**Transcription - Module 2: The Facts**

Speaker 1 0:24

I'm Alice quo. I'm the medical director of our line clinic and professor and chief of medicine pediatrics at UCLA, my patient population consists of both children and adults with neurodevelopmental conditions. And with those conditions often is, you know, sensory sensitivities. So the experience of being touched or kind of, you know, being invaded in their body can be really, really distressing, which actually influences or affects their health care decision.

Speaker 2 0:55

My name is Dr. Jessica bernacchi, I'm a psychologist, and my specialty is kind of children, adolescents, young adults, we know that people who've had bad experiences in childhood are more likely to have anxiety as adults. And we know that that can lead can help to the bare minimum procedural avoidance. So avoidance of getting vaccines or blood draws, but also just health care avoidance. Because I mean, there's definitely people I've talked with who just being in a medical setting is anxiety producing because of the difficult experiences they've had in those contexts.

Speaker 3 1:29

My name is Amy Choi, I'm a clinical nurse three, and I've been a pediatric nurse for nine years, many of these patients are delayed in getting important vaccines and labs drawn, sometimes it's delayed for years,

Speaker 1 1:46

what was bothering me is that when I went to the physicians of some of these patients and said, Well, he's on a seizure medication. And we haven't checked the levels of that medication in a long time. Sometimes the physician would be like, Well, I understand it is what it is, I guess we can't get it. And I said, Well, how is that? Okay, that is not okay. Similarly, if we had a patient with diabetes, and in every other patient with diabetes, we would be checking blood levels every three months. For my population, they'd say, Wow, I guess it's probably okay, we're not seeing any side effects. And I'm like, if standard of care is every three months, my patients should also get standard of care, I'm sure there are people who just hate going to the doctor hate going to the dentist, but at the same time for their health need to just be able to tolerate the basic minimum, so that when there's a problem, we can address it because the outcomes for neurodivergent populations, particularly autistic patients is poor.

Speaker 1 2:56

They have a shortened lifespan of 15 years, and largely because of untreated undiagnosed cardiovascular problems and cancer problem. So if they get cancer, because they didn't want to come to the doctor, they didn't want to do the things to cancer get discovered too late. Or, you know, things like untreated high blood pressure or diabetes goes years and years without being found, because they never came in for that blood test. And so in order to address that shortened lifespan at the end of life, right, so average life expectancy now in the US is, you know, 70 plus or minus a few years, you know, for autistic patients, it's in the high 40s. And so the only way we can address that if we go back to the root of the fundamental issue, which is an unpleasant association with medical care. And if that starts with immunizations and blood draws, and we got to figure out a way to make those more tolerable, so that these patients get the same care that everybody else gets.

Speaker 3 3:57

One of our patients actually needed to get a lab drawn that shows if he's getting a therapeutic dose of a seizure medication, which is obviously very important, but because he has severe needle phobia, he wasn't able to get this lab drawn for a very long time.

Speaker 2 4:26

We know that it's about like 60% of kids, 50% of adolescents and about a quarter of adults have significant needle anxiety. I think there's so many people that we talked to who are either I mean, kids, adolescents, or even adults who have just like, this has been a horrible experience for me, you know, I remember horrible experiences when I was say, a kid or an adult or an or teenager, and they're like, I just, I can't talk about needles. I can't go near needles, like just it's a no go and you know if you can get some buy in and work with them on it, again, through all the different levels of intervention that we offer. Leave had some people really be able to tackle it and undergo a procedure they didn't think they were going to be able to do. And some of the care that we provide, you know, involves regular lab work and things like that. And you know, the patient wants to get to that end goal of being able to take that medication, but they need the lab work to monitor it. And so it's like, how do we get them to their goal of the intervention, but knowing that they need to do this in the interim. So it really is an issue of, you know, trying to prevent health care avoidance. And we know that, you know, addressing procedural related anxiety helps with you know, again, outcomes like patient satisfaction, patient outcomes, staff satisfaction, and again, reducing like health care avoidance.

Speaker 3 5:40

My favorite part of our practice is our needle anxiety program.

Speaker 3 5:53

Our needle anxiety program is catered to neurodivergent patients, so patients with autism, and people with needle phobia.

