

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

## About Pain

Pain is part of life. We all get bumps and bruises. Sometimes pain warns us of danger, injury, or illness.

On the other hand, pain from surgery or needles is not helpful. If this pain is not treated, it can make a child afraid, anxious, sad, tired, cranky, and not want to eat or drink. These can make it take longer for your child to heal. A child who is not in a lot of pain can exercise, play, and get better faster.

### You and your child's pain

Children respond to pain in many different ways. You can help your child understand and cope with his or her pain. You can also work with your health care team to create a pain management plan for your child.

You should ask your child's nurse or doctor:

- how much pain your child might have, and how it will be treated.
- what you and the health care team can do to treat your child's pain
- for pain treatment when pain first begins

You should tell your child's nurse or doctor:

- how you can tell if your child is having pain
- if the pain treatment is not relieving your child's pain well enough  
(if your child has uncontrolled pain)
- if you have any concerns or questions about pain treatment

You can expect:

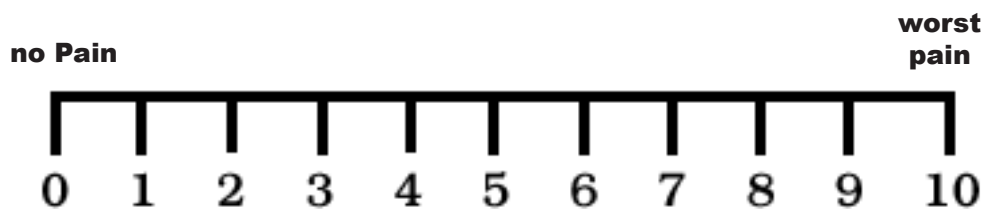
- to learn what kind of pain your child may experience with tests and procedures, and how that pain will be treated
- health care providers will believe your reports of pain
- health care providers will respond quickly to your reports of pain

## How do I know if my child is in pain?

The best way to know if your child is in pain is when your child tells you he or she is in pain.

The more we know about the pain, the better we can treat it.

Your child can measure pain on a scale of 0 to 10. 0 is no pain, and 10 is the worst pain possible. If your child can speak, ask your child to rate the pain on this scale of 0 to 10.



Sometimes, pictures may help your child tell you about the pain. Show your child these pictures, and ask which one shows the amount of pain now. This is called the Wong-Baker FACES Pain Rating Scale.



Pre-school aged children may not know if they are in pain or scared. The Wong-Baker FACES Pain Rating Scale may help them tell if they feel fear or pain.

Older children can describe pain. They can use words like sharp, aching, burning, stabbing, or throbbing, and point to where the pain is.

Ask your child what makes the pain better, and what makes it worse.

You can also look at your child for signs of pain. Ask your nurse or doctor to show you how to use this scale. Watch your child for 5 minutes. Look at your child's legs and body. Touch your child, to feel if he or she is tense.

## FLACC Behavioral Pain Scale

Categories	Scoring		
	0	1	2
Face	No particular expression or smile disinterested	Occasional grimace or frown, withdrawn,	Frequent to constant frown, clenched jaw, quivering chin
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid, or jerking
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or talking to. Distractable.	Difficult to console or comfort
Each of the five categories (F) Face; (L) Legs; (A) Activity; (C) Cry; (C) Consolability is scored from 0-2, which results in a total score between zero and ten.			

**A total FLACC score of 0 means your child is relaxed and comfortable.**

**1 to 3 means your child is having mild discomfort.**

If needed, try a comfort or direct treatment method on page 5-7.

**4 to 6 means your child has some pain or mild discomfort.**

Try a comfort or direct treatment method on page 5-7, or ask the nurse for medicine to treat the pain.

**7 to 10 means your child is very uncomfortable or has a lot of pain.**

Try a comfort or direct treatment method on page 5-7, or ask the nurse for medicine to treat the pain.

# How do children act when they are in pain?

If when children can't or won't talk about the pain, you can still tell if they hurt.

You know your child best. Is this your child's normal behavior? When children are feeling stress, they may go back to behaving like they did when they were younger. For example, a school aged child may start to suck her thumb again, or wet the bed. This does not mean the child has pain. Here are some ways you can tell how children of different ages are in pain.

## How to tell if a child has pain:

### Babies (newborn to 1 year old)

- Babies cannot tell us where it hurts or and how much it hurts.
- Babies may not stop crying, won't eat, and won't sleep.
- Sometimes babies in pain may sleep too much.
- Babies may show they are in pain through their hands. They may keep their hands in fists.

