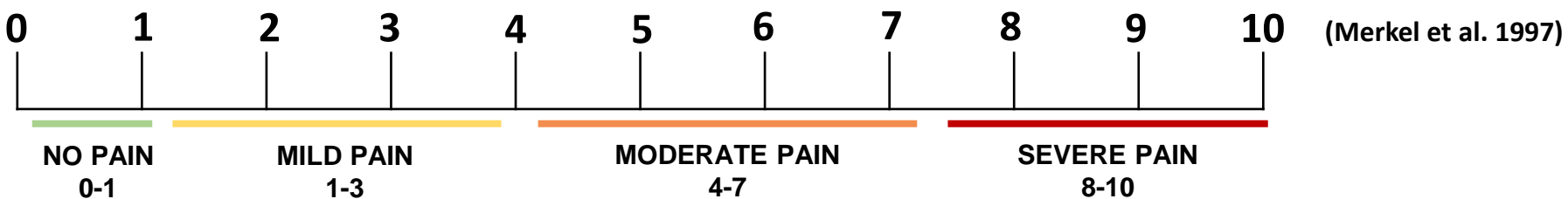


## FLACCS Pain Score (0-10)

Pain score, can be replaced with appropriate alternative validated pain score e.g. FACES, CRIES, Patient Reported Score.  
 FLACCS of 4 or more is sufficient pain level to require intervention.

RESPONSE	SCORE 0	SCORE 1	SCORE 2
FACE	No particular expression or smile	Occasional grimace or frown, withdrawn, uninterested	Frequent to constant quivering chin, clenched jaw
LEGS	Normal 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 cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
CONSOLABILITY	Content, relaxed	Reassured by occasional touch, hug or being talked to- Distractible	Difficult to console or comfort



