Assessing Pain in Children

In day surgery, the nurse will teach the child ways of describing his or her pain. They will go over the various ways of assessing pain with the child and family. There are three different ways we assess pain at Children’s Hospital. There is the FLACC scale for infants and special needs children. Bieri Faces Pain Scale (for ages 4 to 10), and 0-10 scale for older children able to self report their pain.

Nurses can then make a decision of using non-pharmacologic or pharmacologic methods to control their patient’s pain.

Non Pharmacologic

- Parent
- Comfort- animal, blanket
- Holding/Swaddling
- Distraction
- po feeds
- Music
- Dim Lights
- Ice/Heat area of injury
- Reposition-Elevation
- Warm blankets
- Massage
- Pacifier (sweet ease)

Pharmacologic

- Morphine- animal, blanket
- Toradol (iv)
- Dilaudid (iv)
- Benadryl
- PCA vs. Bolus
- Epidurals & Blocks
- Tylenol (pr)
- Ativan (iv)
- Zofran (iv)
- Demerol (iv) rigors
- Valium (iv) muscle aches

<table>
<thead>
<tr>
<th>Category</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face</td>
<td>No Particular expression or smile</td>
<td>Occasional grimace or frown, withdrawn or disinterested; appears sad or worried</td>
<td>Constant grimace or frown; frequent or constant quivering chin, clenched jaw; distressed looking face, expression of fright or panic</td>
</tr>
<tr>
<td>Legs</td>
<td>Normal position or relaxed; usual tone &amp; motion to limbs</td>
<td>Uneasy, restless, tense; occasional tremors</td>
<td>Kicking or legs drawn up; marked increase in spasticity; constant tremors or jerking</td>
</tr>
<tr>
<td>Activity</td>
<td>Lying quietly, normal position, moves easily; regular rhythmic respirations</td>
<td>Squirming, shifting back and forth, tense; tense or guarded movements; mildly agitated (head back &amp; forth, aggression); shallow splinting respirations, intermittent sighs</td>
<td>Arched, rigid or jerking; severe agitation; head banging; shivering (not rigors); breath holding, gasping or sharp intake of breaths, severe splinting</td>
</tr>
<tr>
<td>Cry</td>
<td>No cry or verbalization (awake or asleep)</td>
<td>Moans or whimpers, occasional complaint; occasional verbal outburst or grunt</td>
<td>Crying steadily, screams or sobs, frequent complaints; repeated outbursts, constant grunting</td>
</tr>
<tr>
<td>Consol-ability</td>
<td>Content and relaxed</td>
<td>Reassured by occasional touching, hugging, or being talked to. Distractable</td>
<td>Difficult to console or comfort, pushing away caregiver, resisting care or comfort measures</td>
</tr>
</tbody>
</table>

Each category is scored from 0-2 resulting in a total score of 0 - 10. Italicized cues are intended to capture unique characteristics of children with developmental delays. Ask parents if there are any individualized characteristics their child displays when in pain.

Differentiate

Pain, Hunger, Emergence and Anxiety

Set Goals

Acute and chronic pain management

The Jane B. Pettit Pain and Palliative Care Center provides pain care for children with acute or chronic pain.

The Acute Pain Service provides pain care for hospital patients having pain. Anesthesiologists and advanced practice nurses work with patients, families, nurses, doctors and other health care professionals to keep patients comfortable.

The Chronic Pain Service provides outpatient evaluation and pain care services for children having chronic or long-standing pain. A team provides treatment for your child based on the needs of your child and family. Members of the team include an anesthesiologist, psychologist, family therapist, advance practice nurse, physical therapist, and occupational therapist and social worker.

Welcome to

Children’s Hospital of Wisconsin
A member of Children’s Hospital and Health System.

Children’s Hospital of Wisconsin
Jane B. Pettit Pain and Palliative Care Center
PO Box 1997
Milwaukee, WI 53201-1997
www.chw.org

© 2007 Children’s Hospital and Health System. All rights reserved. Avicom 10k ted
Life can be filled with pain, but we're here to help.

At Children's Hospital of Wisconsin, our health care team can help children and families with their concerns.

"The Comfort Zone" is not a place. It is our pledge to families that we will make every effort to keep your child comfortable during every visit to Children's Hospital.

Our pledge to families.

If a painful treatment is necessary, every effort will be made to keep your child comfortable.

Members of our pain team are experts in helping children feel comfortable.

- We will help your child cope with discomfort by using relaxation, distraction and pain medicine if needed.
- If a blood sample is needed, we may use a special numbing cream before blood is taken.
- If an intravenous (IV) line is needed, we will help your child relax. We may use a numbing cream, or inject a numbing medicine. The IV may also be placed when your child is sedated for a procedure or surgery.
- When it is best for your child, we will do procedures in a treatment room so that your child feels safe in his or her own room and in the playroom.
- We will make every effort to give medicine in a pain-free way. We will give your child medicine to swallow or through the IV.
- We will check for pain often. We will respond quickly to reports of pain.
- We will measure your child's pain based on his or her level of understanding.

We will support parents in their role as part of our pain team.

- We will give you information on how to best help your child before, during and after a procedure or surgery. Most of the time, you will be able to be with your child.
- We will give you information about pain and pain care choices. We will work with you to develop a plan to relieve your child's pain.
- After the procedure or surgery, we will make every effort to keep your child comfortable using the plan. We will change the plan to make your child more comfortable.

What parents can do to help.

Talk to your child's doctor or nurse about:

- What to expect regarding pain and pain management.
- Pain relief options for your child.
- Pain, when it first begins or is not relieved.
- Creating a pain management plan.
- Questions you have about your child's pain management.

What you can do to help children deal with pain

- Infants: Rocking, singing, soothing music, holding, gentle massage, pacifier.
- Toddlers: Rocking, holding, listening to music, bubble-blowing, playing or acting out the procedure.
- Preschoolers: Talking about the procedure, bubble-blowing, story-telling, watching movies, using distraction tools (pop-up, books, toys), playing or acting out the procedure.
- School-age/Young adult: Breathing techniques, visual imagery, watching movies, listening to music, using distracting objects, reading, massaging, explaining the procedure and answering questions.