

### Site Applicability

BC Children's Hospital & BC Women's Hospital + Health Centre

### Introduction

#### 1.1. Purpose

To ensure pain assessment is consistently clinically applied as it is an essential multimodal clinical process to enable effective pain management. It is dependent on a routine and standardized approach of engagement using patient self-reporting and/or observational, age, or cognitive dependent validated tools. This standard is to be used and integrated with the pain management standard.

#### 1.2. Scope

Applies to any healthcare professional or patient/person/family/supporter/caregivers in any clinical situation, where pain or distress may be a factor affecting care delivery and applied in accordance with the pain and comfort policy.

### Definitions

1. **Acute pain:** Pain experienced as a result of trauma, surgery, procedures, and/or medical condition changes.
2. **Chronic pain:** Pain that persists longer than the expected time frame for healing to occur or recurs and is associated with significant emotional symptoms and/or functional interference with daily living activities.
3. **Clinical encounter:** A point in care at which transactions between patients and professionals take place where pain may be a factor in the care or contributes to the person's well-being.
4. **Comfort:** The pleasant and satisfying feeling of being physically or mentally supported with pain and suffering, or something that promotes this feeling when pain persists.
5. **Complex Pain:** Pain that is persistent and/or amplified and is not congruent with history and/or physical findings. Despite this, pain is experienced.
6. **Distress:** A physiological, behavioural and/or experience that can be manifested as discomfort, anxiety, fear, agitated movement, grimacing, crying, avoidance, muscle tension and/or autonomic nervous system responses.
7. **Multimodal pain assessment:** Assessment methodologies to relate and integrate into practice the subjective nature of the pain experience.
8. **Pain:** An aversive sensory and emotional experience typically caused by or resembling that caused by actual or potential tissue injury. (IASP, 2019 revised definition) Refer to the Pain and Comfort Policy for the full definition.
9. **Vital Sign:** Baseline indicators of a patient's physiological health status, which is never stagnant.

### Standard

#### 2.1 Assessment Factors

- Assess the person based on; the verbalized, observed, and/or expressed distress of the person/family, medical condition, acuity, last pain assessment, and analgesic orders.
- Healthcare professionals (HCP's) are encouraged to reflect and promote their awareness of subjective personal biases so that pain assessments, when used, are person/family centred and culturally safe.

- Collaborate with the person and/or family to provide information, input, and observations to develop a pain management plan. Interactions with Indigenous persons and families ensure a referral to the Indigenous Patient Liaison is offered for support.
- If the person is sleeping, document observations and context. It may not be clinically necessary to wake the individual.

#### 2.2 Inquire about the presence or risk of any type of pain.

- Pain is a key indicator of a person's well-being and should be assessed and documented regularly, along with other vital signs and clinical area guidelines.
- HCP's will initiate conversations to inquire with the person and/or family if they experience discomfort and/or observe discomfort. Pain is a subjective experience, which cannot be fully understood by those not experiencing it (Appendix A).
- The HCP will inquire/screen about the potential presence of pain with every clinical encounter that pain may be a factor for the person or requires a baseline to support care. (i.e. on admission or visit with a HCP within C&W)
- Pain can be acute or persistent (chronic) or both at the same time (complex).

#### 2.3 Use an appropriate validated pain assessment tool.

- Assess pain using a developmentally validated measure as per clinical area guidelines. Select the appropriate tool according to age, type of pain, medical condition, cognitive understanding, and development.
- Promote self-assessment when accessible. Alternatively, a proxy observation assessment can be used and/or with self-assessment by family members/caregivers or HCP's when clinically indicated.
- Assess pain after a change in medical status, and if appropriate and supportive to the person before, during, and following any procedures that may be potentially painful or with interventions provided to relieve pain.
- Assess pain routinely according to the clinical setting, which may include at minimum once a shift, routine with vital signs, and as indicated if clinical encounter, illness or procedure has a risk of potential pain.

#### 2.4 Assess function and coping

- Assess the impact of pain on the persons' daily living activities (sleep, mobility, mood relationships, development and appetite) and their family.
- Assess how the person and/or family copes and manages the pain experience.
- A framework to consider when additional information is needed to understand the pain experience more fully, use the mnemonic (**OPQRSTUV**) standard to guide pain and symptom assessment with the person and/or family. (**O**nset, **P**rovoking, **Q**uality, **R**egion/**R**adiation, **S**everity, **T**iming/**T**reatment, **U**nderstanding, **V**alues)

#### 2.5 Reassess

- Evaluate and document the person's response and/or family/caregiver perspective of the interventions provided to address pain and whether the interventions were effective. This step will determine if a modification is needed requiring further intervention.

