

Measuring pain

- Pain is subjective & two patients may report severity differently from each other
- Despite the fact that pain is specific to each person, patients can usually indicate the severity of their pain by using a scale

Pain scales

1. Numeric Pain Rating Scale.
 2. Wong-Baker FACES Scale.
 3. Observation-FLACC Scale.
 4. PQRST assessment.
- Scales enhance the ability of patients to communicate the severity of their pain to health care professionals and the ability of clinicians to communicate among themselves
 - Scales also allow the clinician to assess the effect of medications

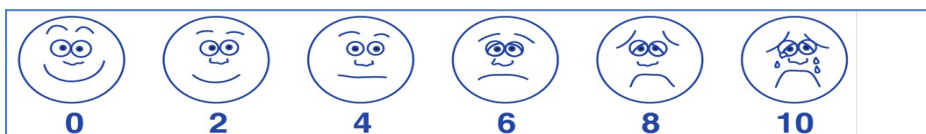
1. Numeric pain rating scale



- ❖ No pain. 0
- ❖ Mild pain. 2
- ❖ Moderate pain. 4
- ❖ Severe pain. 6
- ❖ Very Severe pain. 8
- ❖ Worst possible pain. 10

- ✓ Pain levels from 0-10 can be explained verbally to the patient using a scale in which 0 is no pain and 10 is the worst possible pain imaginable
- ✓ Patients are asked to rate their pain from 0 to 10

2. Wong-Baker FACES scale



- Use in children who can talk usually 3 years and older.
- Explain to the child that each face is for a person who feels one of the following:

- ✓ Face 0 :is very happy because he doesn't hurt at all.
- ✓ Face 2:hurts just a little bit.
- ✓ Face 4: hurts a little more.
- ✓ Face 6: hurts even more.
- ✓ Face 8 hurts a whole lot.
- ✓ Face 10 hurts as much as you can imagine

Ask the child to pick one face that best describes his current pain intensity

3. FLACC scale

- Use in children less than 3 years of age or older children who can't talk
- Five categories:
 1. Face.
 2. Legs.
 3. Activity.
 4. Cry.
 5. Consolability
- ✓ Score each of the five categories (0-2)
- ✓ Add the five scores together to get the total (out of 10)
- ✓ The total score can be related to pain intensity

4. PQRST assessment

Used for detailed pain assessments and useful for treating patients with pain

Categories:

1. **P**recipitating and relieving factors
2. **Q**uality
3. **R**adiation
4. **S**ite and **S**everity
5. **T**iming and **T**reatment history.

Measuring height and weight

- ❖ Measuring height and weight is as important as assessing the client's vital signs.
- ❖ Routine measurement provides data related to growth and development in infants and children and signals the possible onset of some illness

- ❖ The client's height and weight are routinely taken on admission

Height

- ❖ Measurement of height is expressed in inches (in.), feet (ft), centimeters (cm), or meters (m).
- ❖ A scale for measuring height, is usually attached to a standing weight scale.
- ❖ The nurse should ask the client to stand erect on the scale's platform.
- ❖ When measuring an infant's length, the nurse should lace the infant on a firm surface extend the knees, with the feet at right angles.

Weight

- ❖ Measurement of weight is expressed in ounces (oz), pounds (lb), grams (g), or kilograms (kg)
- ❖ When a client has an order for "daily weight," the weight should be obtained at the same time of the day on the same scale, with the client wearing the same type of clothing.
- ❖ Some types of scales, such as: stretcher, chair, and bed scales, are used for clients who are unable to stand or who are confined to bed.

Standing Scale



Oxygen saturation

- ✓ It is an indicator of the percentage of hemoglobin saturated with oxygen at the time of the measurement .
- ✓ The reading, obtained through pulse oximetry.
- ✓ Normal : 94% - 100%