### Toddlers (1 to 3 years old)

- Toddlers may not say much about the pain, but they may touch the part that hurts.
- Toddlers in pain may not want to play, may be irritable, or not want to do what you say. Some children play with pain.

### Preschoolers (3 to 5 years old)

- Preschoolers may not understand the pain. They may:
  - not know why they hurt
  - not know when the pain will stop
  - think the pain is punishment
  - make up reasons for their pain.

### School-age children (5 to 12 years old)

- School-aged children can show you where they hurt and tell you how much.
- School-aged children understand when you explain why they have pain and how long it will last.

- School-aged children may try to be brave, and may not always tell you when it hurts.
- School-aged children in pain may have nightmares, and may get upset easily when things don't go their way.
- School-aged children may show pain in their faces.

## **Teenagers (12 to 18 years old)**

- Teenagers can use many words to describe their pain.
- Teenagers may choose to not talk about their pain. They may be afraid of not being in control, or may feel uncomfortable talking about their bodies. They may try to be brave, especially if their friends are near.
- Teenagers may ignore their pain, or say they don't have any, even if they do have pain. If they have pain, they may not move much, may keep their muscles tense, or have nightmares.

## **How can we treat my child's pain?**

Pain treatments don't take away all the pain. However, they do let your child be comfortable, rest, and do things to feel better.

There are many ways to treat pain. Not all ways work for every child. You and your child's health care team may use 2 or 3 of these ways to keep your child comfortable. These treatment methods include:

- **Comforting and direct treatment methods**
  - talking
  - heat packs
  - relaxation
  - other methods
  - touch
  - massage
  - deep breathing
  - cold packs
  - imagery
  - music
- **Medicine**
  - non-prescription medicine
  - opioid (narcotic) medicine
  - other prescription medicine

# Comforting and direct treatment methods

## Talking

Listen to your child's concerns. Tell your child you know he or she has pain. Use a calm, soothing voice to offer your child love, understanding, and hope. Tell your child the pain is being treated, and it will get better.

## Touch

Touch can comfort your child. You may hold, pat, rub, or stroke your child. Patting works best with infants and younger children. Older children may like their backs, arms, legs, or feet rubbed or stroked. This helps the child think about the touch, and not think about the scary or painful things.

## Cold

When pain is made worse by swelling, a cold pack can help. Cold also helps pain that won't last long, like the pain after a shot. Before you use a cold pack, ask your nurse or doctor. It must be used carefully with infants, small children, or if a child has skin injuries, or nerve damage.

## Heat

Warm water baths, warm compresses, and warm water bottles can sooth achy muscles, stiff joints, and muscle spasms.

## Cold and heat

Switching between cold and heat can relieve muscle aches, bring down swelling, and help pain hurt less.

## Massage

Massage helps relax tight muscles and relieve spasms. Put some lotion or oil on your hand, and rub your hands together until it warms up, and then rub your child's sore spots.

## Imagery

Imagery can help your child relax and cope with stress. Many children can use their imagination to change the feeling of pain and get control over the pain. Imagery

works best before the pain starts. (It is hard for a child to learn something new while in pain.) Is your child going to have a treatment that might cause pain? If so, ask to see a child life specialist or a psychologist to teach your child this method before that treatment.

## **Relax**

When muscles are held tight, blood can't flow easily. This makes pain worse. Relaxing muscles lets blood flow, and there is less pain. Also, fear of pain makes pain worse. It's hard to be relaxed and afraid at the same time. There are many ways to help your child relax.

- Ask your child to act like a wet noodle to relax tight muscles.
- Have your child tighten and relax muscles from head to foot.

## **Deep breathing**

Breathing deeply can help your child release pain and relax. It is hard to think about breathing and feel pain at the same time. Here are two ways you can help your child use breathing to relax:

- Have your child breathe slowly in and out with you. Breathe in for 3 counts (“in, 2, 3”) and out for 3 counts (“out, 2, 3”).
- A deep breath can help your child change positions, or sit up, or walk after surgery. Have your child take a deep breath in before moving, and breathe out while moving.

## **Music**

When your child thinks about music, he or she can't think about the pain so much. Your child probably has some favorite music. Can you bring it to the hospital? You may sing to your child, sing with your child, or listen to your child sing. Your child may listen to music, play an instrument, or make up a song about being in the hospital.

