# Nursing in the Community/Temperament/Pain Assessment & Intervention Practice Questions – Unit 2

1. A nurse is completing a pain assessment of an infant. Which of the following pain scales should the nurse use?

   A. FACES
   B. FLACC
   C. Oucher
   D. Numeric

2. A nurse is assessing an infant. Which of the following are manifestations of pain in an infant? Select all that apply.

   A. Pursed lips
   B. Loud cry
   C. Lowered eyebrows
   D. Rigid body
   E. Pushes away stimulus

3. A nurse is planning care for an infant who is experiencing pain. Which of the following interventions should the nurse include in the plan of care? Select all that apply.

   A. Offer a pacifier
   B. Use guided imagery
   C. Use swaddling
   D. Initiate a behavioral contract
   E. Encourage kangaroo care

4. A nurse is planning care for a child following a surgical procedure. Which of the following interventions should the nurse include in the plan of care?

   A. Administer non-opioids for pain greater than 7 on a scale of 0-10
   B. Administer pain medications prn for pain
   C. Administer IM analgesics for pain
   D. Administer IV analgesics on a schedule

<u>Scenario Based Questions:</u>

The nurse is caring for a 10-year-old boy with autism on the pediatric unit, immediately after a spinal fusion with titanium rods implanted. The child is able to communicate a little verbally and attends special classes for children with autism. He has a short attention span, according to the mother.

1. The child's pain management is of great concern to his mother. What information about this child should the nurse take into account when providing medication for pain?

   A. Children with autism do not perceive pain as do regular children.

B. Children with neurologic disorders, such as autism, are at greater risk than other children for undertreatment of pain.
C. EMLA cream would be contraindicated for use prior to restarting the child's intravenous line.
D. Distraction and guided imagery can be used to help make this child comfortable.

2. What pain scale would be most appropriate for the nurse to use for the child in Question 1?
A. The FLACC Pain Assessment Tool
B. The Comfort Scale
C. The Wong-Baker FACES Pain Scale
D. The Oucher Pain Scale

3. The child's mother asks about her son's dependence on large doses of pain medication and whether it will cause addiction later in life. What response by the nurse is most appropriate?
A. "The risk for addiction is extremely low. The child would not want to take this medication if there was no pain."
B. "As long as he uses the pain medication for less than 2 weeks, there shouldn't be any problem."
C. "It will be easier for him to become dependent upon this medication if he needs it later in life."
D. "This is something you really need to address with his surgeon because she ordered the pain medication dosage."

4. The child has patient-controlled analgesia (PCA) of morphine with an 8-minute lockout. Teaching by the nurse has been effective if what behavior is seen in this child?
A. He pushes the button on the PCA whenever he wants.
B. He waits 8 minutes until pushing the button again.
C. The nurse pushes the PCA button whenever she is turning him.
D. The mother pushes the PCA button whenever the child moans or makes a strange face.

***Answers:***

5. A nurse is completing a pain assessment of an infant. Which of the following pain scales should the nurse use?

E. FACES
F. FLACC
G. Oucher
H. Numeric

6. A nurse is assessing an infant. Which of the following are manifestations of pain in an infant? Select all that apply.

F. Pursed lips
G. Loud cry
H. Lowered eyebrows
I. Rigid body
J. Pushes away stimulus

7. A nurse is planning care for an infant who is experiencing pain. Which of the following interventions should the nurse include in the plan of care? Select all that apply.

   F. Offer a pacifier
   G. Use guided imagery
   H. Use swaddling
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8. A nurse is planning care for a child following a surgical procedure. Which of the following interventions should the nurse include in the plan of care?

   E. Administer non-opioids for pain greater than 7 on a scale of 0-10
   F. Administer pain medications prn for pain
   G. Administer IM analgesics for pain
   H. Administer IV analgesics on a schedule

The nurse is caring for a 10-year-old boy with autism on the pediatric unit, immediately after a spinal fusion with titanium rods implanted. The child is able to communicate a little verbally and attends special classes for children with autism. He has a short attention span, according to the mother.

1. The child's pain management is of great concern to his mother. What information about this child should the nurse take into account when providing medication for pain?

   A. Children with autism do not perceive pain as do regular children.
   B. Children with neurologic disorders, such as autism, are at greater risk than other children for undertreatment of pain.
   C. EMLA cream would be contraindicated for use prior to restarting the child's intravenous line.
   D. Distraction and guided imagery can be used to help make this child comfortable.

