

Pain Assessment

Untreated pain causes distress for children, families and healthcare providers, along with prolonged procedure times, increased sensitivity to pain, and avoidance of healthcare settings. Effective multi-modal pain care includes appropriate assessment and preparation, which reduces the need for repeated interventions and improves patient and caregiver satisfaction. Utilizing pain assessment tools that involve the patient and consider situational factors, levels of distress and life experiences can help practitioners and patients co-create plans of care to guide therapy. Effective pain management begins with a proper, comprehensive pain assessment as noted in the [Health Standards Organization Pediatric Pain Management Standard](#).

DEFINING PAIN:

An unpleasant sensory and emotional experience typically associated with physical damage to the body (IASP, 2021)

- **Acute Pain** - typically occurs suddenly and is caused by an injury, surgery, illness, trauma, or medical procedure. It generally lasts from a few minutes to less than six months. It usually disappears when the underlying cause is treated or healed. Note that acute pain may evolve into chronic pain.
- **Chronic Pain** - when pain lasts longer than 3 months or continues to reoccur. It can be caused by many medical diagnoses or conditions as a secondary process. It is also recognized as a disease in and of itself and not just a symptom of something else. Sometimes chronic pain can occur:
 - without a known cause
 - after an injury has healed
 - after a condition has been treated
- **Procedural Pain** - caused by examination, investigations, treatments and other interventions. This can include but not limited to, needles (e.g. immunizations, venipuncture & intravenous catheterization), suturing, dressing changes and lumbar punctures. For children, health care encounters often require interventions that are associated with pain. The pain may be for an isolated intervention, or it can also occur over a period of treatments or repeated investigations.

EARLY EVALUATION:

- Evaluating a child's pain at the first encounter is recommended with regular re-assessments during care. Re-evaluating pain following every intervention and during procedures is essential for assessing therapeutic efficacy.
- Goals of pain management are to relieve children's pain and assess their response to treatment.
- Access to timely and effective pain management is a fundamental human right and is essential to a child and their family's health and well-being. Health inequities such as systemic racism, discrimination and bias cause barriers to accessing timely, equitable and evidence-based pain management.

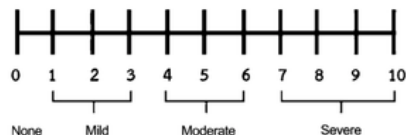
Pain Assessment

CONSIDERATIONS:

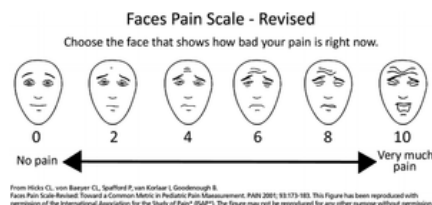
- It is important to consider the development, language and communicative ability of the patient when engaging in pain assessments. Although including self-reports on pain is recommended wherever possible, it is important to identify pain behaviors that are specific to the child or youth, as many have unique ways of responding to pain.
- Modifications to pain assessments may include adapting standard measures of pain to be more developmentally appropriate. Self-reporting pain may involve a simple yes or no, other vocalizations, gestures, or signals (e.g., eye gaze shifts or blinks).
- Integrate reports provided by families and caregivers.
- Patient's lived experiences, cultural influence and social determinants of health play a factor in how an individual will express and show pain. An example of this can be seen in this [video](#) from the Aboriginal Children's Hurt & Healing Initiative ACHH). ACHH is a research initiative aimed at improving Indigenous children's healthcare experiences. ACHH seeks to recognize the pain and hurt experience of Indigenous children and youth.

ASSESSMENT TOOLS:

- Numerical Rating Scales use a number scale to describe pain intensity. These scales usually range from 0 (meaning no pain or hurt) to 10 (meaning the most intense pain or hurt). This is used for children greater than 6 years old, with understanding and ability to conceptualize numerical order.



