## Health Care Provider Pain Assessment and Documentation Tool

Use this document to assess and track the strategies used and the amount of pain and satisfaction from the infant/child/teen and their parent or caregiver. This will help you track what pain management strategies are effective for each infant/child/teen and prepare for the next vaccine injection.

### Name of child: ____________________________

<table>
<thead>
<tr>
<th>Vaccines Administered</th>
<th>Infants</th>
<th>Toddlers</th>
<th>School</th>
<th>Adolescents</th>
<th>Other Vaccinations (seasonal flu, travel, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>2 mos</td>
<td>4 mos</td>
<td>6 mos</td>
<td>12 mos</td>
<td>15 mos</td>
</tr>
<tr>
<td>2 mos</td>
<td>4 mos</td>
<td>6 mos</td>
<td>12 mos</td>
<td>15 mos</td>
<td>18 mos</td>
</tr>
<tr>
<td>4 mos</td>
<td>6 mos</td>
<td>12 mos</td>
<td>15 mos</td>
<td>18 mos</td>
<td>4-6 years</td>
</tr>
<tr>
<td>6 mos</td>
<td>12 mos</td>
<td>15 mos</td>
<td>18 mos</td>
<td>4-6 years</td>
<td>Age:</td>
</tr>
</tbody>
</table>

### Pain-Relieving Strategies Used

- Breastfeeding
- Sweetening agent
- Topical anaesthetic
- Positioning: upright/holding
- Rapid intramuscular injection without aspiration
- Multiple injections: most painful vaccine last
- Rub skin near injection site
- Distraction – provider led
- Distraction – child led
- Deep breathing
- Coaching/distraction – parent led

### Pain Score (age-appropriate) *

- Health care provider-rated pain:
  - MBPS (child ≤ 18 months)
  - FLACC (child >18 months)
- Parent-rated pain:
  - NRS or VAS (child ≤ 3 years)
- Child self-reported pain:
  - Poker Chip Tool (child 3-6 years)
  - FPS-R (child ≥ 4 years)
  - NRS (child ≥ 5 years)

### Parent Satisfied (Yes/No) ____________________________

### Child Satisfied (Yes/No) ____________________________

### Comments ____________________________

* MBPS = Modified Behavioural Pain Scale (0-10); FLACC = Face Legs Activity Cry Consolability (0-10); NRS = Numerical Rating Scale (0-10); VAS = Visual Analog Scale (0-10); Poker Chip Tool (0-4); FPS-R = Faces Pain Scale - Revised (0-10). See reverse side for description of these pain scores.
Modified Behavioural Pain Scale (MBPS) for children ≤ 18 months

**FACIAL EXPRESSION**
- Definite positive expression: smiling □ 0
- Neutral expression □ 1
- Slightly negative expression: for example, grimace □ 2
- Definite negative expression: that is, furrowed brows, eyes closed tightly □ 3

**CRY**
- Laughing or giggling □ 0
- Not crying □ 1
- Moaning, quietly vocalizing, or gentle or whimpering cry □ 2
- Full longed cry or sobbing □ 3
- Full longed cry, more than baseline cry: to be scored only if infant crying at baseline MOVEMENTS
- Usual movements/activity, or resting/relaxed □ 0
- Partial movement or attempt to avoid pain by withdrawing the limb where puncture is done □ 2
- Agitation with complex movements involving the head, torso or the other limbs, or rigidity □ 3

**TOTAL SCORE** (0-10)

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Visual Analog Scale (VAS)

- No pain
- Worst possible pain

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Numerical Rating Scale (NRS)

1. Say to the child: “I want to talk with you about the hurt you may be having right now.”
2. Align the chips horizontally in front of the child on the bedside table, a clipboard, or other firm surface.
3. Tell the child, “These are pieces of hurt.” Beginning at the chip nearest the child’s left side and ending at the one nearest the right side, point to the chips and say, “This (first chip) is a little bit of hurt and this (fourth chip) is the most hurt you could ever have.” For a young child or for any child who may not fully comprehend the instructions, clarify by saying, “That means this (one) is just a little hurt, this (two) is a little more hurt, this (three) is more yet, and this (four) is the most hurt you could ever have.” Do not give children an option for zero hurt. Research with the Poker Chip Tool has verified that children without pain will so indicate by responses such as, “I don’t have any.”
4. Ask the child, “How many pieces of hurt do you have right now?”
5. Record the number of chips on the Pain Flow Sheet.
6. Clarify the child’s answer by words such as, “Oh, you have a little hurt? Tell me about the hurt.”

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Faces Pain Scale - Revised (FPS-R) for children ≥ 4 years

In the following instructions, say “hurt” or “pain,” whichever seems right for a particular child.

These faces show how much something can hurt. This face [point to leftmost face] shows no pain. The faces show more and more pain [point to each from left to right] up to this one [point to right-most face] it shows very much pain. Point to the face that shows how much you hurt [right now].

Score the chosen face 0, 2, 4, 6, 8, or 10, counting left to right, so 0 = ‘no pain’ and 10 = ‘very much pain.’ Do not use words like ‘happy’ and ‘sad.’ This scale is intended to measure how children feel inside, not how their face looks.

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Parent-rated pain (for children ≤ 3 years)

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Appendix 3 (as supplied by authors)

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