



MassGeneral Hospital  
for Children<sup>SM</sup>

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# Helping Your Child Cope With Pain

An Informational Booklet for Parents



MASSACHUSETTS  
GENERAL HOSPITAL



*Providing children with family-centered, state-of-the-art care.*



“Pain is whatever  
the experiencing  
person says it is”

and that pain exists whenever the  
experiencing person says it does.

Only the individual experiencing  
the pain is capable of truly  
describing its intensity, its nature  
or its meaning. Thus, parents,  
physicians, and nurses can only  
guess at what a child is experi-  
encing, and only the child can  
give an accurate account of the  
experience.

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*McCaffery, 1977*



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## Mission Statement

The MassGeneral Hospital for Children recognizes that patients of all ages have the right to appropriate assessment and management of pain. Within the MassGeneral Hospital for Children the Neonate/Infant/Child/Adolescent (Patient) will experience an optimal level of pain relief and can expect his/her or parents report of pain to be believed, accepted, analyzed (assessed) and acted upon (intervention). The patient and family can expect that they will be part of the planning for effective pain relief and control. The healthcare providers of MassGeneral Hospital for Children will be knowledgeable regarding the specialty treatments of pain in children and will be competent in managing pediatric pain relief.

“Pain ... is our body's way of telling us there is something wrong and where it is.”

Parents are nurturers and protectors of their children. What experience for a parent is worse than having a child in pain and not be able to comfort them and make it go away?

*This pamphlet is written to help you understand your child's pain and give suggestions on how you might help your child in pain and advocate for better pain care for your child.*

Every child will experience pain in their life. Pain is part of growing up, they fall and skin their knees, they bump their heads as they crawl under a coffee table, this all results in pain. Parents comfort children in pain from their very first experiences of distress and they set the “culture” of how the child will react to painful experiences for their life. In our world we think of pain as bad, or choose not to think of pain at all. Pain, however, is not all bad, it is our body's way of telling us there is something wrong and where it is. For example, if we fall and have pain in our leg that is intense, the pain makes us take action to get appropriate help; to be bandaged if cut or casted if broken. Pain therefore, can have a protective or preventive value. In some very rare cases, children cannot feel pain and this can put them at risk of serious harm.

There are two types of pain—physical and emotional/psychological. Emotional pain is very real and needs to be taken very seriously. Children have the right to feel sad and be believed and listened to regarding their problems. This brochure however will not deal with emotional pain, but will focus on physical pain. If you feel your child is suffering emotional pain and would like some assistance to help them cope please feel free to contact the Child Psychiatry Department 726-2724.

# WHAT IS PAIN?

*Pain is something that hurts within your body and causes you to feel uncomfortable. Pain is generally categorized as Acute, Chronic or Recurrent.*

**Acute Pain:** This is pain that comes on quickly as a result of injury. The injury or accident can be purposeful, as in surgery, or a type of medical procedure, such as drawing blood. It can also be accidental as in falling and breaking a bone. Stress is another type of acute pain; for instance, getting a bad headache from being stressed over school-work. Acute pain usually begins suddenly alerting you that there is something “wrong” in that part of the body that is experiencing pain. The pain sensation causes you to take action to relieve the pain and/or prevent more pain. This action takes place without you thinking about it and is the protective action of pain. Acute pain demands attention. It causes anxiety, fear and drains the body of energy. Acute pain should be addressed promptly so that relief may be more rapid. If pain is allowed to continue without intervention it may get worse, causing more anxiety and fear and which can interfere with the healing process. Acute pain will diminish over days or weeks, it is short term and unlikely to return. Acute pain becomes less intense as time progresses

**Chronic Pain:** Chronic pain has been defined as pain that lasts longer than three to six months. Chronic pain is constant with few if any periods of relief. This type of pain is wearing and draining; it does not serve to inform you of danger or thrust you into action. This type of pain becomes part of the child’s life, it takes them over, making them unable to function as they normally would. Children with chronic pain are usually suffering from some disease process or trauma that is physically disabling and which affects and limits all aspects of their lives. Children who suffer from chronic pain can usually describe the pain exactly and specifically and in degrees. Children with

chronic pain require a specialized pain management program that includes changes in lifestyle, medication, psychological assistance and physical therapy.

