

Figure 3-4: Assessment of Pain in Children

No one method to assess pain offers an error-free measure of the pediatric pain experience. Therefore, using more than one method of assessment may be helpful. The provider should ascertain whether assessment tools are appropriate for the age and cognitive development of each individual child. For children over the ages of six or seven, the Pain Intensity Scales or Pain Interview usually can be used. When children are unable to describe their pain in words, as occurs with infants and pre-verbal children, they must be watched carefully for behavioral signs of pain. Some examples of assessment tools appear below. (See Figures 3-4a, 3-4b, 3-4c and 3-4d.)

Figure 3-4a: Pain Affect Faces Scale

Wong-Baker FACES Pain Rating Scale



0

No hurt



2

Hurts a
little bit



4

Hurts a
little more



6

Hurts even
more



8

Hurts a
whole lot



10

Hurts worst

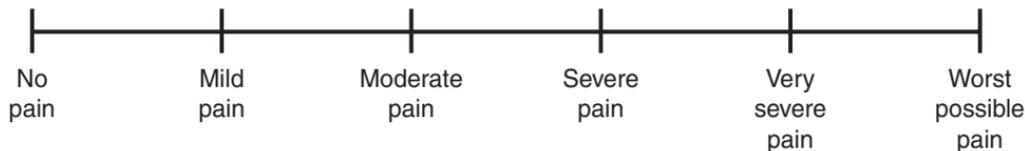
Explain to the person that each face is for a person who feels happy because he has no pain (hurt) or sad because he has some or a lot of pain. Face 0 is very happy because he doesn't hurt at all. Face 2 hurts just a little bit. Face 4 hurts a little more. Face 6 hurts even more. Face 8 hurts as much as you can imagine, although you don't have to be crying to feel this bad. Ask the person to choose the face that best describes how he is feeling.

Rating scale is recommended for persons age 3 and older.

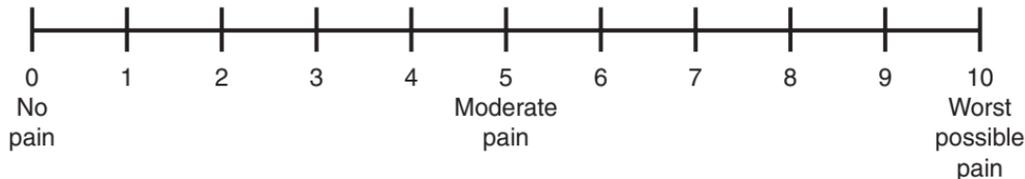
Figure 3-4b: Pain Intensity Scales

Pain Intensity Scales include the Simple Descriptive Pain Intensity Scale, the Numerical Rating Scale and the Visual Analog Scale. These can be used as pediatric pain assessment tools in children over the age of seven or eight who understand the concept of order and number.

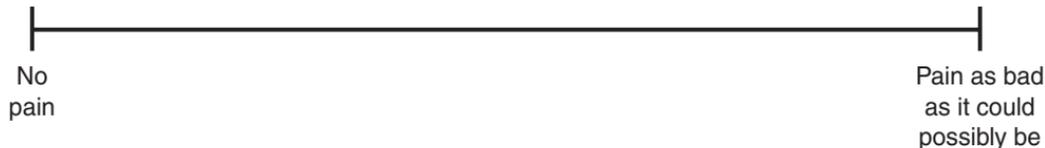
Simple Descriptive Pain Intensity Scale*



0-10 Numeric Pain Intensity Scale*



Visual Analog Scale (VAS)**



*If used as a graphic rating scale, a 10-cm baseline is recommended.

**A 10-cm baseline is recommended for VAS scales.

Figure 3-4c: Behavioral Signs Indicative of Pain in Children

In infants and pre-verbal children who are unable to describe their pain in words, observation of behavior is the primary assessment method. This table shows the primary behavioral signs indicative of pain in children. Behavioral responses to pain may vary depending on whether the pain is brief or persistent.

Primary behavioral signs indicative of pain in children

Behavioral signs	Duration of Pain	
	Brief	Persistent
• Crying	+	
• Distressed facial expression	+	
• Motor disturbances (localized and whole body)		+
• Lack of interest in surroundings		+
• Decreased ability to concentrate		+
• Sleeping difficulties		+

Source: *Cancer Pain Relief and Palliative Care in Children*. World Health Organization, 1998. Reproduced with permission. Copyright 1998.

Figure 3-4d: Pain Interview for Pediatric Patients

Pain Interview is a self-report method of pain assessment that provides reliable and valid estimates of pain intensity, quality and location. This method of assessment can be used in most children over six years of age.

Pain Interview	
Child Form	Parent Form
Tell me about the hurt you're having now.	Tell me about the pain your child is having now.
Elicit descriptors, location, and cause.	Elicit descriptors, location, and cause.
What would you like me to do for you?	What would you like me to do for your child?

Source: Adapted with permission from Hester NO, Barcus CS. Assessment and management of pain in children. *Pediatrics: Nursing Update*, vol 1. Princeton, NJ: Continuing Professional Education Center, Inc., 1986.