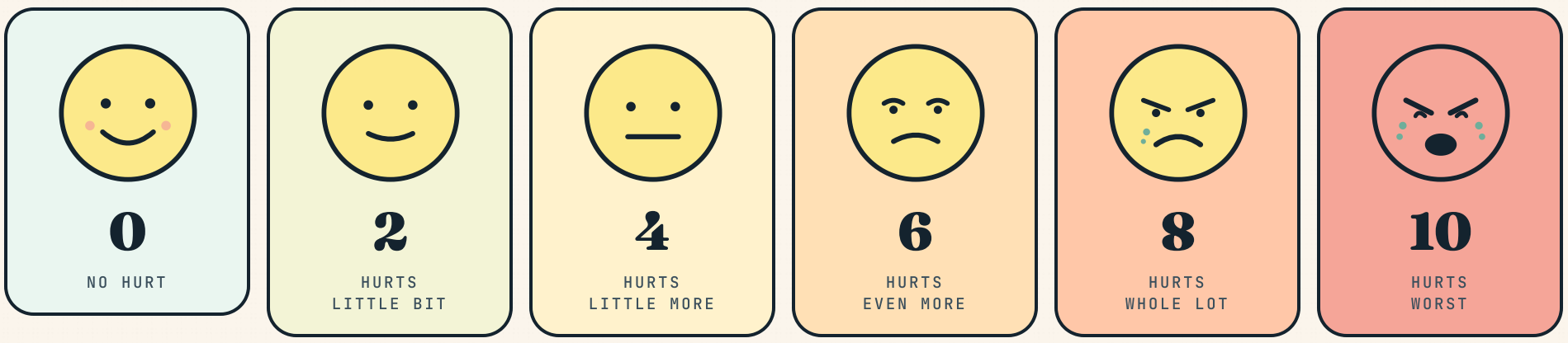
Pediatric Pain *Assessment*, Decoded.

Children don't always say it hurts — they show it. A developmental roadmap for choosing the right pain scale, reading the right cues, and thinking like the NGN NCLEX wants you to think.

DOMAIN	PRIORITY	SCALES	READ TIME
Pediatrics	**Safe & Effective Care**	**6 Core Tools**	**~4 minutes**

01 THE FACES YOU ALREADY KNOW

The *self-report* scale — for children *3 years and older*.



FACES-style self-report scale · **Ask the child to pick the face that shows how they feel — not how they look.**

02 MATCH THE TOOL TO THE CHILD

Pain scales, *by age & ability*.

Neonatal Infant Pain Scale — PRETERM → 1 YR

NIPS

6 behavioral indicators: facial expression, cry, breathing pattern, arms, legs, state of arousal. **Score 0–7.** Best for neonates who cannot self-report — pure observation.

Crying · Requires O_2 · Increased VS · Expression · Sleepless — 0 – 6 MONTHS

CRIES

Designed for the **postoperative neonate.** Each of 5 items scored 0–2 (max 10). Score **≥ 4 → intervene.** Picks up physiologic + behavioral cues an infant can't verbalize.

Face · Legs · Activity · Cry · Consolability — 2 MO – 7 YRS

FLACC

The **gold-standard behavioral scale** when the child can't self-report. Each category 0–2, total **0–10.** Also used in **unconscious or intubated** older patients.

Revised FLACC — COGNITIVE IMPAIRMENT

r-FLACC

FLACC modified with **individualized descriptors** provided by the caregiver (e.g., "pulls at ear" = face cue). Use for children with **developmental disabilities** of any age.

Wong-Baker / Oucher / FPS-R

3 YRS +

FACES

The child **points to the face** that matches their pain. Gold standard for preschool/early school-age self-report. **Pain is what the patient says it is** — trust the child's choice.

Numeric Rating Scale

8 YRS +

NRS 0–10

Requires numeric concept & abstract thought. **0 = no pain, 10 = worst pain imaginable.** Preferred for school-age, adolescents, and adults. **Self-report is the gold standard.**

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03 THE SCALE YOU'LL SEE MOST ON THE EXAM

F • L • A • C • C — *five reads, ten points.*

0—10

Each of 5 categories is scored 0, 1, or 2. Add them up. The higher the score, the worse the pain — and the louder the child's body is speaking.

F
Face

0 No expression
1 Occasional grimace
2 Frequent frown / clenched jaw

L
Legs

0 Relaxed
1 Uneasy, restless
2 Kicking or drawn up

A
Activity

0 Lying quiet
1 Squirming, tense
2 Arched, rigid, jerking

C
Cry

0 No cry
1 Moans, whimpers
2 Steady cry or screams

C
Consolability

0 Content, relaxed
1 Reassured by touch
2 Difficult to console

0	1–3	4–6	7–10	∞
RELAXED	MILD DISCOMFORT	MODERATE PAIN	SEVERE · INTERVENE	REASSESS 30-60 MIN POST-INTERVENTION

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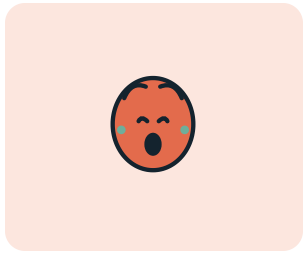
04 HOW PAIN LOOKS AT EVERY AGE

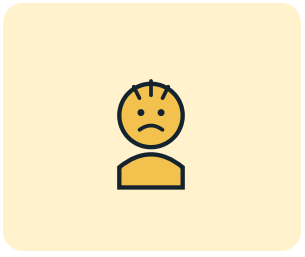
Behavioral cues, *developmentally staged*.



