Pain Assessment

Introduction

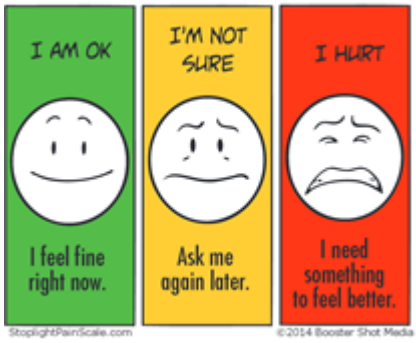
The focus population for this standard of practice is all Alberta Children's Hospital patients. The target users will likely be nurses, however, pain management is the responsibility of all health care professionals.

We are guided by the Commitment to Comfort (CTC), which is a site wide, quality improvement initiative developed to "promote comfort by helping to lessen pain and distress" at every patient encounter.
It is important to discuss pain assessment and management strategies with patients and their families, and to educate them about their pain and management plan.

Pain Assessment

Upon initial presentation to ACH, the patient and/or family will be asked about the presence of pain.
Pain assessment scoring tools shall be selected based on the child's developmental stage and abilities including those with communication and/or learning difficulties.

A general screening may be done using the "Stoplight Tool"



Pain Assessment Tools

In depth scoring using the following tools should be done for patients reporting pain (see Appendix A):

- r-FLACC: infants, toddlers and all non-verbal children
- FACES: ages 4 years and up
- Numeric rating scale: ages 7 years and up

Pain assessment using any of these tools will occur:

- Before, during and after any invasive or painful procedure
- If patient is currently on therapy for pain, assessments shall take place every 4 hours while awake and more frequently if required or ordered
- Assessment shall occur within one hour of any as-needed (PRN) pain management interventions
- At least once per shift for all other patients

In certain cases a different approach may be necessary (i.e. somatoform disorder); in which case the child's care plan takes precedence.

When pain is assessed, it should be recorded in the health record.

Follow up questions to the scoring tool may include:

- Provocation and palliation of pain
- Quality
- Region and radiation

- Timing

Pain goals will be discussed with patients able to verbalize a number score.

- Determine the current pain score
- Determine if the patient is comfortable with the current pain score ("Is there anything you would like us to do to help bring that number down?")
- Determine what the pain goal would be for the patient
- Communicate this information in charting

Procedural pain: Children should be informed of any planned treatment or procedure and any relevant pain relief options shall be discussed and offered.

Pain Prevention and Interventions

Pain is better prevented than treated.

Pain interventions should include pharmacological, physical and psychological strategies.

Pharmacological strategies may include the following:

- Analgesics should be given regularly, by the least invasive route. Orally is preferred, consider intranasal route if appropriate.
- Topical anesthetics should be used for all skin breaking procedures, including (but not limited to) starting IV's, phlebotomy and lumbar punctures, unless contraindicated or refused by patient/family. See Topical Anesthetic Policy.
- Consider nonsteroidal anti-inflammatories (NSAIDs) and/or acetaminophen and/or opioids, being aware of any possible contraindications. Use of more than one class of analgesic (e.g. acetaminophen and NSAID) promotes better pain relief, may reduce opioid requirements and helps minimize side effects.
- Nurses should utilize PRN orders and request additional therapy or medical review if pain is not improving or is increasing. For pain that is expected to be constant (e.g. post-surgical), analgesics should be scheduled (PRN should be ordered for breakthrough pain only).
- Sucrose for babies under the age of 12 months if no contraindications (which may include: absent bowel sounds, necrotizing enterocolitis, short gut, gastrointestinal surgery in the last 5 days). Addition of a pacifier enhances the analgesic effect. The analgesic effect lasts for approximately 5-8 minutes. See Sucrose Policy.
- Breastfeeding, or the use of Expressed Breast Milk (dispensed like sucrose) should be considered for infants during painful procedures where appropriate.

Physical (comfort measures) strategies may include the following:

- Warm blankets
- Ice packs (not for neonates)
- Repositioning
- Splinting
- Swaddling, facilitated tucking, as age appropriate
- Comfort positions for procedures

Psychological strategies may include the following:

- Distraction techniques including: something to watch, something to play with, something to read, something to listen to (music or books)
- Deep breathing and relaxation techniques, dimming lights and minimizing noise
- Comforting touch from a family member
- Encouraging sleep

- Positive memory reframing and the use of therapeutic language

Patients and families will consider and prepare for post-surgical or procedural pain with guidance from child life, nursing, physiotherapy and medical advice as appropriate.

Develop a pain management "Comfort Plan" with interdisciplinary team, child and family. Creation of the "Comfort Plan" can be done by any healthcare provider and is not exclusive to Child Life.

Additional Resources and Personnel

Referral to the Acute Pain Service should be considered whenever pain is complex or refractory.
Consider consultation with child life, psychology and/or psychiatry for anxiety related to pain or procedures.

All members of the interdisciplinary team are responsible for clear communication around pain assessment and management with each other and the patients and family.

For patients undergoing painful or distressing procedures, for whom the Commitment to Comfort principles are not adequate, please refer to the Commitment to Comfort Continuum (see Appendix B).

Refer to the "ACH Guideline for Weaning Opioids and Benzodiazepines in Pediatric Patients" for guidance regarding withdrawal assessment and scoring.

Discharge Planning

All inpatients and outpatients will be given instructions (written or verbal, as appropriate) upon discharge to meet the patient's ongoing need for pain management if pain is expected after discharge.

REFERENCES

McCaffrey, M. & Pasero, C. (1998) Pain: Clinical manual (2nd Edition). Mosby, St Louis

Pasero, C. (2010) Pain Assessment and Pharmacologic Management. Mosby, St Louis

Twycross, A., Dowden, S. & Stinson, J. (Editors) (2013) Managing Pain in Children: A Clinical Guide for Nurses and Healthcare Professionals (2nd Edition). Wiley-Blackwell; 2 edition London, UK