**Recurrent Pain:** This type of pain is more common in children than chronic pain. It is associated with tension as in headaches, limb pain as in “growing pains” and in certain chronic diseases. Recurrent pain means that there are episodes of pain alternating with pain free periods. If this type of pain interferes with the child’s school or social life, it also requires a specialized management program.

## Managing Pain

Managing a child’s pain requires a partnership between the child, parents and medical team. When a child is in pain they will react in different ways. Some will cry or moan, others will get very quiet, some will not move a muscle and most will not want to eat. Other children will attempt to mask their pain to their professional caregivers, fearing the treatment (a shot) over the pain itself. Some children mask their pain in order to “protect” their parents from worry. It is important to talk about pain with your child, explaining to them your need to know how they feel and how important it is to be honest about pain with the medical people that can help them.

There are three ways you can generally tell how much pain a child is feeling. The child may tell you he’s in pain (if he is verbal); the child is may act as if she’s in pain; and the child may undergo physical changes that signal chronic pain. Your child’s nurses and doctors will be using these three factors to assess your child’s pain frequently during hospitalization. We will be asking your child to tell us how they feel, we will be asking you how your child is acting now compared his usual behavior, since you know your child best. We will also watch their behavior, body language and physical appearance.

# PAIN SCALES

*In an effort to standardize our assessment of your child's pain we will be using one of four pain scales depending on your child's age and developmental abilities. We ask that as parents you become familiar with these pain-rating scales so you can work with us to properly manage your child's pain.*

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## Neonate (1 year):

We use the **NPASS** neonatal pain and sedation scale for our smallest of patients. It is designed for clinical use on full term and pre-term infants. It is intended to assess pain as a state of the baby's behavior.

The **NPASS** scale evaluates infants on 5 parameters and assigns each a score from 0 to 2 for pain:

1. crying/irritability
2. behavior/state
3. facial expression
4. extremities/tone
5. vital signs: HR, RR, BP, O2sat

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## Nonverbal Children (2 months – 7 years):

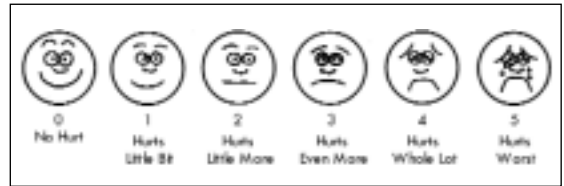
The acronym "**FLACC**" represents five categories: Face, Legs, Activity, Cry, and Consolability. Observations and Responses in each category are scored between 0 and 2, for a maximum total score of 10.

To use the **FLACC** scale, you should observe a child for one to five minutes. A pain score is obtained by reviewing the descriptions of behavior in each of the FLACC categories and selecting the number that most closely matches the observed behavior. The numbers obtained for each category are added together to obtain the total pain score.

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## Preschool and Early School Age Children

*(Three to Seven):*



## Wong-Baker FACES Pain Rating Scale

With appreciation that children of this age group are only beginning to understand how to categorize and quantify objects, it is important to use a pain scale they can understand and relate to. The Wong-Baker FACES Pain Rating Scale utilizes their ability to understand the concepts of "higher to lower" and "more or less." The scale consists of six pictures depicting smiling for no pain (comfortable) to the worse unbearable pain on one side of the scale and a corresponding facial depiction of crying. The child is asked to look at the picture and point to which picture would most describe his/her pain. The assessor records the associated number and documents the child's behavior at the time.