- The presence of pain will determine the frequency of reassessments. The pain intensity, stability of the person's medical condition, type of pain (e.g., acute versus persistent), and practice setting are all factors to consider.

#### 2.6 Document

- A validated pain tool(s) and all pain intensity scores will be documented in the health record as per unit procedures and guidelines.
- Document the assessment of pain at minimum once a shift for persons in the hospital, routine with vital signs, and as indicated according to clinical area guidelines.
- Obtain, document, and have access to the person/family and all HCP's a pain history for every individual admitted to the hospital to guide management (Appendix B). Document; previous experience with pain, pain coping strategies, impact, perceptions, beliefs, understanding, expectations for pain control, and how the person communicates pain.
- Document the most effective and non-effective pharmacological and non-pharmacological measures for pain relief or comfort interventions identified by the person and/or family.

#### Supporting Documents

Symptom Assessment Acronym

[https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Professionals/Professionals-Resources/Hospice-palliative-care/SymptomAssessmentRevised\\_Sept09.pdf](https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Professionals/Professionals-Resources/Hospice-palliative-care/SymptomAssessmentRevised_Sept09.pdf)

#### Related Policies

- Pain and Comfort Policy
- Pain Management Standard

#### Guidelines/Procedures/Forms

- Complex Chronic Pain Assessment and Management Guideline **TBD**
- Developmental Disability Pain Assessment and Management Guideline **TBD**
- Form Comfort Log **TBD**

#### Reference Tools

- Reference Tools Acute Pain Self-Assessment: Faces Pain Scale-Revised (FPS-R), Visual Analog Scale (VAS), Numerical Rating Scale (NRS) **TBD**
- Reference Tool Pediatric American Pain Society Patient Outcomes Questionnaire (Pediatric APS-POQ and Pediatric APS-POQ-R - proxy) **TBD**
- Reference Tool Behavioral Indicators of Infant Pain (BIIP) **TBD**
- Reference Tool Faces, Legs, Activity, Consolability, Cry - Revised (FLACC-R) **TBD**
- Reference Tool Multidimensional Assessment of Pain Scale (MAPS) **TBD**
- Reference Tool Pediatric Pain Profile (PPP) **TBD**
- Reference Tool Pediatric Quality of Life Inventory- Pediatric Pain questionnaire (PEDSQL\_PPQ)
- Reference Tool Functional Disability Inventory (FDI) **TBD**
- Reference Tool Pain Coping Questionnaire (PCQ) **TBD**

### Appendices

- **Appendix A:** Inquiry Pain Screen Questions Examples
- **Appendix B:** Pain History Inquiry Examples
- **Appendix C:** Pain Assessment Tools Table

