

improving practice:  
*improving care*

CLINICAL PRACTICE GUIDELINES

# The recognition and assessment of acute pain in children

*Quick reference guide and poster*

SEPTEMBER 2009

## Quick reference guide

### Introduction

The RCN guideline on the recognition and assessment of acute pain in children examines when pain in children should be assessed and by whom. It also looks at how pain measurement scales and other tools can be used to facilitate the assessment of children's pain.

The guideline is aimed at a range of professional groups, patients and parents/carers who may be involved in the assessment and management of children's pain.

As of 2009, the guideline has been completely revised and updated through a systematic review and appraisal of the published evidence to date.

The guideline identifies reliable and valid measures of pain intensity (pain measurement scales and other tools) appropriate for neonates, preverbal infants and verbal children, and makes a series of key recommendations regarding timing and triggers for formal pain assessment.

The updated guideline also includes an additional section on assessing pain in children with cognitive impairments.

### This poster handout provides:

#### Recommendations

A set of four recommendations based on the currently available evidence for the best courses of action to follow in the recognition and assessment of children's pain.

#### Good practice points

Suggestions for best practice in the absence of evidence, formulated through the expertise of the guideline development group.

#### Pain recognition and assessment cycle

A diagram to illustrate the cycle for assessing, recording and treating pain, based on the recommendations.

#### Pain scales algorithm

An algorithm to help select validated pain measurement scales and tools according to different settings.

## Pain recognition and assessment cycle

Treat the child

3

1

Assess using tool

Use the pain scales algorithm below to choose a suitable pain assessment tool.

2

Record the assessment

Why record?

- Ensure rapid and accurate communication
- Encourages partnership working with patients/carers and professionals
- Contributes to safe, high quality care
- Supports good clinical decision making
- Safeguard patients

### Recommendations

#### Recommendation 1:

Be vigilant for any indication of pain; pain should be anticipated in neonates and children at all times.

#### Recommendation 2:

Children's self-report of their pain, where possible, is the preferred approach. For children who are unable to self-report an appropriate behavioural or composite tool should be used.

#### Recommendation 3:

If pain is suspected or anticipated, use a validated pain assessment tool; do not rely on isolated indicators to assess pain. Examples of signs that may indicate pain may include changes in children's behaviour, appearance, activity level and vital signs.

No individual tool can be broadly recommended for pain assessment in all children and across all contexts.

#### Recommendation 4:

Assess, record, and re-evaluate pain at regular intervals; the frequency of assessment should be determined according to the individual needs of the child and setting. Be aware that language, ethnicity and cultural factors may influence the expression and assessment of pain.

### Good practice points

Acknowledging pain makes pain visible. Pain assessment should be incorporated into routine observations (as the fifth vital sign or 'TPRP' – temperature, pulse, respiration and pain).

Pain assessment is not an isolated element; it is an ongoing and integral part of total pain management. The other elements include implementation of appropriate interventions, evaluation and reassessment.

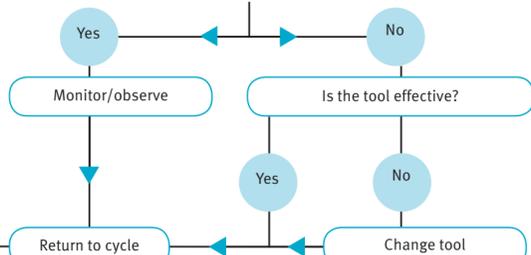
The child's pain assessment tool, written information and advice on pain

assessment and treatment should be given to parents/carers on discharge for continued use at home/other care settings.

Parents/carers may benefit from being taught to use pain assessment tools as part of the management of their child's pain.

Each organisation should appoint a dedicated lead facilitator to promote and support the implementation of pain assessment for all children, including those with cognitive impairment.

Is the treatment effective?



## Pain scales algorithm

