

PAIN ASSESSMENT AND DOCUMENTATION

1. Level: EMT, AEMT, Paramedic, RN
2. Indications: Any patient with pain.
3. Definitions:
 - 3.1. Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage.
 - 3.2. Pain is subjective (whatever the patient says it is).
4. Procedure:
 - 4.1. Initial and ongoing assessment of pain intensity and character is accomplished through the patient's self report.
 - 4.2. Pain should be assessed and documented during initial assessment, before starting pain control treatment, and with each set of vitals.
 - 4.3. Pain should be assessed using the appropriate approved scale.
 - 4.4. Two pain scales are available: the 0 - 10 and the Wong - Baker "faces" scale. See the Pain Scale Form in the Appendix.
 - 4.5. 0 – 10 Scale: the most familiar scale used by EMS for rating pain with patients. It is primarily for adults and is based on the patient being able to express their perception of the pain as related to numbers. Avoid coaching the patient; simply ask them to rate their pain on a scale from 0 to 10, where 0 is no pain at all and 10 is the worst pain ever.
 - 4.6. Wong – Baker “faces” scale: this scale is primarily for use with pediatrics but may also be used with geriatrics or any patient with a language barrier. The faces correspond to numeric values from 0-10. This scale can be documented with the numeric value or the textual pain description.



- 4.7. The Face, Legs, Activity, Cry, Consolability scale or FLACC scale is a measurement used to assess pain for children between the ages of 2 months and 7 years or individuals that are unable to communicate their pain.

Behavioral Observation Pain Rating Scale

Categories	Scoring		
	0	1	2
Face	No particular expression or smile; disinterested	Occasional grimace or frown, withdrawn	Frequent to constant frown, clenched jaw, quivering chin
Legs	No position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid, or jerking
Cry	No crying (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or talking to. Distractible	Difficult to console or comfort
Each of the five categories (F) Face; (L) Legs; (A) Activity; (C) Cry; (C) Consolability is scored from 0-2, which results in a total score between 0 and 10.			