PAIN MANAGEMENT ALGORITHM

ASSESS and DOCUMENT PAIN
When? On admission, at least once a shift
Pre, during and post invasive procedures.
How? Use developmentally appropriate tools

FLACC: Infants, toddlers, all non-verbal children
Faces 4 – 9 years
Numeric Rating Scale 7 years and older

When assessing pain:
- Pain at rest and / or activity

PAIN INTERVENTIONS:
Pharmacological: * Document on MAR
- give analgesics regularly (acetaminophen, NSAID, opioid)
- topical anesthetic (EMLA® or Maxilene®) for IV’s and blood work
- sucrose for infants (procedural pain)

Comfort / Coping Measures: * Document in chart
- warm or cold packs (as appropriate)
- repositioning
- cuddling / soother for infants
- reassurance
- relaxation
- distraction
- child life assistance

- Key Point
  1 – 3 = Mild pain
  4 – 6 = Moderate pain
  7 – 10 =Severe pain
  Moderate or severe pain (>4/10) requires pain intervention

- Document all pain assessments on the Vital Sign record
- Document all pharmacological interventions on MAR and all coping/comfort measures in narrative notes

If still in pain after all available interventions tried contact appropriate service 24/7. Document

No Pain
Reassess pain within 4 hours

Pain
- attempt different intervention
- Consider reasons for pain despite intervention e.g. compartment syndrome

Reassess and document pain within one hour

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