PAIN ASSESSMENT

Routine assessment and treatment of pain can significantly impact a patient's pain experience. The following recommendations should be used when performing a pain assessment.

Review all medical information to determine potential reasons for pain. The origin of pain is helpful in directing treatment.

1. Self report is considered the gold standard of pain assessment.

Developmentally appropriate children as young as 3 years of age can provide accurate assessment of pain location, quality and intensity when appropriate pain assessment tools (Faces/Numeric) are used. Careful pain assessments include the following criteria;

a) Location of pain: sites

b) Duration of pain:

- acute
- chronic (pain > 1 month in duration)
- recurrent

c) Quality of pain: describe how the pain feels

d) Intensity:

- Use developmentally appropriate pain scales that are found in each patient care area and on the Pain Relief Program intranet page
- Intensity should be assessed with initial pain assessment and at regular intervals including pre/post PRN pain relief, with vital signs and as indicated by patient condition.

e) Temporal relationships: when does the pain occur

f) Alleviating factors: what makes the pain better?

Include use of medication and complementary therapy in history:

- Type and quantity used
- Relief achieved with regimen
- Time to onset, duration of relief and return of pain
- Duration of current treatment

g) Aggravating factors: what makes the pain worse?

- Secondary effects
- Altered mood
- Loss of sleep
- Decreased appetite
- Increased anxiety
- Fear
- Increased agitation

2. **For children who are developmentally unable to provide self-report, standardized behavioral assessment tools (FLACC/NPASS) are used.**
   These quantify pain behaviors. These tools do not provide a proxy measure of pain intensity.

   Behaviors included in these tools are:

   a) **Cry**
   b) **Facial expressions**
   c) **Consolability**
   d) **Other behaviors**

   Some standardized tools include vital signs, but vital signs may not be sensitive or specific as a pain measure

3. **Behavioral factors and functional changes may be associated with the child's pain.**
   a) **Pain behavior (guarding, sleeping)**
   b) **Physical activities and limitations from pain**
   c) **Family and social environment**
      - **how is pain viewed by family**
      - **how do parents help child cope with pain**
   d) **Functional parameters such as school attendance, appetite, mood, activities of daily living, and social relationships should be considered in chronic pain conditions.**

4. **Parents are essential to pain assessment.**
   They are experts in their child's usual response to pain and the child's temperament however their assessment should not be used to negate a child's report of pain.

5. **If there is a reason to suspect a child has pain, treatments should be tried, response assessed and reassessed as needed at regular intervals based on patient's condition.**