Speaker 1 6:01

For me, the immediate goal of the program here at UCLA is that any of our patient that we care for is able to receive the vaccinations or blood draws that they need in a dignified manner, right, taking into account each patient's anxiety level and sensory sensitivities around having these procedures that we have a safe and welcoming place for all of these patients to be able to get these procedures. I think that you know, recognizing the whole range of patients who might be needle phobic or sensory, you know, sensitive to these types of procedures. What we've tried to implement here at UCLA has three tiers. The first tier focuses on better training our nurses and medical assistants, and behavioral approaches to ease patients need all anxiety. This includes not rushing through procedures and not saying things like this isn't going to hurt the second tier utilize a distraction techniques such as watching a video or playing music during the medical procedure. This tear can also include using pain management tools like a buzzy bee or numbing cream. The last year tier three is a procedural anxiety lysis protocol, which uses inhaled medazepam to relax the patient. This tear is often reserved for those with severe needle phobia, or

Speaker 2 7:19

family gets referred to me for needle anxiety. Right, I'm really, really interested in hearing from them kind of where what's led them to where they are now in terms of how these procedures tend to go for them, but also where they want to get to. I mean, I think we're lucky, we have different levels of care available. And I think some patients are like this is a fear that I have, and I'm want to tackle it and we do a lot of behavioral therapy to get them there. Others say that it's something that it's really hard for them to tackle and are really interested in kind of the higher level medical care that we can offer to get them through the procedure. But maybe not. They're not tackling in like behavioral way with me, if that makes sense.

Speaker 1 7:59

I think when we think about the usual discomfort of younger children, when they get vaccinations, you know, it's fine to be cuddled, and parents armed or maybe, you know, softly restrained just so they don't wiggle as a nurse's giving the vaccination. But when children get a certain size, or even with adults, that becomes very unsafe for not just the patient, but also the staff who are trying to administer the vaccinations.

Speaker 4 8:35

We try to make the patients or the patient's parents feel comfortable, provide all information that they need in regards to answering any questions they have. Because I schedule the appointments, I will provide them with how long the appointment will last, I provide them a little bit about when medication will be used, how long they will be in the office and kind of like what to expect that there's going to be waiting, one of the strategies that we found to be effective is allowing the patients to come to the clinic and do a tour for them to see the space where they're going to be at where they're going to have the patient come into the exam room. And for them to see this space and for them to kind of walk around and see where they're going to come in through the front desk. And if a physician is available, I know the physicians will also will be introduced the nurses will introduce themselves, make them feel welcome. Make them feel like they're you know, they're in a safe place.

Speaker 1 9:39

We've done things like you know, if parents are telling me there's so much anxiety about coming to the clinic, and I also let's take pictures. Well we already know that that patient's going into room five, I'll take a picture of what room five looks like. This is what the front desk looks like. This is what the doorway looks like. And then the mom can show them before they come. So we've done things like that.

Speaker 2 9:59

I think the other thing It's just an attitude of success, which I mean, I think our staff are fantastic at doing right. Like, you know, you've done this, you've done it before you can do it again, you know, after you're all done, what are you gonna go do for fun. And then when it's over really praising the successful completion, and, and really leaving, because what we want to smooth out the memory that they leave with was I did it, it went, Well, I was successful, because that sets the stage for a more positive next experience. And we're trying to avoid that, you know, kind of almost trauma response from people who've had bad experiences in the past.

Speaker 1 10:40

Tier one is, the whole process of giving vaccinations or doing blood draws on everybody has to be somewhat modified, so that all the medical assistants understand that 10% of the population might be a little more nervous or anxious that they're not rushed through those procedures that they don't say things like, oh, it's not going to hurt, because that doesn't really help validate the anxiety or fear that patients have. And so that tier one is the basic training to make the administration of these procedures better for everyone. Right, and just recognizing and staffing appropriately, I think, so that the medical assistants aren't so rushed, and just, you know, going from door to door, and I gotta get this done. So you know, I don't care how you feel job job job, like just making sure that we have the training and the space, and the orientation, you know, so that our frontline workers are kind of doing and saying the right things. So that hopefully catches a lot of patients who might have a little anxiety and prevent that from slipping into something more.

