Holland Bloorview
Kids Rehabilitation Hospital

Subject: Pain Assessment and Management

Cross Reference:

Issued By: Nursing Practice Council, Medical Advisory Council, Professional Advisory Council

Effective Date: Sept 2013

Review Date: Jan 2014

Revision Date: June 2022

Preamble: Effective pain management depends on regular assessment of the presence and severity of pain and the client’s response to pain management interventions. Regular pain assessment and documentation will facilitate treatment and communication among the healthcare team, client, and family.

Pain can be assessed using self-report, behavioural observation, and physiological measures depending on the age/cognitive state of the client, or communication capabilities.

Purpose:

Definitions:

Standards:

Procedure:

The client will have a pain assessment using a developmentally appropriate, valid and reliable measure at the following times.

1. On-Admission
2. Minimum once per shift by the nurse, and PRN.
3. Before, during, and after an invasive procedure
4. Before, during, and after a therapeutic intervention (as appropriate) see NPR 455 for pain reassessment guidelines post opioid.

The pain free behaviour field in PCS, must be completed on admission, by the admitting nurse.

Pain assessment is a subjective phenomenon and a self report should be used when possible. Behavioural observation and parental report are the primary method for assessing pain in the non-verbal, or cognitively impaired client. Select a pain assessment tool based on the developmental age of the child, and child and family preference.

### Recommended Pain Assessment Tools

<table>
<thead>
<tr>
<th>Assessment Tool</th>
<th>Age/Cognitive Stage</th>
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<tbody>
<tr>
<td>Numerical Rating Scale (NRS) (0-10)</td>
<td>7 years and older</td>
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<tr>
<td>FLACC Tool</td>
<td>2 months to 7 years, non-verbal and/or cognitively impaired</td>
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<tr>
<td>Faces Pain Scale - Hospital</td>
<td>5 to 7 years</td>
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<tr>
<td>Non-Communicating Children's Pain Checklist (NCPC-PV)</td>
<td>3 to 10 years old, non-verbal, cognitively impaired, postoperative</td>
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<td>Pain Word Scale (none, little, a lot)</td>
<td>3 to 7 years (unable to use NRS)</td>
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<tr>
<td>Individualized Numerical Rating Scale (INRS)</td>
<td>3 to 18 years old non-verbal, cognitively impaired</td>
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**Pain Management**

An interprofessional approach is fundamental to the management of pain.

Professions include but are not limited to:

- Child Life
- Nurse
- Occupational Therapist
- Pharmacist
- Physician
- Physiotherapist

In all circumstances the Physician and Nurse should utilize the treatment room (3W275), for any wound care, blood work, or any procedure which may be deemed as painful for the client. Assessment findings should be used to guide pharmacological and non-pharmacological interventions to ensure that pain is adequately managed.
Pain management: general principles:

1. Anticipate and prevent pain when possible: Requirements for analgesics are lower if children are pretreated before painful procedures.
2. Develop pain management plan with interprofessional team, client, and family: Pain concerns should be discussed at Family Team Meetings, and regularly at Rounds.
3. Create goals which reflect pain assessment and management whenever indicated: For clients experiencing pain, goals should be created to reflect acknowledgment and management of pain.
4. Use the Blooreview Kids Rehab Pain Assessment and Management Algorithm to help in appropriate decision making for pain concerns. (see attach
date)
5. For clients whose pain is difficult to control, consultation with a Pain Expert should be considered.
6. Utilization of both physical to pain management (Pharmacological, Physical, and Psychological)

i) Pharmacological Strategies

Follow a stepped approach to analgesia that depends on the severity of the pain.*
2. Give analgesics regularly (Scheduled): For pain that is expected to be constant, analgesics should be ordered and given as scheduled medications ('around the clock'). PRN dosing should be used for breakthrough pain only.
3. Use the least invasive route of administration whenever possible: oral, enteral tube, topical or transdermal. Alternative routes of analgesic administration may be required in certain circumstances.
4. Consider adjuvant pharmacological therapies at all stages (e.g. muscle relaxants, anticonvulsants, antidepressants, etc.).
5. Anticipate and prevent adverse effects of analgesics, and treat symptoms aggressively (e.g. constipation, nausea, etc.).
6. Regularly monitor both the effectiveness and potential adverse effects of the pharmacological therapies used. See policy NPR 455 for opioid monitoring and dosing.

ii) Physical Strategies

1. Application of heat and/or ice
2. Increase or decrease activity
3. Positioning/repositioning of body or extremity
4. Transcutaneous Electrical Nerve Stimulation (TENS)
5. Rest and/or pacing
6. Application or removal of splints (AFO’s, hand splint, zimmers, braces, collars etc.)

iii) Psychological Strategies

1. Follow instructions recorded in Meditec
2. Explain and prepare client as appropriate
3. Utilize treatment room when possible for any interventions
4. Use age appropriate distraction, where possible
5. Consult with Child Life

Documentation:

Developed in Consultation With:

References:


Reviewed and Approved by:

Nursing Practice Council – April 2013
Medical Advisory Council –
Professional Advisory Council – June 2009