

Pediatric Pain Assessment and Management

2024

- I. Problems of Pain Management
 - a. Communication
 - b. Parental concerns
 - c. Misconceptions
 - i.
 - ii.
 - iii.
- II. Responses to Pain by Age
 - a. Infants- cry, body rigid, tense face
 - b. Toddlers/preschoolers- quiet, withdrawn, deny pain, parents may say “not acting normal,” yells ouch or no
 - c. School age- can draw pictures of where they hurt. May want to delay painful procedure. Muscular rigidity, clenched fists, closed eyes
 - d. Adolescent- can describe pain and how they are feeling. Uses correct vocab words. Less resistance.
- III. Pain assessment
 - a. Intensity
 - b. Satisfaction with treatment
 - c. Symptoms and adverse effects
 - d. Physical recovery
 - e. Emotional response
- IV. Pain Scales
 - a. Behavioral Pain Scales
 - i. FLACC
 - ii. COMFORT
 - iii. OUCHER
 - b. Self-Report Pain Rating Scales
 - i. FACES
 - ii. Visual Analog Scale
 - iii. Numerical Rating Scale
- V. Effects of unrelieved pain
 - a. Physiological Effects
 - i.
 - ii.
 - iii.
 - iv.
 - v.
 - vi.
 - b. Psychological Effects
 - i.
 - ii.

VI. Pain Management
a. Nonpharmacological-

b. Pharmacological-

VII. Pain Medication Routes

- a. PO
- b. IV
- c. PR
- d. Sublingual
- e. PCA
- f. IM
- g. Topical
 - i. EMLA