Speaker 2 11:43

And the first here was just kind of baseline education that we did for our back office or nursing staff. And, you know, I was one of the the people who worked on creating that educational material and distributing it. So what we really focused on with our nursing staff was, you know, two kind of core pieces of kind of tackling procedural right related anxiety, which included positioning and distraction. So positioning and distraction. You know, I think that with our nursing staff, it was really important that we talk with them about how to create a really safe, comfortable environment for patients who are going to be feeling anxious, undergoing some kind of needle procedure. So the positioning piece is having patients, regardless of age, being in a safe, comfortable environment where they feel in control. I know I've talked to a lot of patients who've said, like, Oh, when I was a kid, it was awful trying to get procedures, I was held down, it was traumatic. And now the thought of getting a vaccine kind of brings back those memories of being restrained. So one of the first things that I really, really tried to advocate for is absolutely no restraint of our patients. That doesn't mean we don't necessarily kind of holds right like critically with youth, right? There's a lot of value in like a nice secure hug from a parent or caregiver. But the idea of like laying down on restraining or things like that I really wanted to kind of get rid of right away, because we just we know that that's really problematic. And we know that things like bad experiences, once lead to that bad worse experiences in the future and or just healthcare avoidance entirely. So yeah, so the positioning piece was, again, kind of creating a secure, comfortable position. Control is really important. So I think no matter the age of the patient that you're working with, we really want them to feel in control the situation. So with youth, it's you know, where do you want to sit? Do you want to sit in, you know, parent's lap? Or do you want to sit on your own right? You know, do you want to recline a little bit in the bed? Or would you rather sit upright with babies? Again, it's kind of secure hold by parents. And with adults even it's, you know, again, where do you want to sit? Do you want somebody with you or not? So giving them that control? And that again, comfortable positioning?

Speaker 3 14:03

There's no such thing as asking too many questions. Because these patients with severe needle phobia, they're, they're in a situation where when they're feeling a lot of fear a lot, they feel very vulnerable. So as a provider, I want to empower them by giving them choices, giving them options. Ask them where would you like to have your blood drawn your left or your right arm? Do you want us to count? Do you want to sit down? Do you want to lay down I always tell them that we're here to accommodate you and to make this an easier experience for you. And also for children with autism, that the parents or the caregivers, they're your best friend. They're the ones who know the patients the best. Sometimes I'm meeting these patients for the first time so I'm not able to pick up on cues of when they're feeling afraid or when they're feeling overwhelmed, but the parents will let us know they'll say I I think you might have to step out of the room for a little bit or, you know, my son doesn't like it when people do this. So it's definitely a teamwork working with the parents in order to, to get the job done.

Speaker 1 15:12

And I've also implemented this on every child, no matter no matter how sensory averse, I try to do a physical exam. And if I can just get heart, lungs, abdomen, just, you know, just listen to the front, listen to the back, squeeze a tummy. And if that's all the child will let me do, I'll take it, because children need to get used to being touched. And so if parents say, Oh, they don't like being touched, I say they need to get used to being touched by the doctor, because you can't have a 16 year old, who doesn't want to be touched when a physician still needs to do a physical exam. So, you know, starting from the, when they're really little I explained to the parents, I understand he doesn't like to be touched, but I need him to get used to a physical exam so that when they're older, they may not like it, but they can tolerate it, because it can matter at that point, you know, so. So it's helped because I feel as though as we all have done that, we have fewer and fewer patients who absolutely will not let us touch them.

Speaker 2 16:14

Which I think the more we can collaborate with our patients collaborate with our families and have them really feel engaged in the process. Feel in again, that control piece, right, like kids are, particularly in Munich, and I work a lot with kids, but kids are smart. And if you say like, I know, you don't want to do this, you know, we wish you didn't have to get poked, also, it's not like this, you know, super fun. But it's something we have to get through how can we do this together, if you can collaborate with them to get through it, they'll buy in. And because again, a lot of the fear and anxiety comes from not knowing what they can predict not knowing, you know, not feeling in control and being forced into the situation to do something they don't want to do.

Speaker 1 17:02

My level two, I say our patients with acknowledged procedural anxiety, who maybe with a little extra time, maybe with a little numbing cream that you have to put on an hour beforehand, so a little bit of intervention, but they can still have the procedure in the regular setting. Right.

Speaker 3 17:21

One of the things that I will make sure to get done before the appointment is to have our doctor prescribe EMLA cream, so that the prescription can get sent over to the patient's pharmacy. And lip cream is a numbing cream that we tell parents to apply to the patient about 45 minutes before the needle anxiety appointment to make sure that it's kicking in. And we just tell them to apply it to usually we drop blood in the creases of their elbows, if they're getting vaccines, we'll tell the parents to put it in the left or the right deltoid. And then so that they're prepared. Before the appointment,

Speaker 1 18:02

there was a pediatrician who created a device called a buzzy bee. So all of our clinics have this little vibrating bee That's cold. And basically, if you put it near the site, it causes that area to be pretty numb. And it distracts the patient with this cold vibration. So when the nurse puts in the vaccine, they don't feel it.

