medication administered, such as paracetamol, NSAIDs, weak opioids, strong opioids, and a combination of NSAIDs plus weak opioids or strong opioids (Yudhanarko et al., 2019)

The implementation carried out for pain management is identify the location, characteristics, duration, frequency, quality and intensity of pain. Determining the location of the pain helps in understanding the affected area and the severity of the burn. Localized pain can indicate certain complications, such as infections. The characteristics of pain (sharp, throbbing, throbbing) provide information about the physiology behind the pain. For example, sharp pain may indicate nerve or tissue damage. The location and characteristics of the pain can help determine the severity of the burn. Deeper or wider burns usually cause more intense pain. The quality of pain provides information about the type of pain the patient is experiencing and can be helpful in understanding the cause. For example, neuropathic pain may require a different approach compared to somatic pain (You et al., 2025). Identifying the scale of pain by using Wong Baker Face Scale by measuring before and after implementation. Measuring pain before and after the intervention provides a clear picture of the level of pain experienced by the patient to assess the effectiveness of the therapy performed. Identify pain responses, Identify factors that can aggravate and alleviate pain, teach non-pharmacological techniques with distraction techniques by watching cartoon videos and telling stories. The cartoon video screening is carried out when the child feels pain, the type of video given is using a fable video with the title of a clever crow with a time of approximately 10 minutes. According to research conducted by Congratulations, (2020) The results of the pain response were obtained before the pain scale was 6 or

moderate pain, after the pain scale distraction was 0 or no pain was felt. By providing distraction techniques, cartoon video playback is quite effective in reducing the pain experienced by children. In animated videos, there are elements of images, colors, and stories so that children like to watch animated movies. When children focus more on watching animated films, it makes pain impulses due to burn injuries not flow through the spine and messages do not reach the brain so that children do not feel pain.

Research conducted by Farzan et al, (2023) considers distraction to be one of the most effective non-pharmacological methods for the management of burn in children. This technique diverts the child's attention to another source while the patient feels pain from the burn. As a result, this technique can reduce the pain signals that reach the brain to process pain perception. The distraction technique is an attempt to reduce pain by releasing endorphins. When the child performs the distraction technique and the pain stimulus has reached the brain, the cortical center in the brain will modify the pain then the nerve pathways will send the perception of pain, then will release endogenous opiate (endorphins) which will reduce pain (Mahanani & Rimawati, 2018).

Nursing evaluation in the case after nursing actions for 3 x 24 hours were obtained that the acute pain nursing problem related to physical injury agents due to superficial degree I burns was partially resolved. Nursing evaluation (outcome criteria) theoretically according to the 2018 Indonesian Nursing Output Standard book with the output of pain levels, namely decreased pain complaints and decreased grimaces, Nursing evaluation of pain management and distraction techniques given for 3x24 hours showed positive changes in patients. After the therapy was carried out, there was a decrease in pain from the initial scale of 4 (medium) to scale 2 (mild) with the Wong baker Face Scale. This indicates that pain management therapy combined with non-pharmacological techniques with distraction or diversion techniques performed regularly is able to have a significant effect on the patient's pain reduction. This evaluation process measures the success of the intervention by looking at the patient's response to the action that has been given, as well as ensuring that the patient is able to control pain with pain management with the collaboration of distraction techniques. This suggests that distraction techniques can be one of the effective non-pharmacological alternatives in reducing pain in patients with burn conditions. Further evaluation and continuous monitoring of the patient's condition needs to be carried out to ensure optimal outcome sustainability and assess whether this therapy needs to be continued or adapted to the patient's condition.

4. Conclusion

After the action was carried out for 3x24 hours, the results of pain in the child decreased with objective data that the child's pain began to decrease measured by the Wong baker Face Scale from the initial scale of 4 (medium) to scale 2 (mild). Effective pain management requires a comprehensive approach, covering pharmacological and non-pharmacological aspects. The combination of analgesics such as fentanyl and paracetamol with non-pharmacological techniques, including distraction, provides better results in pain management. Therefore, it can be concluded that the administration of pain management and distraction therapy has been shown to be effective in reducing pain in children's burns.

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