Name:	**Hosp No:**
DOB:	**NHS no:**

Revised FLACC Scale

Great Ormond Street Hospital for Children NHS Trust

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Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested ***appears sad or worried***	Frequent to constant frown, clenched jaw, quivering chin ***Distressed looking face; expression of fright or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

(Adapted from Malviya et al, 2006)

Revised FLACC – Instructions for Use

- **Individualize the tool**: The nurse should review the descriptors within each category with the child's parents or carers. Ask them if there are additional behaviours that are better indicators of pain in their child. Add these behaviors to the tool in the appropriate category.
- Each of the five categories (F) Face; (L) Legs; (A) Activity; (C) Cry; (C) Consolability is scored from 0-2, which results in a total score between zero and ten.
- **Patients who are awake**: Observe for at least 1-3 minutes. Observe legs and body uncovered. Reposition patient or observe activity, assess body for tenseness and tone. Initiate consoling interventions if needed.
- **Patients who are asleep**: Observe for at least 5 minutes. Observe body and legs uncovered. If possible reposition the patient. Touch the body and assess for tenseness and tone.