**Rationale:**

A. Children with autism perceive pain as do regular children, but depending upon their verbal skills, they may not be able to express their pain. They need to be assessed frequently for various behaviors such as crying, being less active, moaning, and agitation. It is essential to obtain a history from the mother about how her son acts when he gets hurt so those behaviors can be anticipated and addressed.
B. Children with neurologic disorders, such as autism, are at greater risk than other children for undertreatment of pain. Any child with significant difficulties in communicating with others about pain may receive less medication than is needed.
C. EMLA cream would be appropriate for use prior to restarting the child's intravenous line. A child with autism should receive the same level of atraumatic care as any other child.
D. Distraction and guided imagery would most likely not be effective because of the child's short attention span.

2. What pain scale would be most appropriate for the nurse to use for the child in Question 1?

E. The FLACC Pain Assessment Tool
F. The Comfort Scale
G. The Wong-Baker FACES Pain Scale
H. The Oucher Pain Scale

**Rationale:**

A. Because this child has limited communication skills, observation by the nurse using the FLACC Pain Assessment Tool would be best. The nurse evaluates the face (F), leg movement (L), activity (A), cry (C), and consolability (C). Although used up to the age of 7 years, this would be the most appropriate assessment tool. Other tools requiring feedback from the child could be used in conjunction with the FLACC to see if the child is able to communicate his pain needs accurately.
B. The Comfort Scale, used in critical care settings, is a behavioral, unobtrusive method of measuring distress in unconscious and ventilated patients. It has eight indicators: alertness, calmness/agitation, respiratory response, physical movement, blood pressure, heart rate, muscle tone, and facial tension.
C. The Wong-Baker FACES Pain Scale, used for children between 3 and 4 years old, consists of six cartoon faces ranging from a smiling face for "no pain" to a tearful face for "worst pain." The child would need to focus long enough for the nurse to be able to explain the scale to the child and for the child to pick out the face that best reflected the pain level.
D. The Oucher Pain Scale is a self-report of pain intensity for children 3 to 12 years old. It has a numerical scale from 0 to 10 for older children and a six-picture photographic scale for younger children. This method would require the child to verbalize and correlate the pictures with the pain he is feeling.

3. The child's mother asks about her son's dependence on large doses of pain medication and whether it will cause addiction later in life. What response by the nurse is most appropriate?

E. "The risk for addiction is extremely low. The child would not want to take this medication if there was no pain."
F. "As long as he uses the pain medication for less than 2 weeks, there shouldn't be any problem."
G. "It will be easier for him to become dependent upon this medication if he needs it later in life."
H. "This is something you really need to address with his surgeon because she ordered the pain medication dosage."

**Rationale:**

A. It is true that the risk for addiction is extremely low. The child needs this medication to address the postoperative pain he is having. The child would not want to take this medication if there was no pain.
B. There is no time limit on pain medication. Generally, the medication is decreased based on assessment by the nurse and the patient and on objective data such as vital signs and blood glucose readings if done to assess stress as a result of pain.
C. As long as he physiologically needs the medication, the child can use the same medication as an adult.
D. The nurse should answer the question as well as possible and should not defer the answer to the surgeon.

4. The child has patient-controlled analgesia (PCA) of morphine with an 8-minute lockout. Teaching by the nurse has been effective if what behavior is seen in this child?

E. He pushes the button on the PCA whenever he wants.
F. He waits 8 minutes until pushing the button again.
G. The nurse pushes the PCA button whenever she is turning him.
H. The mother pushes the PCA button whenever the child moans or makes a strange face.

**Rationale:**

A. Children who are physically able to "push a button" (i.e., 5 to 6 years of age) and who can understand the concept of pushing a button to obtain pain relief can use PCA. The child will not receive more than is programmed. Evaluation of the child's pain will need to be done more frequently if he is unable to communicate clearly.
B. The PCA machine is set so the child can push the button whenever he wants to or needs to because of pain. Patients do not have to count off the time until they can push the PCA button again.
C. The nurse should assess the patient's pain level and, if indicated, have the patient push the PCA button prior to being turned.
D. The mother can remind her son about the PCA machine, and if he is unable to understand, the nurse needs to be notified immediately. Additional intervention would be indicated.

Reference:

ATI Nursing Education Content Mastery Series Review Module, "RN Nursing Care of Children" Ed.10.0.

Hockenberry, M. J., Wilson, D. & Rodgers, C.C (2022). *Wong's essentials of pediatric nursing* (11th ed.). St. Louis, MO: Mosby/Elsevier.