

reliable when used to measure short, sharp procedural pain, such as during injections or lumbar punctures, or when assessing pain in infants and young children. They are less reliable when measuring recurrent or chronic pain and when assessing pain in older children, where pain scores on behavioral measures do not always correlate with the children's own reports of pain intensity. [Box 5-1](#) describes pain responses by infants and children of various ages.

TABLE 5-1

Summary of Selected Behavioral Pain Assessment Scales for Young Children

Ages of Use	Reliability and Validity	Variables	Scoring Range
FLACC Postoperative Pain Tool			
2 months old to 7 years old	Validity using analysis of variance for repeated measures to compare FLACC scores before and after analgesia; preanalgesia FLACC scores significantly higher than postanalgesia scores at 10, 30, and 60 minutes ($p < 0.001$ for each time) Correlation coefficients used to compare FLACC pain scores and OPS; significant positive correlation between FLACC and OPS ($r = 0.80$; $p < 0.001$); positive correlation also found between FLACC scores and nurses' global ratings of pain ($r[47] = 0.41$; $p < 0.005$)	Face (0-2) Legs (0-2) Activity (0-2) Cry (0-2) Consolability (0-2)	0 = no pain; 10 = worst pain
FLACC SCALE			
FLACC	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
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 touching, hugging, or	Difficult to console or comfort