Speaker 2 18:22

And the the distraction strategies that we typically talk about are can be anything from listening to music, to watching a video for younger kids that's holding a comfort object or having a parent, you know, hold their hand or rub their back for adults even you know, music videos, tick tock, you know, those things can be really, really engaging. And the key thing with the distraction is we're really trying to shift the person's focus away from the thing they're feeling anxious about away from the discomfort, they're going to experience and shift it to something that's comforting, engaging, pleasant, and we know that that one just helps decrease the person's anxiety. But it also like literally the brain can focus on more than you know, is divided and what it's thinking about. So it's going to pay less attention and experience less discomfort at the sight of the Poke, that's going to happen. And the more multisensory that obstruction, the better. So if they're listening to something and watching something, right, it's going to they're going to be more immersed, they're going to be more distracted, and they're going to feel less discomfort and less distress.

Speaker 3 19:27

I often tell parents, especially parents of children with autism, bring whatever you have at home that you think will help distract them. So we've had one patient bring VR goggles. Sometimes patients will bring iPads, they'll listen to music, they'll bring weighted blankets. So whatever they have at home to help make this easier.

Speaker 1 19:52

And that's the level two with those kind of mild interventions that are totally fine. If you plan accordingly, then may We can get the vaccination or the blood draw without having to go to the inhaler said. If you look at the tears of like a pyramid, then it's just the top, maybe three to 5% of all needle anxious patients who need the inhaler said. So it's just really it's a needle anxiety program where we know that that inhaled medazepam is kind of the, you know, last resort, I was very chagrined to find out three or four years ago, we were told, send them to the main lab, and there'll be four or five other adults there who can help hold the patient down while they get the blood or, you know, give the shots. And I was like, How's that, okay. And so I started doing some research and realizing that, you know, in the emergency room, for example, there's the opportunity to give intranasal what's called a benzodiazepine, or an a medication for anxiety. And so with an inhaled spray, you could have sort of 1015 20 minutes of a more calm state that is induced by medication. And with that, then you can give the medic you know, give the immunization or draw the blood without a ton of drama or fuss. So then I went to the emergency department, well, you already do this, could could we send some of our patients to the emergency department to get their blood drawn? And emergency departments like No, no, no, don't send them to us. Because we're already so busy that a patient like that is going to sit in the waiting room for hours before we have the person power to be able to, you know, do what you need. And I'm thinking, okay, that's not good for my patient, they can't wait in the waiting room for hours, you know, so the emergency room said, No. So then I went to anesthesia. And so what about the same day surgery center, you have anesthesiologists who are experienced? And so, you know, could we set up a process for them to come in and just get their blood drawn under like, you know, a war conditions in the same day surgery. And they basically said, Well, you could do that. But then we'd have to charge the parent the room, the room fee, or fee. And that's not going to be covered by insurance. So that's a couple $1,000. And we're like, well, that's not gonna work, I don't want the parents to have to pay a couple $1,000 Just so that their child can get a blood drawn or immunization under control condition. And so we're very fortunate here at UCLA to have what we call evaluation and treatment centers, which are sort of souped up urgent cares. So it's not the kind of urgent care you think of like Minute Clinic or you know, a doc in the box type of urgent care, we have, you know, staffing with really understanding physicians and high level nurses who are able to administer these medications, not every nurse and most clinics have the ability to administer something like an inhaled benzodiazepine. And so because we have three of these evaluation and treatment centers throughout UCLA health, I had the idea Well, okay, so you know, er is out, same day surgery is out, we probably need to do it in an evaluation and treatment center, where an RN is able to administer the medication and monitor the patient for, you know, 30 minutes an hour afterwards to make sure there's no side effects. It took us two years to get that nursing protocol approved here at UCLA, there were many committee meeting. And we just kept pushing the point that this was really important for the subset of patients who needed the support in order to get their blood drawn or their immunizations. And since then, we have, you know, been able to help maybe 40 or 50 patients over the past two and a half years, be able to obtain their blood draws or immunizations under much more controlled conditions. One of the snags on why it took so long to get this protocol approved, was this debate on whether this would be doing conscious sedation in our outpatient clinics.

