

Using Pediatric Pain Scales

We care about your child's comfort. You are an important member of your child's healthcare team. You know your child best. We want to partner with you to help control your child's pain. If you have questions or concerns, please speak up and let your child's nurse know. While we may not be able to make your child pain free, this is what we can do.

- Assess your child's pain. This is the first step to understand and treat pain. We use pain scales based on the child's age, ability to communicate and preference. We work with you and your child to decide which one works best. The pain scale you choose is used the whole time your child is in the hospital unless your child's condition changes.
- Work with you and your child to come up with a goal for pain control.
- Learn what has worked before to control your child's pain and put that information in your child's plan of care.
- Use medicine and non-drug methods to control your child's pain.
- Teach you about other methods you and your child can use to control your child's pain.

Often a combination of medicine and comfort methods will give the best pain relief.

If you think medicine is needed, please let your child's nurse know. In the hospital a physician must order pain medicine before a nurse can give it to a patient. Your child's nurse works with you to decide what is needed. In clinic your child's doctor or nurse talks with you about pain medicine plan.

You can start using some simple methods if your child seems uncomfortable or in pain. These methods are often able to provide comfort and distraction that may decrease your child's pain. At the hospital we have options to provide pain control without medicine. The nurse, nursing assistant or child life specialist can work with you to choose the best tools for your child. They can also give you tips about how to use the tools that are chosen. We also have another Health Fact for You titled **Non-drug Pain Control for Kids** that gives tips based on your child's age. These methods can be used with or without medicine. Pain control research teaches us that the best pain control happens when we combine medicines that work in different ways, and non-drug methods of pain control. We suggest you try these non-drug methods with your child when you feel they may be helpful.

At UW Health we use a few different pain scales. We will work with you and your child to decide which pain scale works best. Usually, the pain scale you choose is used the whole time your child is in the hospital. Sometimes, if a child's condition changes, the pain scale used may change. For example, if a child is admitted to the Pediatric Intensive Care Unit and is sedated with medicines, a different scale is used than when that child is transferred to one of the other units and is able to report pain. On the next few pages are descriptions of the pain scales and when they are used.

Neonatal Infant Pain Scale (NIPS)

At the American Family Children's Hospital (AFCH) the NIPS is used in children less than one year of age. Children at this age are not able to tell us if they are in pain. This scale uses body language to help us to understand if a child is in pain. A child is

evaluated and either scored a 0 or 1 in each category based on their behavior. A total score is calculated. Most of the time a score greater than 3 tells us a child is likely to be experiencing pain or discomfort. If you notice this, you could try some of the comfort methods listed below.

- Repositioning

- Singing or soft music
- Gentle stroking
- Rocking with the child in a rocking chair
- Swaddling
- Holding a comfort item or blanket

Neonatal/Infant Pain Scale (NIPS)

(Recommended for children less than 1 year old) A score greater than 3 indicates pain.

Pain Assessment		Score
Facial Expression		
0 - Relaxed Muscles	Restful face, neutral expression	
1 - Grimace	Tight facial muscles; furrowed brow, chin, jaw (negative facial expression – nose, mouth, brow)	
Cry		
0 - No cry	Quiet, not crying	
1 - Whimper	Mild moaning, intermittent	
2 - Vigorous cry	Loud scream; rising, shrill, continuous (Note: Silent cry may be scored if baby is intubated as evidenced by obvious mouth and facial movement)	
Breathing Pattern		
0 - Relaxed	Usual pattern for this infant	
1 - Change in breathing	Indrawing, irregular, faster than usual; gagging, breath holding	
Arms		
0 - Relaxed/Restrained	No Muscular rigidity; occasional random movements of arms	
1 - Flexed/Extended	Tense, straight arms; rigid and/or rapid extension, flexion	
Legs		
0 - Relaxed/Restrained	No Muscular rigidity; occasional random movements of legs	
1 - Flexed/Extended	Tense, straight legs; rigid and/or rapid extension, flexion	
State of Arousal		
0 - Sleeping/Awake	Quiet, peaceful, sleeping or alert, random leg movements	
1 - Fussy	Alert, restless and thrashing	

Faces Legs Activity Cry Consolability Revised Scale (FLACC-R)

The FLACC-R Scale is used for children older than one year that cannot report their pain. Research suggests to us that the most accurate report of pain is from the person in pain. But children often are not able to report their pain. Sometimes they cannot report their pain because they are too young to speak or understand what is being asked. Some children may never really understand how to report their pain. We use the (FLACC-R) to help us to decide if children are having pain when they cannot tell us.

This scale has been researched and shown to be helpful for children with developmental delays.

A child is evaluated and either scored a 0, 1 or 2 in each category based on their behavior. A total score is calculated. This scale helps us to know if it is likely the child is experiencing pain or discomfort. Often methods to reduce pain are started when a score of 3 or greater is identified.

