

APPENDIX D (2 pages)

FLACC Scale: Face, Legs, Activity, Cry, Consolability

FACE	0 No particular expression or smile	1 Occasional grimace or frown, withdrawn, disinterested	2 Frequent to constant frown, clenched jaw, quivering chin
LEGS	0 Normal position Or Relaxed	1 Uneasy Restless Tense	2 Kicking Or Legs drawn up
ACTIVITY	0 Lying quietly Normal position Moves easily	1 Squirming Shifting back/forth Tense	2 Arched Rigid Or Jerking
CRY	0 No cry Awake or asleep	1 Moans or Whimpers Occasional Complaint	2 Crying steadily Screams or Sobs Frequent complaints
CONSOLABILITY	0 Content Relaxed	1 Reassured by occasional touching, hugging or 'talking to' Distractible	2 Difficult to console or comfort

INSTRUCTIONS FOR USE

1. Rate patient in each of the five measurement categories
2. Add the scores together
3. Document the total pain score

How to Use the FLACC

In patients who are awake: observe for 1-5 minutes or longer. Observe legs and body uncovered. Reposition patient or observe activity. Assess body for tenseness and tone. Initiate consoling interventions if needed.

In patients who are asleep: observe for 5 minutes or longer. Observe body and legs uncovered. If possible, reposition the patient. Touch the body and assess the tenseness and tone.

Face

- **Score 0** if the patient has a relaxed face, makes eye contact, shows interest in surrounding
- **Score 1** if the patient has a worried facial expression, with eyebrows lowered, eyes partially closed, cheeks raised, mouth pursed
- **Score 2** if the patient has deep furrows in the forehead, closed eyes an open mouth, deep lines around nose and lips

Legs

- **Score 0** if the muscle tone and the motion in the limbs are normal
- **Score 1** if patient has increased tone, rigidity, or tension; if there is intermittent flexion or extension of limbs
- **Score 2** if the patient has hypertonicity, the legs are pulled tight, there is exaggerated flexion or extension of the limbs, tremors

Activity

- **Score 0** if the patient moves easily and freely, normal activity or restrictions
- **Score 1** if the patient shifts positions, appears hesitant to move, demonstrates guarding, a tense torso, pressure on a body part
- **Score 2** if the patient is fixed in a position, rocking; demonstrates side-to-side head movement or rubbing of a body part

Cry

- **Score 0** if the patient has no cry or moan, awake or asleep
- **Score 1** if the patient has occasional moans, cries, whimpers, sighs
- **Score 2** if the patient has frequent or continuous moans, cries, grunts

Consolability

- **Score 0** if the patient is calm and does not require consoling
- **Score 1** if the patient responds to comfort by touching or talking in <30 seconds to 1 minute
- **Score 2** if the patient requires constant comforting or is inconsolable

Each category is scored on the 0-2 scale, which results in a total possible score of 0-10.

Interpreting the Score:

0 = Relaxed and Comfortable

1-3 = Mild discomfort

4-6 = Moderate pain

7-10 = Severe pain or discomfort or both