0 - 12 MONTHS

Infant

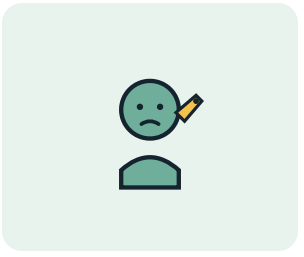
- Loud, high-pitched cry
- Facial grimacing, furrowed brow
- Body rigidity / thrashing
- Poor feeding, fist clenching
- ↑ HR, ↑ BP, ↓ O_2 sat



1 - 3 YEARS

Toddler

- Aggressive or clingy behavior
- Loud crying, screaming "NO"
- Guards painful area
- Regression (thumb, blanket)
- Points to or rubs hurt spot



3 - 6 YEARS

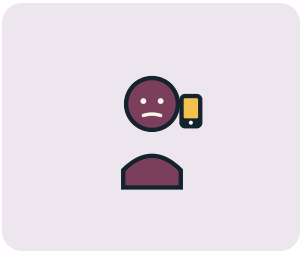
Preschool

- Can point to pain + rate faces
- Fears bodily harm & shots
- Magical thinking: pain = punishment
- Verbal but may cry unprompted
- Regression common

6 - 12 YEARS

School-Age

- Can describe pain & quality
- Uses NRS 0–10 reliably
- Fears loss of control
- May stay quiet to "be brave"
- Understands cause & effect



12 - 18 YEARS

Adolescent

- May *deny* pain — peers, pride
- Concerned with image & control
- Uses NRS, describes accurately
- Withdrawal, irritability, mood ↓
- Privacy matters during assessment

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05 WHAT THE NGN NCLEX REWARDS

High-yield *pearls* & the red flags that trump vitals.

Test-day rules of the road

01 **Pain is the 5th vital sign.** Assess it at admission, with every VS set, before & after every intervention, and with any change in condition.

02 **Self-report is the gold standard.** Pain is *whatever the patient says it is.* Never override a child's rating with your own observation.

03 **Match the scale to development** — not chronological age. A 9-year-old with cognitive impairment may need r-FLACC, not NRS.

04 **Children under-report pain.** They fear shots, being "bad," or losing control. Trust behavioral cues even when the child says "I'm fine."

05 **Physiologic signs are unreliable alone.** HR and BP can normalize with chronic pain — a calm, still child with cancer may still be in severe pain.

06 **Sucrose 24% works on neonates** < 6 months for brief procedures. Swaddling, non-nutritive sucking, kangaroo care = evidence-based non-pharm.

07 **Reassess after intervention** — IV opioid **15–30 min**, PO / IM **30–60 min**. Document the score, not just "patient comfortable."

08 **Involve the parent.** They know their child's baseline behavior — especially critical for nonverbal or neurodivergent children.

PRIORITY ALERT

Escalate immediately if…

- Child is **inconsolable** or cannot be distracted
- New **rigidity, arching,** or guarding of an area
- FLACC **≥ 7** or NRS **≥ 7** after recent analgesia
- Sudden **change from baseline** behavior (irritable → lethargic)
- Nonverbal child with **↑ HR + ↓ feeding** + grimacing
- **Post-op neonate** CRIES score ≥ 4
- Adolescent who is **unusually withdrawn / denies pain** but guards

06 THE NGN CLICK-TRAP

What to *pick* — and what to *avoid*.

✓ PICK THESE ANSWERS

Actions the NGN *rewards*

- ✓ **Use an age-appropriate, validated scale** every assessment
- ✓ **Accept the child's rating** — even if it contradicts vitals
- ✓ **Ask the caregiver** about baseline & unique pain cues
- ✓ **Offer non-pharm** (distraction, swaddling, sucrose, positioning) *with* meds
- ✓ **Reassess** at the correct post-intervention window
- ✓ **Document** scale used + score + intervention + reassessment

× AVOID THESE DISTRACTORS

Traps to *walk past*

- × "The child is **sleeping**, so they aren't in pain" — false
- × Relying on **vital signs alone** to rule pain in or out
- × **Switching scales** mid-shift — inconsistent data
- × Using **NRS on a 4-year-old** or **FACES on a neonate**
- × **Delaying analgesia** to avoid "masking" assessment
- × Accepting "I'm fine" from a **guarding adolescent** at face value