Speaker 1 24:11

And we make it very clear that this is not conscious sedation because it is very minimal. And there's a term in anesthesia, that is procedural anxiety, lysis, or is just addressing procedural anxiety. And so this doesn't require the level of monitoring that conscious sedation would normally require, but I think the experience in the ER and there's a lot of articles that have been published about just using intranasal medazepam, for just brief, procedural anxiety that this did not this fell out of that category of conscious sedation which made it a lot easier to approve. So at this get disseminated to other health system, if that's the concern, you know, this this also was addressed and was incorporated into it. All the different committees that had to approve this particular nursing protocol. So, you know, I guess my experience of getting this protocol approved is, is interesting, because, you know, once it's in place, everybody realizes, like we should have done this all along. But I will say that a lot of the pushback that I encountered had to do with number one, sometimes nurses feeling out of scope or a little hesitant or anxious themselves about trying something new. And so there was just sort of that we've never had to do this before. So you know, you there are some people who are willing to try something new and some people who are more hesitant, but I will say that, and this was just my own feeling. Sometimes I encountered a bias against this patient population that didn't recognize that simply restraining them was undignified. And so when I had to explain that, and insist that these patients should not have to be treated this way, it took a little bit, but then usually, the light bulb will go on and there'll be a realization oh, maybe the old way is not the best way.

Speaker 4 26:35

To nurses need to be available at all times, just because it's a two hour appointment, or they need to be aware of what the patient is doing, how the patient is feeling. Did the medication work for the patient? Does the patient need a little bit more time? And sometimes, you know, when they're feeling anxiety, they need some they need to see that somebody's there to be able to provide support that they have that help that somebody is there with them. So the nurses are there, answering any questions, being very patient so that the patient can feel relaxed and calm.

Speaker 3 27:11

Once they're checked in to our lobby, we bring them into the room. Hi,

Speaker 5 27:16

Jeff. I'm Jackie, I, hi. We're just going to take your vital signs first and then we're going to give you your medicine through your nose to come down. Okay,

Speaker 3 27:26

okay. We always take their vitals first make sure everything's okay. And then we'll just tell them what to expect that we will do the nasal verse said, and then we'll kind of wait for it to kick in. It takes about approximately 15 minutes before they feel the effects. But of course, that can vary from person to person.

Speaker 5 27:44

We're gonna give you your, the medicine through your nose, okay, and then this would like, it's kinda like a nasal spray. You just inhale it, and then we'll give you 1015 minutes and then we'll come back. Okay, in the room. Okay. Okay. Amy, just verify our medication. Okay, looks good. Okay. All right. I'm gonna give this sir nose and then as soon as I push the medicine you inhale. Okay. All right. Ready? One, two. Good job. And then I'm gonna go to the other side. One, two. All right, very good. And we'll be back in 10 minutes to check on you. Okay. Are you feeling okay? Yeah. All right. You want to lay down? Yeah, I think best. Relax.

Speaker 3 28:33

And then once the patient is ready, we'll either do the vaccines or the blood draws.

Speaker 5 28:38

Can I maybe not look? Sure you want me to cover your eyes? Yes, please. Okay. Okay. You want me to count or No, please don't count. All right. I'm ready to draw your blood. Okay. Okay. You might just feel a little bit of like, small pain of the, the needle okay, but it's just a little bit, okay. Okay. All right. You're doing good. Almost done. All right, you did it.

Speaker 3 29:12

And then whenever that is done, we will again check their vitals, check their breathing, make sure everything is okay. All right, your gut. Thank you. You did great. Before we discharge them from the clinic, we always make sure that they're able to walk on their own. We won't send them home unless they're able to walk themselves.