### References

- Anderson RD, Langlus-Eklof A, Nakstad B, Bernkley T & Jyll, L. (2017). The measurement properties of pediatric observational pain scales: a systematic review. *International Journal of Nursing Studies*. 73, 93-101.
- Bailey B, Daoust R, Doyon-Trottier E, Dauphin-Pierre S & Gravel J (2010) Validation and properties of the verbal numeric scale in children with acute pain. *Pain* 149(2), 216–221
- Birnie KA, Hundert AS, Lallo C. Nguyen C & Stinson, JN (2018). Recommendations for selection of self-report pain intensity measure in children and adolescents: a systematic review and quality assessment of measurement properties. *Pain* 160 (1) 5-18.
- Chan JY-C & von Baeyer CL (2016.) Cognitive developmental influences on the ability of preschool-aged children to self-report their pain intensity. *Pain* 157 (5) 997-1001.
- Chen-Lim, M. L., Zarnowsky, C., Green, R., Shaffer, S., Holtzer, B., & Ely, E. (2012). Optimizing the assessment of pain in children who are cognitively impaired through the quality improvement process. *Journal of pediatric nursing*, 27(6), 750-759.
- Crelin, DJ, Harrison D, Santamaria N & Babl FE (2015). Systematic review of the Face, Legs, Activity, Cry, and Consolability scale for assessing pain in infants and children: is it reliable, valid, and feasible for use? *Pain* 156 2132-2151.
- Gentile, D., Andersen, C., Cottingham, C., MacGrath, K., & Mroczynski, N. (2019). Validation of the Functional Pain Scale with hospitalized patients.
- Hunt A, Goldman A, Seers K, Crichton N, Mastroyannopoulou K, Moffat V, Oulton K & Brady, M (2004). Clinical validation of the Paediatric Pain Profile. *Dev Med Child Neurol* 46 (1), 9 – 18.
- Holsti, L., & Grunau, R. E. (2007). Initial validation of the behavioural indicators of infant pain (BIIP). *Pain*, 132(3), 264-272.
- Huguet, A., Stinson, J. N., & McGrath, P. J. (2010). Measurement of self-reported pain intensity in children and adolescents. *Journal of psychosomatic research*, 68(4), 329-336.
- International Association for the Study of Pain (IASP): Development of Clinical Practice Guidelines in the Field of Pain <https://www.iasp-pain.org/Education/Content.aspx?ItemNumber=1218>
- Kaczynski, K., Ely, E., Gordon, D., Vincent, C., Waddell, K., Wittmayer, K., & Bernhofer, E. (2019). The Pediatric American Pain Society Patient Outcomes Questionnaire (Pediatric APS-POQ): Development and Initial Psychometric Evaluation of a Brief and Comprehensive Measure of Pain and Pain Outcomes in Hospitalized Youth. *The Journal of Pain*.
- Kahl, C., & Cleland, J. A. (2005). Visual analog scale, numeric pain rating scale, and the McGill Pain Questionnaire: an overview of psychometric properties. *Physical therapy reviews*, 10(2), 123-128.
- Malviya S, Vopel-Lewis T, Burke, Merkel S, Tait AR (2006). The revised FLACC Observational Pain Tool: Improved Reliability and Validity for Pain Assessment in Children with Cognitive Impairment. *Pediatric Anesthesia* 16: 258-265.
- Nicholas, M., Vlaeyen, J. W., Rief, W., Barke, A., Aziz, Q., Benoliel, R., Cohen M, Evers S, Giamberardino MA, Goebel A, & Korwisi, B. (2019). The IASP classification of chronic pain for ICD-11: chronic primary pain. *Pain*, 160(1), 28-37.
- Ramelet, A. S., Rees, N. W., McDonald, S. U. E., Bulsara, M. K., & Huijer Abu-Saad, H. U. D. A. (2007). Clinical validation of the multidimensional assessment of pain scale. *Pediatric Anesthesia*, 17(12), 1156-1165.
- Registered Nurses' Association of Ontario (2013). *Assessment and Management of Pain* (3rd ed.). Toronto, ON Registered Nurses' Association of Ontario.
- Reid, G. J., Gilbert, C. A., & McGrath, P. J. (1998). The pain coping questionnaire: preliminary validation. *Pain*, 76(1-2), 83-96.

Shields, B. J., Palermo, T. M., Powers, J. D., Grewe, S. D., & Smith, G. A. (2003). Predictors of a child's ability to use a visual analog scale. *Child: care, health, and development*, 29(4), 281-290.

Stevens, B. J., Harrison, D., Rashotte, J., Yamada, J., Abbott, L. K., Coburn, G., Stinson J., & Le May, S. (2012). Pain assessment and intensity in hospitalized children in Canada. *The Journal of Pain*, 13(9), 857-865.

Tomlinson, D., von Baeyer, C. L., Stinson, J. N., & Sung, L. (2010). A systematic review of faces scales for the self-report of pain intensity in children. *Pediatrics*, 126(5), e1168-e1198.

van Boekel, R. L., Vissers, K. C., van der Sande, R., Bronkhorst, E., Lerou, J. G., & Steegers, M. A. (2017). Moving beyond pain scores: Multidimensional pain assessment is essential for adequate pain management after surgery. *PLoS One*, 12(5).

Varni, J. W. (2007). The PedsQLTM-measurement mode for the pediatric quality of life inventory TM. *PedsQLTM* <https://www.pedsq.org/>

von Baeyer, C. L., & Spagrud, L. J. (2007). Systematic review of observational (behavioural) measures of pain for children and adolescents aged 3 to 18 years. *Pain*, 127(1-2), 140-150.

von Baeyer CL, Jaaniste T, Vo HLT, Brunson G, Lao H-C & Champion GD (2017). Systematic review of self-report measures of pain intensity in 3- and 4-year old children bridging a period of rapid cognitive development. *J of Pain* 18, (9), 1017–26.

Wideman, T. H., Edwards, R. R., Walton, D. M., Martel, M. O., Hudon, A., & Seminowicz, D. A. (2019). The multimodal assessment model of pain: a novel framework for further integrating the subjective pain experience within research and practice. *The Clinical journal of pain*, 35(3), 212.

**Developed By**  
C&W ChildKind Project

**Version History**

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
01-Dec-2020	C-0506-15-60884 Pain Assessment	Approved at: C&W Best Practice Committee

**DISCLAIMER**

This document is intended for use within BC Children's and BC Women's Hospitals only. Any other use or reliance is at your sole risk. The content does not constitute and is not in substitution of professional medical advice. Provincial Health Services Authority (PHSA) assumes no liability arising from use or reliance on this document. This document is protected by copyright and may only be reprinted in whole or in part with the prior written approval of PHSA.