## **Other methods**

If something works well for your child, use it. There are many other ways to help a child in pain. Here are a few.

- hypnosis
- biofeedback
- therapeutic touch
- TENS (Transcutaneous Electrical Nerve Stimulation)

- acupuncture
- acupressure

If you would like to know more about any of these ways to help your child's pain, ask your nurse, doctor, or child life specialist.

## **Medicines**

There are three types of medicine that help relieve pain:

- non-prescription medicine
- opioid (narcotic) medicine, and
- other prescription medicine

Medicines take time to work, so don't wait until your child has a lot of pain before asking for pain medicine. Treat pain before it gets too strong.

We also need to find out the right amount of medicine to help your child's pain. Medicine may work best if your child takes it on a regular schedule.

## **Non-prescription medicine**

Acetaminophen (Tylenol) or ibuprofen can be very good at treating pain. They can both be bought without a doctor's prescription (over-the-counter).

Check with your child's doctor or nurse before you give any non-prescription medicine.

- Some medicines should not be used at the same time.
- Some children should not take these, because of treatments they are getting or other health concerns.
- Some prescription medicine for pain also includes acetaminophen (Tylenol). There is a limit to how much of this medicine a child should get in a day safely. Your nurse, doctor, or pharmacist can help you make sure your child is not getting too much.

## **Opioid or narcotic medicine**

Opioid medicines include morphine, hydromorphone (Dilaudid), and fentanyl.

Opioid medicines can also be very good at treating pain. A doctor or nurse practitioner must prescribe them.

When opioid medicines are used right, they do not cause addiction.

Some possible side effects of opioid medicines include:

- upset stomach
- trouble passing urine
- slow breathing
- throwing up
- sleepiness
- itchy
- hard, dry stool

## **Other prescription medicine**

Your child's doctor or nurse practitioner may use other medicines for different types of pain, like nerve pain or spasms.

Talk to your nurse or doctor if:

- the medicine your child is getting for pain is not working as well as you'd like it to
- your child is getting side effects you don't want
- you have questions about addiction, or anything else.

We want to work with you to make sure your child gets the best pain relief possible.

## **How do I know if my child feels better?**

Your child has less pain when he or she:

- says he or she feels better
- acts more like he or she did before the pain started

Measure your child's pain with the same scale before and after the pain treatment. If the score is lower, the method you used to treat the pain helped.

**If you want to learn more, ask your nurse or doctor for this other handout:**

- EMLA Cream (#157)

## Now that you've read this:

- Tell your nurse or doctor how you will measure your child's pain.  
(Check when done.)
- Tell your nurse or doctor two ways you can help your child feel less pain.  
(Check when done.)

## Sources:

The Wong-Baker FACES Pain Rating scale comes from: Wong, D.L.; Hockenberry-Eaton, M.; Wilson, D.; Wilkelstein, M. L.; Schwartz, P.: Wong's Essentials of Pediatric Nursing, ED. 6, St. Louis, 2001, page 1301. Copyrighted by Mosby, Inc. Reprinted by permission.

The FLACC Behavioral Pain Assessment Tool comes from: S. Merkel, T. Voepel-Lewis, and S. Malviya at C. S. Mott Children's Hospital, University of Michigan Medical Center, An Arbor, MI.



If you have any questions or concerns,  
 call your child's doctor or  call \_\_\_\_\_

If you want to know more about child health and illness,  
visit our library at The Emily Center at Phoenix Children's Hospital  
1919 East Thomas Road  
Phoenix, AZ 85016  
602-546-1400  
[www.phoenixchildrenshospital.com](http://www.phoenixchildrenshospital.com)

### Disclaimer

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Thursday, August 31, 2006 • DRAFT to family review  
#472 • Written by Charlene Cowley, MS, RN, CPNP



Name of Health Care Provider: \_\_\_\_\_ Number: 472  
For office use: Date returned: \_\_\_\_\_  db  nb

## Family Review of Handout

**Health care providers:** Please teach families with this handout.

**Families:** Please let us know what you think of this handout.

Would you say this handout is hard to read?  Yes  No

easy to read?  Yes  No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read?  Yes  No

Why or why not?

Would you do anything differently after reading  
this handout?  Yes  No

If yes, what?

After reading this handout, do you have any  
questions about the subject?  Yes  No

If yes, what?

Is there anything you don't like about the drawings?

Yes  No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

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**Thank you for helping us!**