If you notice other behaviors that tell you your child is in pain, please share this information with your child's nurse.

If you think your child is in pain, you could try some comfort methods listed below.

- Repositioning
- Singing or soft music
- Gentle stroking
- Rocking with your child in a rocking chair
- Watching a movie
- Reading a book
- Other methods you use at home to comfort your child

Faces Legs Activity Cry Consolability Revised Scale (FLACC-R)

Categories	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested, sad, appears worried	Frequent to constant quivering chin, clenched jaw, distressed looking face, expression of fright/panic
Legs	Normal position or relaxed, usual tone & motion to limbs	Uneasy, restless, tense, occasional tremors	Kicking, or legs drawn up, marked increase in spasticity, constant tremors, jerking
Activity	Lying quietly, normal position, moves easily, regular, rhythmic respirations	Squirming, shifting back and forth, tense, tense/guarded movements, mildly agitated, shallow/splinting respirations, intermittent sighs	Arched, rigid or jerking, severe agitation, head banging, shivering, breath holding, gasping, severe splinting
Cry	No cry (awake or asleep)	Moans or whimpers; occasional complaint, occasional verbal outbursts, constant grunting	Crying steadily, screams or sobs, frequent complaints, repeated outbursts, constant grunting
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractible	Difficult to console or comfort, pushing caregiver away, resisting care or comfort measures

Faces Pain Scale Revised (FPS-R)



We know these faces may look odd and even scary to you. We offer you the option to use this pain scale because it has been studied and used in many cultures and is found to work well.

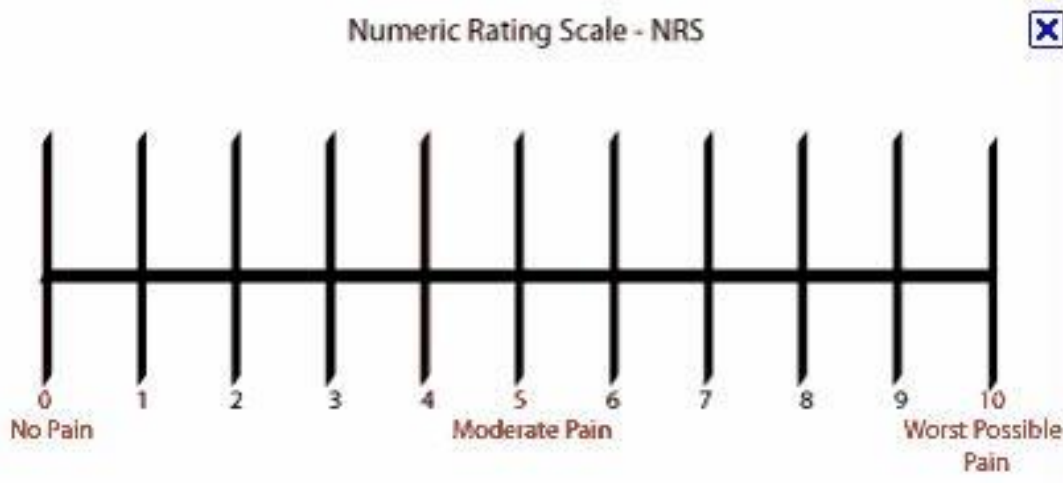
We use this scale by telling children "These faces show how much something can hurt. This face [*point to left-most face*] shows no pain. The faces show more and more pain [*point to each from left to right*] up to this one [*point to right-most face*] - it shows very much pain. Point to the face that shows how much you hurt [right now]." It is important not to include a number with talking about these faces as that can cause confusion. These faces are used with children who do not yet understand what the number would represent. If they can use a number scale appropriately, that is the scale they should be using. Typically this scale is

used with children ages 4-8 years old. It can be used in older children if the number scale does not adequately describe their pain or they have difficulty choosing a number to represent the amount of pain they are experiencing.

If you think your child is in pain, you could help by using some of the non-drug methods of pain control listed below.

- Repositioning
- Singing or soft music
- Gentle stroking
- Rocking with your child in a rocking chair
- Watching a movie
- Reading a book
- Other methods you use at home to comfort your child

Numeric Rating Scale (NRS) 0-10



The NRS is normally used for children over eight years old. A child is asked to rate their pain from no pain to the worst possible pain. Sometimes a lot of ideas go into choosing that number: fear, concern that someone will cause more pain, belief that no one believes them, stress of being in the hospital and being away from loved ones. If, at any age, you think your child cannot use this scale, it is ok to use the Pain Faces Scale Revised. Please talk to your child's nurse if a pain scale is not working so a change can be made. The pain scale is just a tool to help us talk with you and your child about your child's pain

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Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©11/2017 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#7590.