

# FACTSHEET

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## Children's Pain – The Facts

Young children or children who are sick cannot always tell us exactly what they are feeling. This can be quite upsetting for parents who may feel confused about what their child is experiencing. Parents know their child's usual reactions and behaviours but sometimes pain and fear may change these reactions.

### What is pain?

Many things affect your child's experience of pain:-

- Your child's age.
- Your child's beliefs and understanding about the cause of the pain.
- Your child's beliefs in his/her ability to cope.
- Your child's previous experiences with pain and how they have seen other people deal with pain.
- Your child's learned responses to pain.

### How long does pain last?

#### Acute pain

The term "acute pain" refers to pain that is not long-lasting. The pain may be caused by an operation, injury, illness, or medical procedure. Depending on what has caused the pain, the pain may last a few seconds (e.g. a needle) through to a few weeks or months (e.g. following an injury). Some pain from an operation is normal and is a part of the whole healing process. Acute pain can be lessened by medications that can be given a number of ways. You can also help your child with acute pain by using non-drug methods such as relaxation and distraction techniques.

#### Persistent or Chronic pain

Persistent or chronic pain is any pain that lasts for a longer period of time, usually longer than 3 months. This pain can be persistent, or come and go at different times. It is sometimes difficult to find a cause for persisting pain; however, there are treatments and special programs that can help your child cope better with this type of pain.

## How do you know your child is in pain?

It is not always easy to know how much pain your child is experiencing, but listening to what they say and watching what they do can help you to assess it.

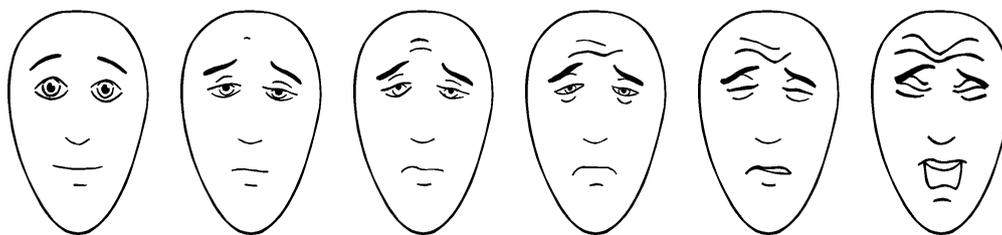
Things that can show that your child is in pain include:-

- Crying
- Facial changes or pulling a face such as a grimace or frown
- Changes in sleeping or eating patterns
- Becoming quiet and/or withdrawn
- Screaming
- Refusing to move

Remember that changes in a child's behaviour can also happen if they are scared or frightened.

Some children may tell us they are sore or hurting but may find it hard to say how much.

Children can use a scale such as the "Faces Pain Scale – Revised" below. This will involve asking your child to point to the face that shows how much hurt they are feeling from "no pain" on the left through to "very much pain" on the right. You can tell staff which number face your child has pointed to and that will help them to know how your child is feeling.



Faces Pain Scale - Revised. ©2001 IASP. [www.painsourcebook.ca](http://www.painsourcebook.ca)

*Hicks CL, von Baeyer CL, Spafford P, van Korlaar I, Goodenough (2001)*

Young children or those with intellectual difficulties should have their pain assessed using the Modified FLACC scoring tool (see Appendix). For each of the categories, select a score of either 0, 1, or 2 and add them up for a score out of 10. This number will help you to explain your child's pain to staff.

### Remember:

- As Parents you are often the best judge of your child's pain.
- Listen to what your child is telling you watch how they are behaving
- If you are worried or in doubt about your child's pain, talk to your local doctor, or if you are in hospital, a nurse or doctor.
- If you are unsure about whether or not to give any medication for your child's pain, it is best to get advice from your doctor or a pharmacist.

More information on helping children cope with painful procedures is available from the following web-site:  
<http://pediatric-pain.ca/content/Families>

# Appendix: The FLACC Behavioural Pain Assessment Scale

The FLACC Behavioural Pain Assessment Scale			
Categories	scoring		
	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 (asleep or awake)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints, _____ *
<b>Consolability</b>	Contented, relaxed	Reassured by occasional touching, hugging or being talked to, distractible	Difficult to console or comfort, _____ *

From *The FLACC: A behavioral scale for scoring postoperative pain in young children*, by S Merkel and others, 1997, *Pediatr Nurse* 23(3), p. 293-297. Copyright 1997 by Jannetti Co. University of Michigan Medical Center.

\* insert behaviors typically seen when this child is hurt