

# Pain Assessment

Nausea / Itching / Vomiting
0 None
1 Slight
2 Moderate
3 Severe

Sedation
0 Awake / alert
1 Sleepy / responds appropriately
2 Somolent / rousable (light stimuli)
3 Deep sleep / rousable (heavier stimuli)
4 Unrousable to stimuli (Stop infusion)

PCA / NCA / Epidural patients	
0	No pain *
1 - 3	Mild pain * NCA - give bolus (10 mins before activity) PCA - encourage bolus (10 mins before activity)
4 - 7	Moderate pain * NCA - give bolus PCA - encourage bolus EPIDURAL - contact Pain Service
8 - 10	Severe pain * NCA PCA EPIDURAL - contact Pain Service
* Ensure supplementary analgesia is given (paracetamol + an NSAID if appropriate) NB: No codeine with IV / epidural opioids	

## FLACC

SUGGESTED AGE GROUP: 2 months to 7 years Behavioural

CATEGORIES	SCORING		
	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or being talked to, distractible	Difficult to console or comfort

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 0 and 10 (Merkel et al, 1997)

## WongBaker

SUGGESTED AGE GROUP: 4 years and over

Self-report

Point to each face pain and record the



## NRS

SUGGESTED AGE GROUP: 8 years and over

Self-report



## Analgesic interventions

### Analgesic ladder

NB: Check BNF for contraindications, interactions, etc

