

Pediatric Pain Assessment

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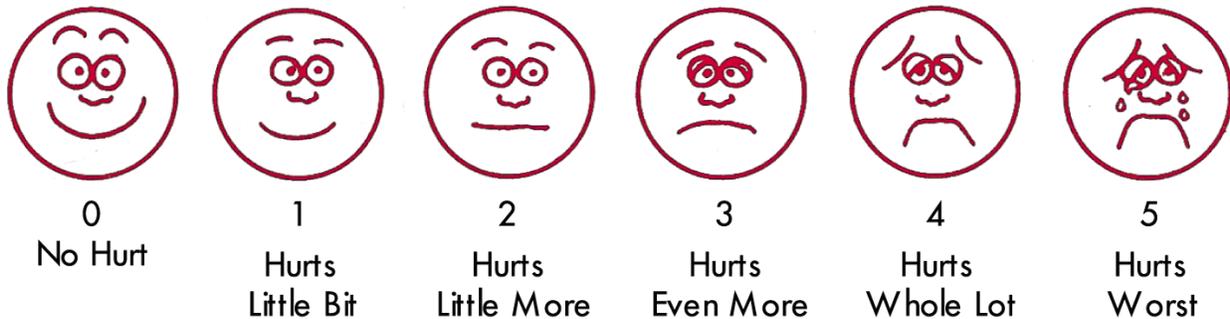
William S Schechter

Proper pain assessment is the cornerstone for proper pain treatment. Below we have listed commonly used age and developmental stage specific guidelines for pediatric pain assessment.

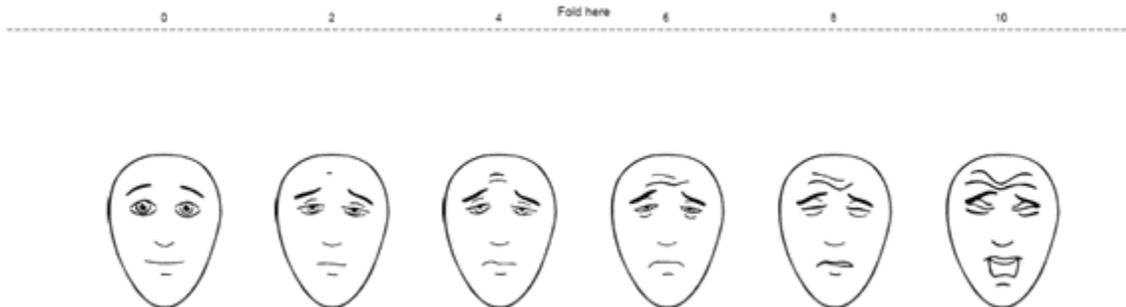
Physiologic Measures Many times on rounds clinicians are overheard saying, “The heart rate and blood pressure are normal, how could this patient have 8 out of ten pain?” Actually, a child, teenager or adult may experience severe pain and not have a change in their heart rate or blood pressure. These measures may be the only currently useful index of pain in the intraoperative setting but are non-specific and must be analyzed in context.

~3-7 years old: Faces Pain Scale – Revised (FPS-R) In the child who is developmentally able, self-report is the gold standard. Fortunately, instruments exist for children ~3-7 years old to aid in their self-report. Many readers are probably familiar with the Wong-Baker FACES scale (Wong-Baker, shown). The FACES pain scale has been revised so that the scale is from zero to ten rather than zero to five as in the Wong-Baker measure or zero to six as in the Bieri Faces Pain scale (not shown). The affective qualities including the smile and tears have been removed. When using the Faces Pain Scale Revised, you no longer have to include a statement such as “You can experience the worst pain and not be crying.”

Wong-Baker



Face Pain Scale-Revised



Instruction for Faces Pain Scale-Revised "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]." Score the chosen face 0, 2, 4, 6, 8, or 10, counting left to right, so '0' = 'no pain' and '10' = 'very much pain.' Do not use words like 'happy' and 'sad'. This scale is intended to measure how children feel inside, not how their face looks. (Once again, say "hurt" or "pain," whichever seems right for a particular child.)

The Faces Pain Scale-Revised is not a scale that our pediatric pain management service is using on a daily basis yet. When we initiate an educational initiative in pediatric pain management later this year, medical student, residents, fellows and nurse practitioners will be taught how to administer the Faces Pain Scale-Revised.

~8years or greater: Numeric rating scale for pain This is the method that almost everybody is probably familiar with. The provider asks, "On a scale of zero to ten, where zero means no pain and ten equals the worst possible pain, what is your current pain level?"

Common mistakes include the interviewer saying, "On a scale from ONE to ten" or "and ten equals the worst pain THAT YOU EVER HAD". In the first example, the error is stating that one is the low end of the scale. As the second example shows, it is important not to put the highest end of the scale in terms of past experience. Remember that for children it often useful to substitute the terms "ouch" or "hurt" for the word "pain".

The numeric rating scale may be categorized into no pain (0), mild pain (1-3), moderate pain (4-6), and severe pain, (7-10). These categories have been used in the past to indicate whether an opioid is indicated. Children with acute pain and some forms of chronic pain that is greater than six are frequently treated with an opioid.