**Appendix A:** Inquiry Pain Screen Questions Examples

1. "How are you feeling right now?"
2. "Do you hurt anywhere?"
3. "Does your body feel sore?"
3. "Are you having any discomfort?"
4. "Have you taken any medications today for pain?"
5. "Have you been uncomfortable?"
6. "Have you had trouble with any of your usual day-to-day activities?"

**Note:** For younger children, use language that they can understand (sore, ouch, hurt)

**Appendix B: Pain History Inquiry Examples**

Questions for the Person	Questions for the Caregiver/Parent/Supporter
Tell me about your pain*?	What word(s) does your child use to describe their pain?
Tell me about the pain* you have had before?	Describe the pain experiences your child has had before?
Do you tell others when you have pain*? If yes, who?	Does your child tell you when they have pain?
When you have pain* what do you do for yourself?	How do you know when your child is in pain?
What do you want others to do to for you when you have pain*?	How does your child react to pain?
What don't you want others to do for you when have pain*?	What do you do for your child when they have pain?
Does anything help to take the pain* away?	What does your child do for themselves when they have pain?
Is there anything special that you want me to know about when you have pain*? (If yes, invite the person to describe if able)	What works best to take your child's pain away?
	Is there anything special that you would like us to know about your child and their pain? (If yes, invite them to describe)

Modified table from the Registered Nurses' Association of Ontario (2013). Assessment and Management of Pain (3rd ed.). \* (Hurt, Owie) Pain language for younger children

Note. From "Pain Assessment," by J. Stinson, 2009, in A. Twycross, S. Dowden & E. Bruce (Eds.), Managing Pain in Children: A Clinical Guide (2nd ed.), p. 86. <https://rnao.ca/bpg/guidelines/assessment-and-management-pain>

NOTE: Children with persistent pain require a more detailed pain history, which includes:

- ✓ a description of the pain
- ✓ associated symptoms
- ✓ the associated meaning, time or seasonal variations
- ✓ impact on the function of daily living (school, sport, play, and self-care)
- ✓ pain relief measures used and outcomes

### Appendix C: Pain Assessment Tools Table

Pain Scale	User	Ages	Pain ratings	Indication
<b>Faces Pain Scale-Revised (FPS-R)</b>	Self-assessment	4 yrs >	PI, BF	Acute Complex
<b>Pediatric American Pain Scale Patient Outcome Questionnaire (APS-POQ-R)</b>	Self-assessment Proxy	8-18 yrs 3-18 yrs	PI, BF,PF,RF	Acute Chronic Complex
<b>Visual Analog Scale (VAS)</b>	Self-assessment	*5yrs >	PI, BF	Acute Chronic Complex
<b>Numerical Rating Scale (NRS)</b>	Self-assessment	6 yrs >	PI, BF	Acute Complex
<b>Behavioural Indicators of Infant Pain (BIIP)</b>	Behavioural Observational assessment	Preterm and full-term infant	PI, BF	Acute
<b>Faces, Legs, Activity, Consolability, Cry (FLACC-R)</b>	Behavioural Observational assessment	2 months > for persons who cannot report their pain and those with neurodevelopmental impairment	PI, BF	Acute Chronic Complex
<b>Multidimensional Assessment of Pain Scale (MAPS)</b>	Behavioural Observational assessment	Postoperative pain in critically ill children 0– 31 months	PI, BF	Acute Complex
<b>Pediatric Pain Profile (PPP)</b>	Behavioural Observational assessment	Children 1-18 yrs. with significant neurodevelopmental impairment	BF, PF, RF	Chronic Complex
<b>Pediatric Quality of Life Inventory- Pediatric Pain questionnaire (PEDSQL_PPQ)</b>	Self-assessment Proxy	8-18 yrs	BF, PF, RF	Chronic Complex
<b>Functional Disability Inventory (FDI)</b>	Self-assessment Behavioural Observational assessment Proxy	8-18 yrs	BF, PF, RF	Chronic Complex
<b>Pain Coping Questionnaire (PCQ)</b>	Self-assessment	8-18 yrs	Coping with pain	Chronic Complex

\*cognitive abilities have been found to better predict the successful performance in the use of the VAS than chronological age

- Pain Intensity (**PI**) – quality, location, duration
- Body Function (**BF**) - sleep, control of movement, the sensation of pain
- Physical Function (**PF**) - sitting, moving, walking
- Role Function (**RF**) - Involvement and participation in activities of daily living