

Helfer's Skin Tap Technique for IM Injection Pain

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Procedural pain endured by patients in nursing care settings is a chief source of discomfort and distress. Providing comfort to patients is a concept that is vital to the area of nursing. Various nursing theorists have described comfort as an essential patient requirement for which nursing care is delivered. The context of comfort is the umbrella under which pain and pain management options are seen.

Managing the pain suffered by patients while performing invasive procedures is a challenge to direct care providers. One of the most basic human rights is providing them relief from pain, which thus is the responsibility of a nurse, who has to use the most efficient procedures to control the pain. Nurses are ethically and legally responsible for managing pain and relieving suffering. All health care professionals have a responsibility to advocate for optimal comfort and to intervene based on the situation and setting to protect the best interests of the patient. Effective pain management not only reduces physical discomfort, but also improves quality of life.

Procedures such as injections, lumbar punctures, fracture reductions, or biopsies, can occur in a variety of settings, like hospital, day care centers, OPD, or home environment. Irrespective of the procedure or setting, patients might have to suffer several harmful effects along with pain, with levels that may get higher with subsequent procedures, if the pain is not anticipated and prevented or treated properly.

Developing a plan that caters to every individual in providing them with pain relief and comfort can improve both psychosocial and physical patient outcomes. Nonpharmacologic or pharmacologic interventions with respect to every patient's unique characteristics can be incorporated in such plans.

Various nonpharmacologic interventions that can be used to reduce pain include, meditation, thermal measures, play activities, relaxation techniques, imagery, massage, positioning, and music. Nurses play a crucial role in helping out patients with nonpharmacologic interventions for procedural pain by analyzing the technique best suitable for the patient, getting to know the patient's willingness and determination, teaching them the appropriate way for using their options, supporting and reinforcing the correct use before, during, and after the procedure, along with evaluating and recording the effectiveness of the activity. Along with this, other interventions, that can be specifically used for neonates include the facilitated tucking, administration of oral sucrose, swaddling, skin-to-skin contact, nonnutritive sucking, breastfeeding, and reduction of external stimuli.

A study was done by Sivapriya and Kumari,^[1] in which they assessed the pain level endured by neonates during the administration of intramuscular injection, along with performing the Helfer's skin tap technique. They concluded that a significant decrease was observed in the pain score between the administration of

IM injection with Helfer skin tap technique ($p < 0.05$) and routine treatment. Jose et al.^[2] also assessed the effectiveness of skin tap technique in reducing pain response during DPT injection. A post-test only control group design was adopted for the study, it was concluded that it was effective in reducing the pain ($p < 0.001$).

Helfer skin tap technique offers a painless injection experience. In this technique, rhythmic tapping before and during injection over the skin at the site of injection keeps the muscle relaxed and stimulates large diameter fibers. As per the gate control theory described by Roger Metzack and Past Wall (1965), this technique provides a mechanical stimulation as well as distraction during administration of IM injection, thereby helping in the reduction of pain.

Therese and Devi,^[3] in a study, have analyzed the efficacy of Helfer skin tap technique by comparing the effect of Helfer skin tap technique with that of the routine technique on the reduction of pain, in patients who are being administered IM injection in a government general hospital, Puducherry. Simple random sampling technique (lottery method) was used, wherein, 25 subjects were first administered IM injection using Helfer skin tap technique followed by routine technique.

In the study, the pain level endured by subjects was examined with respect to four variables, i.e., pain, systolic and diastolic blood pressure, and pulse rate. This intervention was carried out for four continuous days for both the groups. At the end of which, it was observed that the perception of pain intensity was less when the IM injection was administered using Helfer skin tap technique when compared with the routine technique, thereby concluding that the skin tapping method

can be implemented during administration of intramuscular injection.

John^[4] conducted a post-test only control group study to assess Helfer tap technique on adults with RHD receiving Inj. Benjathine Penicilline 1.2 MU IM. The skin was tapped rhythmically with the middle, ring, and little finger of the dominant hand counting one to 15. It was found to be effective in reducing the pain ($p < 0.05$) as compared with the routine treatment.

Helfer skin tap technique is not much researched by the young scientists and it must be explored further. Injection itself is a fear to all human beings irrespective of age because it causes pain. It is therefore the foremost responsibility of the health care worker to provide a mechanism for easing of discomfort like pain while rendering care.

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