



[Print](#) :: [Close](#)

FAST FACTS AND CONCEPTS #117

Author(s): Gena Walker and Robert Arnold MD

Background Neonates and infants do experience pain. In fact, research has shown that neonates may experience as much pain as older children and long-term consequences from exposure to repeated painful stimuli. Untreated pain leads to increased sensitivity to subsequent stimuli. Assessing pain in neonates and young children requires use of age appropriate scales. There is no empirical evidence demonstrating the superiority of one assessment tool, but research suggests that the same scale(s) should be used within an institution.

Behavioral Observational Scales The primary method of pain assessment for infants, children less than 3 yrs old, and developmentally disabled patients. Validated tools include:

- **CRIES:** Assesses Crying, Oxygen requirement, Increased vital signs, facial Expression, Sleep. An observer provides a score of 0-2 for each parameter based on changes from baseline. For example, a grimace, the facial expression most often associated with pain, gains a score of 1 but if associated with a grunt will be scored a 2. The scale is useful for neonatal postoperative pain.
- **NIPS:** Neonatal/Infants Pain Scale has been used mostly in infants less than 1 yr of age. Facial expression, cry, breathing pattern, arms, legs, and state of arousal are observed for 1 minute intervals before, during, and after a procedure and a numeric score is assigned to each. A score >3 indicates pain. An example is available at: http://www.anes.ucla.edu/pain/assessment_tool-nips.htm.
- **FLACC:** Face, Legs, Activity, Crying, Consolability scale has been validated from 2 mo to 7 years. FLACC uses 0-10 scoring. An example is available at: http://www.anes.ucla.edu/pain/assessment_tool-flacc.htm.
- **CHEOPS:** Children's Hospital of Eastern Ontario Scale. Intended for children 1-7 yrs old. Assesses cry, facial expression, verbalization, torso movement, if child touches affected site, and position of legs. A score ≥ 4 signifies pain. An example is available at: http://www.anes.ucla.edu/pain/assessment_tool-cheops.htm.

Self report Children 3 years of age and older can rank their pain using one of several validated scales including:

- **Wong-Baker Faces scale:** 6 cartoon faces showing increasing degrees of distress. Face 0 signifies "no hurt" and face 5 the "worst hurt you can imagine." The child chooses the face that best describes pain at the time of assessment. An example is available at: <http://www1.us.elsevierhealth.com/FACES/>.
- **Bieri-Modified:** 6 cartoon faces starting from a neutral state and progressing to tears/crying. Scored 0-10 by the child. Used for children >3 years.
- **Visual analogue scale:** Uses a 10 cm line with one end marked as no pain and the opposite end marked as the worst pain. The child is asked to make a mark on that line that is then measured in cm from the no pain end.

References

1. Hockenberry M, Wilson D, et al. Wong's Nursing Care of Infants and Children. 7th Edition. St Louis, MO: Mosby; 2003: pp1052-1053.
2. Berde CB, Sethna NF. Analgesics for the treatment of pain in children. N Engl J Med. 2002; 347:1094-1101.
3. Zempsky WT, Schechter, NL. What's new in the management of pain in children. Pediatrics in Review. 2003; 24:337-347.
4. Merkel SI, Voepel-Lewis T, Shayevitz JR, Malviya S. The FLACC: a behavioral scale for scoring postoperative pain in young children. Pediatr Nurs. 1997; 3(3):293-7.
5. Hicks CL, von Baeyer CL, Spafford PA, et al. The Faces Pain Scale-Revised: toward a common metric in

pediatric pain measurement. Pain. 2001; 93(2):173-83.

6. Cancer Pain Management in Children (web-site). Texas Cancer Council. Available at:
<http://www.childcancerpain.org>.

Fast Facts and Concepts are edited by Drew A Rosielle MD, Palliative Care Center, Medical College of Wisconsin. For more information write to: drosiell@mcw.edu. More information, as well as the complete set of Fast Facts, are available at EPERC: www.eperc.mcw.edu.

Version History: This Fast Fact was originally edited by David E Weissman MD and published in June 2004. Re-copy-edited in April 2009; web-sites updated.

Copyright/Referencing Information: Users are free to download and distribute Fast Facts for educational purposes only. Walker G, Arnold R. Pediatric Pain Assessment Scales. Fast Facts and Concepts. June 2004; 117. Available at: http://www.eperc.mcw.edu/fastfact/ff_117.htm.

Disclaimer: Fast Facts and Concepts provide educational information. This information is not medical advice. Health care providers should exercise their own independent clinical judgment. Some Fast Facts cite the use of a product in a dosage, for an indication, or in a manner other than that recommended in the product labeling. Accordingly, the official prescribing information should be consulted before any such product is used.

ACGME Competencies: Medical Knowledge, Patient Care

Keyword(s): Pain – Evaluation

© 2008 Medical College of Wisconsin

Medical College of Wisconsin

8701 Watertown Plank Road, Milwaukee, WI 53226

www.mcw.edu | 414.456.8296

[Print](#) :: [Close](#)