

Paediatric Pain Assessment

Pain is a common presentation for paediatric patients in emergency departments, reporting of pain is subjective and often difficult in the absence of self-reporting. Nurses play a pivotal role in pain assessment, management and monitoring. Reliable, validated and easy to use pain assessment frameworks and tools have been developed so clinicians can accurately assess paediatric pain. This skill sheet will focus on assessing paediatric pain using the QUESTT framework.

Assessing pain using the QUESTT Framework

- Question the child
- Use pain rating scales provided in this skill sheet.
- Evaluate behaviour and physiological changes
- Secure carers involvement
- Take cause of pain into account
- Take action and evaluate response

Question the child:

Depending on the age and developmental stage of the child it is important to remember not all children know what the word pain means. You can substitute the word for more developmentally appropriate terms such as 'hurt' or 'ouch'. Ask the child questions to give you an understanding of the previous degree of pain the child has experienced, how they are likely to behave and whether they are likely to tell you about it. When asking a child where they have pain or where it hurts you can:

- Ask them to point to where it hurts
- Ask them to point on a teddy bear or doll of their choice where they hurt
- Colour the area of hurt in on a drawing of a human figure
- Ask their care giver to ask on your behalf.

Some children feel safer and more confident reporting pain to their care givers.

Use a paediatric pain rating scale:

Validated paediatric pain assessment tools, such as the FLACC Behavioural pain assessment Scale and FACES pain scale, assist nurses by enabling them to ensure their assessment is effective, consistent and objective. Discuss the paediatric pain assessment tools used within your emergency department with your nurse educator.

Evaluate behaviour and physiological changes:

There are many behaviour indicators that may present when a child is in pain. Some of these include:

- Restlessness
- Agitation
- Quiet or withdrawn

It is important to remember however children's behaviours can vary greatly in short periods of time which is why you should not only use behaviour changes in isolation when conducting a pain assessment.



Evaluate behaviour and physiological changes continued:

There are also many physiological indicators that may present when a child is in pain. Some of these include:

- Tachycardia
- Tachypnoea
- Hypertension
- Flushing of the skin
- Diaphoresis
- Dilation of pupils

Secure care givers involvement:

Care givers know their child best! This includes knowing how their child responds to pain, particularly in the case of developmentally delayed or nonverbal children. They will also be able to provide an insight into the child's previous experiences with pain.

Take cause of pain into account:

It is important that the cause of a child's pain is investigated. A good rule to follow in a paediatric pain assessment is to remember whatever is painful to an adult is also painful to an infant or child.

Take action and evaluate results:

Take action appropriate to the pain score. This may include pharmaceutical and non-pharmaceutical interventions as suggested below.

Please note these tables are a guide only and not exhaustive. For further detailed information on escalating analgesic options please refer to your hospitals local pain management procedure or the [CHQ Procedure: Paediatric Acute Pain Management](#) (QH only). Please ensure you evaluate the effectiveness of any intervention utilised. This should be done by a follow up pain assessment and clearly documented in the infant or child's chart.

Pain Score	0	1-3	4-7	8-10
Action	No action required	<ul style="list-style-type: none">• Consider simple analgesia such as paracetamol and ibuprofen.• Consider implementing non-pharmacological options	<ul style="list-style-type: none">• Prompt medical review• Administer analgesia as prescribed• Consider oral opioids.	<ul style="list-style-type: none">• Urgent medical review• Consider opioids (Intravenous or intranasal options)

Non-pharmacological options

- Hot and Cold packs
- Elevation and splinting of injuries
- Repositioning
- Breathing and relaxation techniques
- Distraction: videos, photos, bubbles, music, colouring in



Tips in children

- Be mindful that children sometimes are fearful of consequences of admitting they have pain (e.g. getting a needle). Utilising play and asking a child to point to where it 'hurts, ouch or doesn't feel good' is an easy way of pin pointing location of pain, teddies and dolls are also an innovative methodology for pain location.
- Numerical pain scores only form part of the clinical picture and therefore should not be used as the sole indicator of pain

When to escalate care



Urgently seek medical advice in the child with severe pain (score 8-10).



Seek prompt senior nursing/medical advice in a child suffering mild to moderate pain (score 1-7) to ensure timely analgesia is be initiated.

Paediatric Procedural Pain Management Video's:

[CHQ Paediatric Procedural Pain - Introduction](#)

[CHQ Paediatric Procedural Pain - Prevention](#)

[CHQ Paediatric Procedural Pain - Communication](#)

[CHQ Paediatric Procedural Pain - A vital time 0 to 24 months](#)

[CHQ Paediatric Procedural Pain - The most influential years 2 to 5 years](#)

[CHQ Paediatric Procedural Pain - Primary School age: team work makes the dream work](#)

[CHQ Paediatric Procedural Pain - Teenagers: a time of great independence](#)

For further information:

[Procedure: Acute paediatric pain management \(QH only\)](#)

[CHQ Nursing Standard 00253: Clinical Observations - considerations in children\(QH only\)](#)

References:

This Queensland Paediatric Emergency Nursing Skill Sheet was developed by the Emergency Care of Children working group (funded by the Queensland Emergency Department Strategic Advisory Panel) with the help of the following resources:

Allied Health Project Officer (GBMA project). (2012, June). Acute paediatric pain management. Queensland Health Intranet . https://qheps.health.qld.gov.au/_data/assets/pdf_file/0031/738490/core-pain-sum.pdf

Children's Health Queensland Hospital and Health Service . (2020, March 26). Clinical Observations – Considerations in Children. Queensland Health Intranet. https://qheps.health.qld.gov.au/_data/assets/pdf_file/0016/724003/ns_00253.pdf

Queensland Health State wide ED Nurse Educator Committee. (2016). Unit 3 Paediatric Assessment. In N. Pearson, T. Cole, & S. Carney (Eds.), Queensland Health: Transition Support Program - Emergency. Module 3 - Paediatric Care in the Emergency Department (4th ed., pp. 31–38). State of Queensland (Queensland Health).



Nursing Skill Sheet Legal Disclaimer

The information contained in the Queensland Paediatric Emergency Care nursing skill sheets are intended for use by nursing staff for information purposes only. The information has been prepared using a multidisciplinary approach with reference to the best information and evidence available at the time of preparation. No assurance is given that the information is entirely complete, current, or accurate in every respect. The nursing skill sheets are not a substitute for clinical judgement, knowledge and expertise, or medical advice. Variation from the nursing skill sheets, taking into account individual circumstances may be appropriate. This does not address all elements of standard practice and accepts that individual clinicians are responsible for the following:

- Providing care within the context of locally available resources, expertise, and scope of practice.
- Supporting consumer rights and informed decision making in partnership with healthcare practitioners including the right to decline intervention or ongoing management.

- Advising consumers of their choices in an environment that is culturally appropriate and which enables comfortable and confidential discussion. This includes the use of interpreter services where necessary.
- Ensuring informed consent is obtained prior to delivering care.
- Meeting all legislative requirements and professional standards.
- Applying standard precautions, and additional precautions as necessary, when delivering care.
- Documenting all care in accordance with mandatory and local requirements.

Children's Health Queensland disclaims, to the maximum extent permitted by law, all responsibility and all liability (including without limitation, liability in negligence) for all expenses, losses, damages and costs incurred for any reason associated with the use of this nursing skill sheet, including the materials within or referred to throughout this document being in any way inaccurate, out of context, incomplete or unavailable.

