

Pediatric Pain Scales

We care about your child's comfort. 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 let your child's nurse know. While we may not be able to totally get rid of all your child's pain, we can reduce it.

Pain Assessment

The first step is to assess your child's pain using pain scales. The type of scale we use is based on your child's age, ability to communicate and preference. The pain scale you choose is used the whole time your child is in the hospital, unless your child's condition changes.

Goals

We work with you and your child to come up with a goal for pain control.

Making a Plan

We will use medicine and non-drug methods to control your child's pain. We will ask you what has worked before to control your child's pain and put that into your child's plan of care, if we are able to. We will also teach you about other methods for pain control. Often, medicine combined with other comfort methods will give the best pain relief.

If you think your child needs pain medicine, please let your child's nurse know. In the hospital, a doctor 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 a pain medicine plan.

What You Can Do

You can use some simple methods to comfort and distract your child if they seem to be in pain.

- Repositioning
- Singing or soft music
- Gentle stroking
- Rocking with your child in a rocking chair
- Swaddling
- Holding a comfort item or blanket
- Watching a movie
- Reading a book
- Other things you do at home to comfort your child

Ask about our non-drug pain control options for kids. The nurse, nursing assistant or child life specialist can help you choose the best tools and show you how to use them.

Types of Pain Scales

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 figure out if a child is in pain. A child is given a score of 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 having pain or discomfort.

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

This scale is used for children older than one year that cannot report their pain. They may be too young to speak or do not understand questions we are asking them. Some

children may never really understand how to report their pain. This scale is also helpful for children with developmental differences.

A child scores a 0, 1 or 2 in each category based on their behavior. We then add up the total score. If a child scores a 3 or higher, they are likely having some pain or discomfort. We will then likely start methods to reduce pain. If you notice other behaviors that tell you your child is in pain, please let your child's nurse know.

Faces Pain Scale Revised (FPS-R)

This scale is often used with children ages 4-8 years old. It can also be used for older children who have trouble using the number scale. If they can use a number scale, then that is the scale they should use.

To use this scale, we will explain to your child that these faces show how much something can hurt. It is important not to include a number when talking about these faces as that can confuse your child. We will point to the different faces and explain that each shows a different level of pain (see Faces Pain Scale Revised images on the last page).

1. First, we point to the left-most face and explain that this face shows no pain.
2. Then, we will explain that the faces to the right show more and more pain.
3. We will point to the right-most face and explain that it shows a lot of pain.

4. We will ask your child to point to the face that shows how much they hurt right now.

Numeric Rating Scale (NRS) 0-10

This scale is normally used for children over eight years old. We ask your child to rate their pain from no pain to the worst possible pain. Sometimes, many factors can go into choosing that number. These may include:

- Fear
- Concern that someone will cause more pain
- Belief that no one believes them
- Stress of being in the hospital
- 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. Let your child's nurse know if a pain scale is not working so they can make a change. The pain scale is just a tool to help us talk with you and your child about your child's pain.

Pain Scales

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)

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)



Numeric Rating Scale (NRS) 0-10

