Impairment

The assessment of pain in children with communication and cognitive impairment can be challenging (Crosta, Ward, Walker, et al, 2014). Children who have significant difficulties in communicating with others about their pain include those who have significant neurologic impairments (e.g., cerebral palsy), cognitive impairment, metabolic disorders, autism, severe brain injury, and communication barriers (e.g., critically ill children who are on ventilators or heavily sedated or have neuromuscular disorders, loss of hearing, or loss of vision) and consequently are at greater risk for undertreatment of pain. Children with communication and cognitive deficits often experience spasticity, contractures, injury, infection, and orthopedic surgical treatment that may be painful. Behaviors include moaning, inconsistent patterns of play and sleep, changes in facial expression, and other physical problems that may mask expression of pain and be difficult to interpret (see Research Focus box).

Research Focus

Pain Reporting in Cognitively Impaired Children

Parents of children with severe cognitive impairment reported that their child experienced pain or severe discomfort that was not being effectively managed (Crosta, Ward, Walker, et al, 2014; Malviya, Voepel-Lewis, Burke, et al, 2006). The most frequently reported pain behaviors are crying; being less active; seeking comfort; moaning; not cooperating; being irritable; being stiff, spastic, tense, or rigid; sleeping less; being difficult to satisfy or pacify; flinching or moving body part away; and being agitated or fidgety. Parents also reported that some daily living activities were painful, such as assisted stretching and walking, independent standing, toileting, putting on splints, occupational therapy, range of motion, and physical therapy.

The revised FLACC observational pain scale uses a behavioral approach that observes the child's face, legs, activity, cry, and consolability and is supported for use in clinical practice for