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## School Age through Adolescence (Seven to

*Eighteen and older):*

## Verbal Rating Scale: (0 – 10)

This scale is very common and most well known to adults. The scale bases assessment of the child's pain on a scale of 0 – 10, with zero meaning there is no pain at all and 10 meaning the worst pain you have ever felt. The child is asked to give a number to their pain at the time and pain management is based on that response and an assessment of their other behaviors.

*Your child's nurse can explain your child's appropriate pain scale to you and teach you how to monitor your child's pain so you can partner with us in your child's pain management.*

# TREATING PAIN

*The best treatment for pain is not to have any pain in the first place. If you know your child is going to have a painful procedure, it is important that you be their advocate and ask for medicines that can be used to prevent pain. One example would be if your child is going to have an IV started there is a special cream that can be applied to the area an hour before so that the child will not feel the actual insertion of the intravenous needle. Talk to your child's doctors and nurses about the plan for your child's pain management and let us know what you know will help or what has not been helpful in relieving your child's pain in the past.*

## Medicines that can help relieve or prevent pain:

**Minor procedures:** Any needle that pierces the skin will hurt whether they are injections or IV starts. A numbing cream can be applied to the surface of the skin an hour before the needle is given to prevent the pain. Other diversional activities will be discussed later in this pamphlet are also very helpful. Some procedures will require the use of a local anesthetic. This often involves the injection of a small amount of numbing medicine under the skin. Once the medicine takes effect, usually only a couple of minutes, the child will not feel anything. This medicine is frequently used in the dentist office or when someone needs to have stitches for a cut. When a local anesthetic is going to be used, numbing cream can sometimes be applied to the shin before the local anesthetic is injected.

**More involved procedures:** Some procedures require more than local anesthesia to prevent pain. A specially trained doctor can give medicine to make your child very sleepy but not unconscious; this is called anesthesia and sedation for procedures. Your child will be closely monitored while receiving anesthesia and sedation for procedures.

**Surgery:** Operations that last for longer periods of time will require the use of deep sedation or anesthesia. This medicine that is given to the child by an anesthesiologist, and will put them to sleep for a period of time. Most operations cause some pain. Good planning, however and a good understanding of the your child's pain response can help minimize any pain. Diversional activities are helpful in relieving some post operative pain, but most of the time the child will require some type of medication to properly prevent / treat pain. This is particularly true during the initial postoperative period and will lessen over time, as healing takes place.

It is most important to remember that pain medicines should be given to keep pain away (prevention), not as a "catch up" for pain that is already severe. All pain should be treated. Medicines for lesser pain can usually be given by mouth or rectum. The most common is acetaminophen (Tylenol). Other pain relieving medication frequently given by mouth include anti-inflammatory medicines such as ibuprofen. When these medications are not enough to prevent or relieve your child's pain the doctor can prescribe the use of narcotics. Many parents are afraid to have their child take narcotics fearing addictions. When narcotics are used to manage real pain for a short period of time these fears are not realized. Strong pain requires strong medication. Narcotic doses can be adjusted to the amount of pain reported by your child; therefore the dose will probably decrease as the pain lessens. Many children are afraid of having shots (injections), so whenever possible we will give medication

through the child's intravenous line when present. When a child is having pain and they have an IV in place, patient controlled analgesia (PCA) is an option. PCA is when the child controls when he/she receives pain medication by pushing a button attached to a computer on the IV so that a specially prepared IV pain medication is delivered in small doses. The computer will not deliver more than the safe amount of medication for the child, but will record the number of times the patient pushed the button for pain medication, so it can be determined if the child's pain is being managed properly. Children as young as five years of age have found this means of pain control very positive.

There are other pain options available with medical advances today. If your child's pain is not effectively managed in your opinion you should ask to speak with your child's doctor directly to discuss some of these other options. To help with the challenging issue of pain management in children, MassGeneral Hospital for Children has a pain service that can be consulted.