Speaker 6 29:38

So we learned about the needle anxiety program from Dr. Quo, who is Max's doctor now, the way we got to Dr. Quo was through another family that has a child with Down Syndrome who told a friend of mine that this was a great doctor. She did mention that we should get in touch and get Max's blood drawn because it had been several years ago. And I did not do that, because I was completely traumatized by the last time we did a blood draw. And then finally I just said, we can't really put this off anymore. Let's just try and see how it goes. So that's how we ended up there the first time, we had to be somewhere where they were going to be understanding and patient, to be honest, like I really, after what we had been through at the other doctor's office, I just really didn't think there was any chance that he was going to sit there and let someone put a needle in his arm and then hold still, like the difference between getting a vaccination where like you're in, you're out, it's so fast, and actually having to sit there with the needle in your arm. I think that's hard for a lot of people. And I did not think that there was any chance that he was going to do it. But I also knew that we had to try. So I think I went into that thinking like, this isn't going to happen. But let's see what happens. It went fine, in that everyone was amazing. But we did not get blood drawn on the first time we went, and we were there for two hours. Because what was nice about being there was that nobody, they don't, there's no restraining people, they don't hold you down, they just let Max V max and let him do his thing, right. And take your time. The nurses there were worth went. So above and beyond anything that I've seen before. And we've we've seen lots of really good medical professionals in different scenarios that have really tried, we went to another clinic a couple years ago. And they were going to try to draw blood. They gave it one try. And they said it's not going to work. And that was it. That's all they were willing to do. And I understand I mean, I understand that a little bit because they don't want to him to get hurt or someone else to get hurt. But the nurses at the needle anxiety program just took time, like they just went really slowly. I think at one point, I even said maybe this was on the second time when we went back. But I said I think he just needs to like get sleepy because we had tried with Ativan and it was doing nothing. So they literally left for like 20 minutes, we turn out the lights and we lay on the the chair or bed thing together and tried to get max to fall asleep. We watched videos, we tried a million things, but they just mostly just gave us as much time as we needed. And that I think is what that was a big part of it made me want to do this. They tried several times to get the needle in his arm to draw the blood and and we were basically done. We'd been there for almost two hours. And we said it's okay max. And they were so nice about it. Nobody wanted to pressure him at all. And we're like we'll try again another day, maybe when the medication comes in. And we were walking out the door and Max stopped. And he pulled his sleeve up. And he picked up the pretend needle syringe whatever it was no needle in it, just the pretend one. And he was putting it into his arm like this. And the two nurses and I looked at each other and we were all like Max, do you want to try again. And you could see that he really wanted to get it he really, really wanted to do what this thing and get the blood drawn, right. And that's when he sat back down. And the next try, they got it. And he sat there and let them put the needle and everybody was crying. All three of us not Max Max was the only one that wasn't crying that you nurses and I were in tears. And we got a nice picture at the end. Max, you remember that? You did such a good job that day. I think it was hard for you, right? I was pretty proud of him. But honestly, I was pretty proud of those nurses too. I mean, they really stuck with it. I haven't seen people stick with it for two hours, to make sure that the person felt comfortable and not, didn't have to do anything like that was overly stressful for him. I think that it was really nice to see the amount of respect that Max got, I think that was what was so important is that they really treated him like a person. You don't always get that right. But I definitely think the needle anxiety program is a unique experience and kind of like life changing in a lot of ways like really life altering. Because I think a big part of it was even just the existence of a program that acknowledges that there are people that have greater anxiety about things like that makes you feel more welcomed when you walk in the door. As opposed to as the parent of a child with a disability. You're constantly walking into rooms where you don't feel like you belong there. And in this case, I think we walked in and I felt like okay, this is actually where we belong. They've already acknowledged that they deal with people that have an anxiety about these kinds of things like that's us. So, for most people, I think that takes away at least for the parents, a lot of the stress is just knowing that you are welcome there and that you belong there.

Speaker 1 35:02

For me, the immediate goal of the program here at UCLA is that any of our patients that we care for is able to receive the vaccinations or blood draws that they need in a dignified manner. The long term goal is to disseminate this model, we have freely shared our ambulatory nursing protocol. And so my hope is that in five to 10 years, every health system realizes that they need to have this kind of program for for their patients. And it's kind of like a given that we don't have to convince people to do that. And that we have nurses who want to do it, because this really does fall on our nurses and the nurses are really the heroes here. Because these, this type of protocol is administered completely by our nursing staff.

Speaker 4 35:47

I had a patient who, for many for like, maybe about a year she was trying to get her son to get the vaccine, I think we rescheduled like three times, it was just one of those where we kept going back and forth. And we finally was it was a success in the end, where the patient was able to come and and did feel a little relaxed, and they were able to go through with the with the program. It feel good, because you know, that's what we're here for. We're here for it to help the patients. You know, patient care is what we're here for to help them. And to understand, you know, it's hard.

Speaker 3 36:23

We've had some parents cry, because they're just so grateful. And that's one of the best things about our needle anxiety program is that we a lot a very long time for the blood draws or the vaccines, because one of the biggest things that they're grateful for is that they don't feel rushed. They appreciate the fact that they don't feel pressured, that we take their time. So definitely, you need to be patient. When working with this population.

Speaker 1 36:55

Sometimes it gets all the way to the inhale verse and sometimes the inhale Versa doesn't work. But also sometimes it takes a couple of visits for that patient to come back with the same nurse and get comfortable and then by those third try is not a problem.

Speaker 3 37:11

I think the biggest lesson that I've learned from our needle anxiety program is that just listening to them and giving them options, giving them choices. I'm very proud of the work we do. It's definitely rewarding.

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