**Supplement 1 Questionnaire on pain management of wound dressing change in children**

Dear health care colleagues：

Thank you very much for your attention and support to this questionnaire! The purpose of the questionnaire is to investigate the current situation of pain management in children's wound dressing change. The questionnaire consists of two parts, the basic information and the current situation of pain management, which will take you approximately 5 minutes to complete. The questionnaire data will be used only for scientific research. Your information will be kept confidential. Please feel at ease to answer. If you have any questions, please feel free to contact us at 19922209123. I hope you can complete the questionnaire before July 25.

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**Part one: Basic information**

1. The name of your hospital is: [fill in the blanks] \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the level of your hospital? [single topic] \*

|  |  |  |
| --- | --- | --- |
| ○ Tertiary hospital | ○ Secondary hospital | ○ Other \_\_\_\_\_\_\_\_\_\_ \*  |

1. What is the type of your hospital? [single topic] \*

|  |  |  |  |
| --- | --- | --- | --- |
| ○ Children's Hospital | ○ Maternal and Child Health Hospital | ○ General Hospital | ○ Other \_\_\_\_\_\_\_\_\_ \*  |

1. Who primarily perform wound dressing change in your department? [single topic] \*

|  |  |
| --- | --- |
| ○ Doctor | ○ Nurse |

1. What is your occupation? [single topic] \*

|  |  |  |
| --- | --- | --- |
| ○ Doctor  | ○ Nurse |  |

1. What is your sex? [single topic] \*

|  |  |  |
| --- | --- | --- |
| ○ Male | ○ Female |  |

1. How old are you? [fill in the blanks] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ 20 to 30 years | ○ 31 to 40 years | ○ 41 to 50 years | ○ More than 50 years |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. How many years have you worked in your field? [single topic] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ○ 1 to 5 years | ○ 6 to 10 years | ○ 11 to 15 years | ○ 16 to 20 years | ○ More than 20 years |  |

**Part two: Current situation of pain management**

1. Are there pain management systems in your hospital? [single topic] \*

|  |  |
| --- | --- |
| ○ Yes | ○ No |

1. Are there analgesic drug management norms in your hospital? [single topic] \*

|  |  |
| --- | --- |
| ○ Yes | ○ No |

1. Are there wound care teams in your hospital? [single topic] \*

|  |  |
| --- | --- |
| ○ Yes | ○ No |

1. Is the degree of pain during wound dressing change evaluated in your department? [single topic] \*

|  |  |
| --- | --- |
| ○ Yes | ○ No |

1. Are the pain assessment results for wound dressing change recorded in your department? [single topic] \*

|  |  |
| --- | --- |
| ○ Yes | ○ No |

1. Do children or their families receive health education on wound pain in your department? [single topic] \*

|  |  |
| --- | --- |
| ○ Yes | ○ No |

1. What are the main analgesics for children in your department? [multiple choice] \*

|  |  |  |
| --- | --- | --- |
| □ Lidocaine | □ Obucaine | □ Ibuprofen |
| □ Acetaminophen | □ Diclofenac | □ Morphine |
| □ Fentanyl | □ No analgesics | □ Other \_\_\_\_\_\_\_\_\_\* |

1. What are the main methods of non-drug analgesia for children in your department? [multiple choice] \*

|  |  |  |  |
| --- | --- | --- | --- |
| □ Distraction | □ Cognitive behavioral therapy | □ Sweetener | □ Non-nutritive sucking |
| □ Hot and cold therapy | □ Breast-feeding | □ Do not use non-drug analgesia | □ Other \_\_\_\_\_\_\_\_\_\* |

1. Is there insufficient analgesia in your hospital (for example, there is still no obvious relief of wound dressing pain after taking analgesic measures)? [single topic] \*

|  |  |
| --- | --- |
| ○ Yes | ○ No |

1. What are the main barriers that affect the pain management of wound dressing change in children? [multiple choice] \*

|  |  |  |
| --- | --- | --- |
| □ Medical staff lack analgesic knowledge | □ The workload of medical staff is heavy | □ Managers ignore pain management |
| □ Adverse reactions of analgesics | □ The compliance of children is low | □ Family members refuse to use analgesics |
| □ Other \_\_\_\_\_\_\_\_\_\* |  |  |

1. If you have any other suggestions about wound dressing change in children, please provide them below: [fill in the blanks]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This is the end of the questionnaire, thank you again for your help!**