

Taking care of your child's pain is the concern of our entire health care team.

## Pain is a feeling that hurts

1. Pain can be steady, aching, throbbing, stabbing, burning, or pinching.
2. Pain can last a short time or the pain may never seem to go away.
3. Pain can be caused by an illness, a treatment, a disease, a surgery, or an injury

Some pain cannot be stopped, but at Cook Children's we believe almost all pain can be controlled.

## Parents

You are an important part of our pain team

You know your child better than anyone else and can tell us about even the slightest change in your child's behavior. We will ask you a few questions to help us better understand and learn about your child's pain:

- How do you know when your child is hurting?
- What does your child do?
- How have you treated pain in the past?
- Did this way work? What didn't work?

Together, we will develop a plan for taking care of your child's pain while in the hospital and, if needed, at home.

## Treating pain is ongoing

1. Throughout your stay at Cook Children's, we will *regularly check* your child for pain.
2. Please discuss your child's pain and treatment plan with any member of our health care team. Your questions and concerns are very important.
3. Always let us know if our answers are not clear.

## Easing pain different ways

1. **Procedures:** Most children think that needle sticks and other procedures will hurt. But now, we can offer many things to help.

We can use:

- A special spray or lotion to numb the area.
- A cold vibration device (Buzzy™) that combines cold, vibration, and distraction for pain relief.
- Sugar water (sucrose) that often comforts small babies before, during, or after a needle stick.
- Breastfeeding
- Distractions
- Comfort positioning

2. **Feeling afraid:** Children may feel pain when they feel afraid.

Parents, nurses, child life specialists help ease pain by:

- Teaching children different ways to relax.
- Using medical play, deep breathing, distraction activities, or guided imagery.

3. **Other types of pain management:** Your doctor may order other types of therapy such as yoga, massage therapy, acupuncture, acupressure, and biofeedback for managing pain.

4. **Pain medicine:** Although all of these methods help children feel better, sometimes we will also use pain medicine.

For the different types of pain we use different types of pain medicine including:

- NSAID
- Acetaminophen
- Muscle relaxants
- Anticonvulsants
- Corticosteroids
- Antidepressants
- Opioids

Your doctor or nurse will explain what medicine your child is on. We will also explain:

- How the pain medicine works.
- How to give this pain medicine and when.
- Signs of a possible reaction.
- How to safely store pain medicine.
- How to dispose of pain medicine.
- What to do if you suspect an overdose.
- Who to call or ask if you have questions.

## Measuring pain

We ask how your child feels at least every 4 hours.

We check all children at the time of each inpatient or outpatient visit. We then check as often as needed to make sure the pain is controlled.

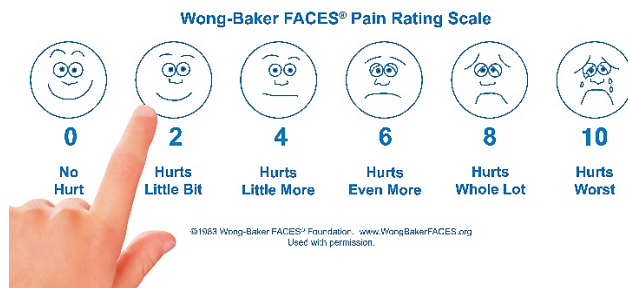
**Pain Scales:** A series of numbers used to measure pain. Each number represents the amount of pain.

### We use 5 Pain Scales.

1. Wong-Baker FACES Scale
2. FLACC Pain Scale
3. Pain Rating Scale 0 to 10
4. NPASS: Used in NICU
5. COMFORT B: Used in PICU



## 1. Wong-Baker FACES Pain Rating Scale



### We explain to the child:

- Each face is a child who feels happy or sad.
- This child may feel happy because they have no pain, or they do not hurt.
- This child may feel sad because they have some pain, or they have a lot of pain.

We ask the child to **point** to the face that they feel most like.

## 2. Pain Rating Scale 0 to 10

Similar to the Wong-Baker Scale, but without the faces.

## 3. FLACC Non-Verbal Pain Assessment Scale

Children often show pain by **acting** different.

- They may frown, draw up their legs, squirm, or cry.
- The FLACC scale checks for pain when a child cannot talk. This may include a child younger than 3 years of age or children who are sleepy.

### FLACC Behavioral Scale

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

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## 4. N-PASS

This is a clinical pain/agitation and sedation tool we use for neonates in the Neonatal Intensive Care Unit (NICU).

## 5. COMFORT B

We use this pain scale in the Pediatric Intensive Care Unit (PICU) for nonverbal, sedated, and intubated patients.

Your questions about your child's pain and treatment are very important to us.

Please always feel free to discuss your questions or concerns with any member of your child's health care team.

These instructions are only general guidelines. Your healthcare providers may give you special instructions. If you have any questions or concerns, please call your healthcare providers.