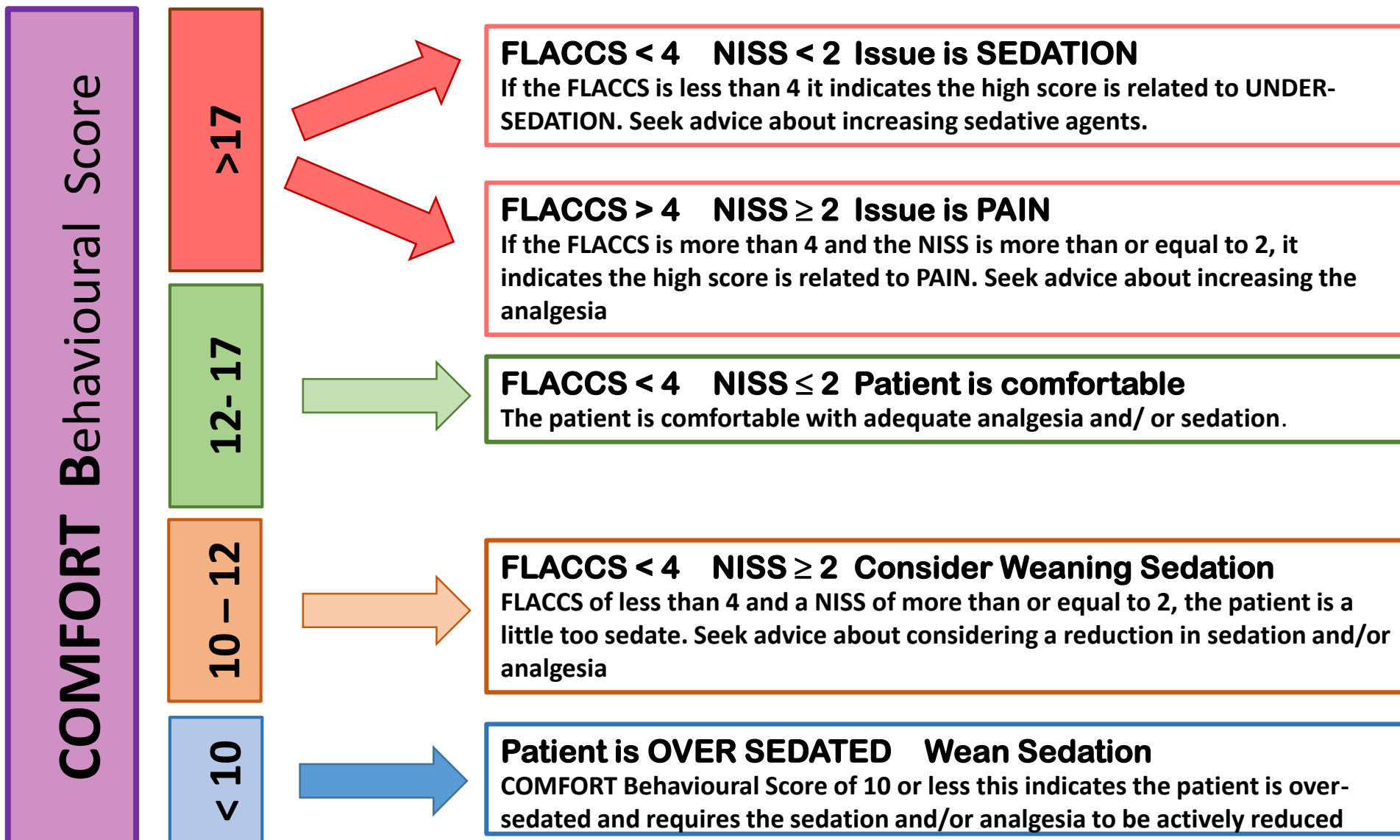
## Nurse Interpreted Score for Sedation

<b>1</b>	<b>2</b>	<b>3</b>
<b>UNDER SEDATED</b>	<b>ADEQUATELY SEDATED</b>	<b>OVER SEDATED</b>
Agitated, Irritable actively fights vent	Lightly asleep, awake & relaxed	No response to ET suction or other procedure

Nurse interpreted level of sedation takes into account the bedside nurse expertise and normal behaviour or mannerisms as reported by parents/ guardians. Allows for interpretation to include emotional and neurodevelopmental factors.






First assess the COMFORT B Score then assess the FLACCS and the NISS.



## FLACCS Pain Score

(0 – 10)

-  By utilising a pain score in combination with a COMFORT Behavioural Score the interpreter can more accurately determine if the high score is in relation to pain or under-sedation
-  A high COMFORT B Score can indicate pain, or can indicate distress as a result of behavioural factors- anxiety, separation from parents, confusion or grief. A knowledge of the child's baseline behaviours will assist in differentiating potential causes of high COMFORT B Scores.
-  FLACCS score can be replaced with any appropriate alternative validated pain score e.g. NRS, FACES, CRIES, Patient Reported Score.





*If the FLACCS is reported as 4 or more this is indicative of a sufficient level of pain that a pharmacological or non-pharmacological intervention should be initiated*

Non-pharmacological methods of pain relief and comfort must always be considered in combination with pharmacological methods

## Nurse Interpreted Score for Sedation

(0 – 3)

(NISS)

-  The most up to date version of the COMFORT B Score advocates the use of a NISS
-  The NISS is designed and validated for use as an adjunct to the COMFORT B Scoring, NOT suitable for use on it's own.
-  Takes into account the bedside nurse expertise in combination with the normal behavioural mannerisms as reported by family members.
-  The NISS allows the bedside nurse to interpret and classify the patients' level of sedation while accounting for emotional and neurodevelopmental factors to identify if the patient's sedation should continue unchanged, be reduced or be increased

**SCENARIO 1: COMFORT B score 20** - Should indicate under-sedation requiring an INCREASE in sedation

Patient known to have movement disorder & nurse aware he waves his arms repeatedly when happy, significantly increasing COMFORT B score.  
Patient allocated NISS 2 - no increase in sedation necessary as patient is comfortable

**SCENARIO 2: COMFORT B score 9**

- Should indicate over-sedation requiring an DECREASE in sedation and/ or analgesia

Nurse aware parents have reported their child becomes very still and quiet when in pain or distressed.  
Patient allocated NISS 1 - sedation and/or analgesia adapted to provide comfort