

What will help your child's pain?

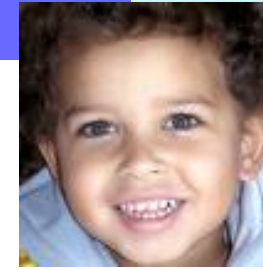
There are a variety of ways to treat pain. These include medications, distraction, cold/warm packs, comfort and positioning. Methods vary with the cause of pain and the child's age. Individualized plans are made to manage pain in children. The goal at Children's Hospital is to figure out what works best for your child to minimize their pain. As a parent or guardian, it is important to understand that your child may not be without pain during their hospitalization.

How and when do I know if my child's pain has improved?

- Vital signs within normal limits for your child's age;
- Child acting more like him/herself;
- Children's Hospital standard is to re-assess pain within 60 minutes following a pain treatment method;
- If your child's pain has not decreased, we will continue to work together as a team until your child is comfortable;
- Child or parent telling caregiver pain has decreased.

As a parent, what can I do?

- Remain proactive in your child's care, by asking questions and expressing concerns.
- Share your knowledge of your child's behavior and how he/she responds to pain. Share with caregivers what works best for your child to relieve pain.
- Know that something should be done about the pain as soon as it starts. It is more difficult to ease pain once it has become strong.
- If you know that your child's pain will get worse when he/she becomes more active, discuss options for pain management.
- If you feel your child needs other support in coping with pain, one of our child life specialists or clinical psychologists is available to help you. Ask your child's nurse or doctor for this support.



**Helping the Hurt:
Parents & Healthcare
Professionals Working
Together to
Help Kids Be Kids**

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What is pain?

Children of all ages feel pain, including infants. Young babies may be more sensitive to pain because the nerves that control pain are not fully developed. Pain is an unpleasant feeling that may be present due to:

- Physical Injury
- Illness
- Stress

Pain is a personal experience and is different for each person.

Why is it important to manage pain?

A child's perception of pain is very real to them. Ongoing pain can make your child afraid. Children look to parents and caregivers to figure out how to minimize their pain. When the pain is managed, the child is able to be more comfortable and active. This promotes healing and faster recovery.



How can health care workers “measure” pain?

Pain can be identified through several ways:

- Talking with caregivers
- Body Language, facial expressions, position changes, behavior changes
- Parent/Guardian observation
- Changes in vital signs and physical assessment

There are several different pain tools that can be used to assess each child's level of pain. There are also tools available to use with infants and non-verbal children. Talk with your child's caregivers or a child life specialist to explore which pain tool might work best for your child.



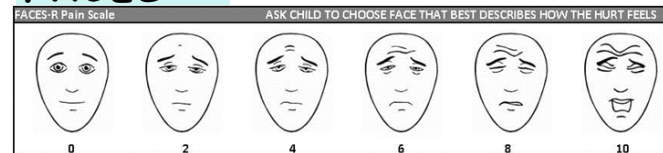
N-PASS

Premature & Term Infants Up to 100 Days Old	CRYING		EXTREMITIES / TONE	
	Appropriate cry, not irritable	0	Relaxed hands and feet, normal tone	0
	Irritable, cries at intervals, consolable	1	Intermittent clenched toes, fists, finger splay body not tense	1
	High pitched cry, inconsolable	2	Continual clenched toes, fists, or finger splay body is tense	2
	BEHAVIOR		VITAL SIGNS: HR, RR, BP, Oxygen Sats	
	Appropriate for age	0	Within baseline for age	0
	Restless, Squirms,	1	Up 10-20% from baseline	1
	Awakens Frequently		Up > 20% from baseline	2
	Arches, Kicks, Constantly Awake	2	Minimum Score: 0	
	FACIAL EXPRESSION		Baseline add 3 if < 28 weeks gestation	
	Relaxed, appropriate	0	Baseline add 2 if 28-31 weeks gestation	
	Intermittent pain expression	1	Baseline add 1 if 32-35 weeks gestation	
	Continual pain expression	2	Maximum Score: 13 if Premie; 10 if Term	

FLACC

FACE	0	1	2
	No Particular Expression or Smiling	Occasional Grimace/Frown; Withdrawn; Disinterested; Appears Sad or Worried	Frequent to Constant Grimace/Frown; Tensed Jaw; Trembling Chin; Distressed-Looking Face; Expression of Fright or Panic
LEGS	0	1	2
	Normal Position or Relaxed; Usual Tone or Motion to Limbs	Uneasy; Restless; Tense; Occasional Tremors	Kicking or Legs Drawn Up; Marked Increase in Spasticity; Constant Tremors or Jerking
ACTIVITY	0	1	2
	Laying Quietly; Normal Position; Moves Easily; Regular Rhythmic Respirations	Squirming; Shifting Back/Forth; Tense or Guarded Movements; Mildly Agitated (head back & 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
CRY	0	1	2
	No Cry Awake or Asleep	Moans or Whimpers; Occasional Complaint; Occasional Verbal Outburst or Grunt	Crying Continuously; Screams or Sobs; Frequent Complaints; Repeated Outbursts; Constant Grunting
CONSOLABILITY	0	1	2
	Comfortable; Relaxed	Reassured by Occasional Touching, Hugging or Being Talked to; Distractible	Difficult to Console or Comfort; Pushing Away Caregiver; Resisting Care or Comfort Measures

FACES



NUMBERS