## DIVERSIONAL ACTIVITIES *to help Relieve Pain*

**Imagination:** Children of almost any age can use their imagination to help control pain during a hurtful time. Talk to the child about their favorite thing to do or place to be. Have your child tell you about it—what it looks like, what it feels like, what it smells like. Tell them to close their eyes and believe they are there and have them tell you what they see while they are there—talk in a slow whisper of a voice when you ask questions of their imagery and have them whisper to you. Younger children sometimes like to imagine they are someone or something else. Have them pretend to be that other person or thing and act the way they would act. Have your child tell you why they chose who they did. This type of imagery and imagery conversation/reinforcement will help take the child's mind off their pain and anxiety.

**Controlled Breathing:** Taking deep and steady breaths at a slow pace can help to reduce pain and anxiety. This method of relaxing is easy to teach to even very young children and it gives them a method of control that is always with them. You can have your child practice controlled breathing by having them breath out or blow out all the air from their lungs and suggest to them that as they blow out the air, they are blowing out all the scary or painful feelings. Then have them take in a deep breath very slowly, thinking about the air filling up his/her lungs; then have them slowly allow the air to be released from their lungs, slowly this time, don't blow it out. Repeat this exercise at a slow rhythm.

**Power of Suggestion:** Like imagery, the power of suggestion can be used with children to help them deal with pain and stress. Have the child consciously tense different parts of their body and then relax them, repeating this until the whole body is relaxed. As the body is relaxed suggest that all the pain and tension is being released from their body. Use examples and language that are appropriate for the age of the child. A very young child might respond to “your body is as light as a feather, nothing hurts anymore to make you heavy—you can float in the wind.” Older children can be told to have “happy thoughts” to rid them of their pain.

**Distraction:** These are any activities that will keep your child from thinking of their pain. This is where Video Games can be thought of in a positive context. Music, games, reading, coloring, storytelling, craft projects and visits from friends are all suggestions for distracting your child from thinking about the pain. Play is the work of children and is one of the best remedies for stress and pain relief.

**Touch:** Gently touching or stroking a child in pain can be soothing. The child may or may not want you to touch the actual painful area. Hold your child, rock him/her, lightly brush their hair or trace the outline of their face with your finger. Touching objects can also be useful. For example a bowl full of dried beans to run your fingers through is very relaxing, as is playing with clay. Some toys, like soft stuffed animals, are very comforting and there are squeeze toys that can help relieve tension. “Visual touch,” as in looking at a soft colored picture or a slowly moving liquid drip can be very soothing. Mixing touch with temperature variation and vibration can help relieve pain. Cold or warm compresses to a painful spot are sometimes helpful, as is light, rhythmical taping on the area of pain.

*“So often the only treatment that is needed for a child’s pain is the arms of their parent(s).”*

**W**hen your child is in any type of distress or uncomfortable situation they look to you for comfort. This is also true in dealing with pain. So often the only treatment that is needed for a child’s pain is the arms of their parent(s). We encourage you to be there for your child and we will do whatever possible to help you be that strong person that your child needs. Along with your hugs and kisses they also need simple but honest information from you. Tell them if something is going to hurt, never lie about pain or any procedure, as this will not allow your child to trust or be comforted by your answers. Give information to your child in terms they can understand; give them information about the degree of pain they may feel. Explain things to children slowly in short segments and repeat frequently so they will understand. Whenever possible children should have control over their pain, whether it is through the use of the PCA pump or deciding when or what arm to have blood taken from. The feeling of being in control will lessen anxiety and in turn lessen pain. Please help us work with your child in planning procedures to give them the maximum control possible. Children should also be encouraged to ask questions about procedures or their pain/pain management. Playing with dolls/puppets can be useful to encourage conversations about their fears. If you would like help talking to your child about pain or encouraging your child to talk, ask to speak with one of our Child Life Specialists. If you have any questions regarding any procedure your child is going to have or his/her pain management please don’t hesitate to ask your child’s doctor or nurses.