- FACES-R Pain Scale uses a series of cartoon faces. At one end of the scale is a neutral or happy face that represents no pain. At the other end of the scale is a face that represents the worst pain. This requires minimal equipment and is recommended for children ages 4 to 16 years.



- The Revised FLACC Scale (r-FLACC) is best used for populations unable to communicate (e.g. infants and patients living with neurodevelopmental disabilities.) The r-FLACC (faces, legs, activity, cry, consolability) scale uses a checklist to assess pain by observing facial expressions, body movements, posture, crying and activity. It is most valid for procedural or acute pain and can be used for children as young as 2 months old.

The same validated and appropriate tool(s) should be used each assessment to allow for comparison. Consider patient and situational factors when selecting a pain scale.

Other validated tools can be found here: <https://cps.ca/en/documents/position/pain-assessment-and-management>



Scan the QR codes or click below to view the Solution for Kids in Pain website and resources as well as TREKK's Pain Treatment Bottomline Recommendations.

SKIP Resources and Tools



Bottomline Recommendations



Nursing Grand Rounds

June 18th 1300-1400
Microsoft Teams
D: 221 033 804 390 10
Passcode: h9d2gF29

Pediatric Grand Rounds

Every Wednesday 0900-1000
Microsoft Teams
D: 264 377 837 697 98
Passcode: xZ3be3sz

Comfort Corner



Anxiety and fears related to medical procedures are common in children and youth. For [TREKK](#) addressing this anxiety and fear is critical, as up to half of children seen in Emergency Departments undergo painful procedures (e.g. IVs, blood tests, catheterizations, or wound repair). Procedural pain is complex, managing physical pain, anxiety, and fear improves procedural success and optimizes future care. Patients are shown to be more likely to continue to access health promotional care when pain is properly managed. TREKK has created a resource for [Caring for Patients with Anxiety](#) and has recently released a complimentary [Bottom Line Recommendation for Procedural Anxiety and Fear](#) with SKIP to enhance care.



References

- Aboriginal Children's Hurt & Healing Initiative (2019). Aboriginal Children's Hurt & Healing (ACHH) Initiative: First Nation community health video. First Peoples Child & Family Review, 13(2), 12-12. <https://doi.org/10.7202/1082964ar>
- Canadian Paediatric Society (2022, November 4). Best practices in pain assessment and management for children. Canadian Paediatric Society. <https://cps.ca/en/documents/position/pain-assessment-and-management>
- Raja SN, Carr DB, Cohen M, Finnerup NB, Flor H, Gibson S, Keefe FJ, Mogil JS, Ringkamp M, Sluka KA, Song XJ, Stevens B, Sullivan MD, Tutelman PR, Ushida T, Vader K. The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises. Pain. 2020 Sep 1;161(9):1976-1982. doi: 10.1097/j.pain.0000000000001939. PMID: 32694387; PMCID: PMC7680716.
- Wilson-Smith EM. Procedural Pain Management in Neonates, Infants and Children. Rev Pain. 2011 Sep;5(3):4-12. doi: 10.1177/204946371100500303. PMID: 26526331; PMCID: PMC4590075.

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Need to Know - What's New?

TREKK Atlantic is going on the road with the new CPDME accredited Simulation Roadshow!

The majority of acutely ill and injured children in Canada are managed within emergency departments that are not part of a children's hospital. Translating Emergency Knowledge for Kids (TREKK) launched in 2011 as a national knowledge mobilization network that aims to improve emergency care for children by co-designing and sharing resources with families and healthcare providers.

The TREKK Atlantic team started a new Roadshow that is a simulation-based practice course in the fall of 2025, the first of it's kind in Canada. So far it has been extremely successful! The day includes a lecture, table-top cases and simulation-based education on a wide variety of topics including Sepsis, Status Epilepticus, Status Asthmaticus, Cardiac Arrest, & Trauma. Education is tailored to the site's individual needs. Physicians can now receive CPDME points for attending.



*If interested in booking a Roadshow site visit email eleanor.fitzpatrick@iwk.nshealth.ca
Currently booking for 2027*