

Appendix 3 (as supplied by authors)



# Health Care Provider Pain Assessment and Documentation Tool

Use this document to assess and track the strategies used and the amount of pain and satisfaction from the infant/child/teen and their parent or caregiver. This will help you track what pain management strategies are effective for each infant/child/teen and prepare for the next vaccine injection.

Name of child:	Birth		Infants		Toddlers			School Age			Adolescents			Other Vaccinations (seasonal flu, travel, etc.)				
	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	4-6 years	Age:	Age:									
Vaccines Administered																		
Pain-Relieving Strategies Used																		
Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Sweetening agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Topical anaesthetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Positioning: upright/holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Rapid intramuscular injection without aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Multiple injections: most painful vaccine last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Rub skin near injection site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Distraction – provider led	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Distraction – child led	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Deep breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Coaching/distraction – parent led	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
<b>Pain Score (age-appropriate) *</b>																		
<b>Health care provider-rated pain:</b>																		
MBPS (child ≤ 18 months)																		
FLACC (child >18 months)																		
<b>Parent-rated pain:</b>																		
NRS or VAS (child ≤ 3 years)																		
<b>Child self-reported pain:</b>																		
Poker Chip Tool (child 3-6 years)																		
FPS-R (child ≥ 4 years)																		
NRS (child ≥ 9 years)																		
* MBPS = Modified Behavioural Pain Scale (0-10); FLACC = Face Legs Activity Cry Consolability (0-10); NRS = Numerical Rating Scale (0-10); VAS = Visual Analog Scale (0-10); Poker Chip Tool (0-4); FPS-R = Faces Pain Scale - Revised (0-10). See reverse side for description of these pain scores.																		
<b>Parent Satisfied (Yes/No)</b>																		
<b>Child Satisfied (Yes/No)</b>																		
<b>Comments</b>																		

# Health Care Provider Pain Assessment and Documentation Tool



Health care provider-rated pain

**Modified Behavioural Pain Scale (MBPS) for children ≤ 18 months**

**FACIAL EXPRESSION**

Definite positive expression: smiling  0

Neutral expression  1

Slightly negative expression: for example, grimace  2

Definite negative expression: that is, furrowed brows, eyes closed tightly  3

**CRY**

Laughing or giggling  0

Not crying  1

Moaning, quietly vocalizing, or gentle or whimpering cry  2

Full lunged cry or sobbing  3

Full lunged cry, more than baseline cry: to be scored only if infant crying at baseline  4

**MOVEMENTS**

Usual movements/activity, or resting/relaxed  0

Partial movement or attempt to avoid pain by withdrawing the limb where puncture is done  2

Agitation with complex movements involving the head, torso or the other limbs, or rigidity  3

**TOTAL SCORE (0-10)**

Reprinted from Journal of Pain and Symptom Management, 10, Taddio A, Nulman I, Koren BS, Stevens B, Koren G. A revised measure of acute pain in infants, 456-463, Copyright 1995, with permission from Elsevier.

**Face Legs Activity Cry Consolability (FLACC) for children >18 months**

Categories	0	1	2
<b>Face</b>	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
<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	Difficulty to console or comfort

**TOTAL SCORE (0-10)**

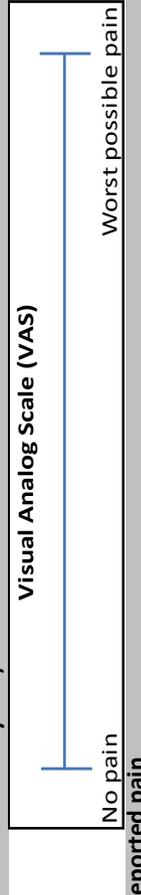
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**Parent-rated pain (for children ≤ 3 years)**

**Numerical Rating Scale (NRS)**

"Tell me how much pain you think your child had from the vaccine injection from 0 to 10, where 0 is no pain, and 10 is worst possible pain"

**Visual Analog Scale (VAS)**



**Child self-reported pain**

**Poker Chip Tool for children 3-6 years**

1. Say to the child: "I want to talk with you about the hurt you may be having right now."

2. Align the chips horizontally in front of the child on the bedside table, a clipboard, or other firm surface.

3. Tell the child, "These are pieces of hurt." Beginning at the chip nearest the child's left side and ending at the one nearest the right side, point to the chips and say, "This (first chip) is a little bit of hurt and this (fourth chip) is the most hurt you could ever have." For a young child or for any child who may not fully comprehend the instructions, clarify by saying, "That means this (one) is just a little hurt, this (two) is a little more hurt, this (three) is more yet, and this (four) is the most hurt you could ever have."

o Do not give children an option for zero hurt. Research with the Poker Chip Tool has verified that children without pain will so indicate by responses such as, "I don't have any."

4. Ask the child, "How many pieces of hurt do you have right now?"

o After initial use of the Poker Chip Tool, some children internalize the concept "pieces of hurt". If a child gives a response such as "I have one right now", before you ask or before you lay out the poker chips, proceed with instruction # 5.

5. Record the number of chips on the Pain Flow Sheet.

6. Clarify the child's answer by words such as, "Oh, you have a little hurt? Tell me about the hurt."

**Faces Pain Scale - Revised (FPS-R) for children ≥ 4 years**

In the following instructions, say "hurt" or "pain," whichever seems right for a particular child.

These faces show how much something can hurt. This face [point to left-most face] shows no pain. The faces show more and more pain [point to each from left to right] up to this one [point to right-most face] - it shows very much pain. Point to the face that shows how much you hurt [right now].

Score the chosen face 0, 2, 4, 6, 8, or 10, counting left to right, so '0' = 'no pain' and '10' = 'very much pain.' Do not use words like 'happy' and 'sad'. This scale is intended to measure how children feel inside, not how their face looks.

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**Numerical Rating Scale (NRS) for children ≥ 9 years**

"Tell me how much pain/hurt you had from the vaccine injection from 0 to 10, where 0 is no pain, and 10 is worst possible pain"

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