

Assessment of Pain in the Paediatric Patient

Susan M Lord¹

1. Kaleidoscope / John Hunter Children's Hospital, Newcastle, Australia

The purpose of assessing pain is to conceptualize as complete a picture as possible of a patient's pain experience. This then guides triage, diagnosis and management decisions. Pain assessment includes – but is not limited to – estimation of the magnitude of pain. Assessment, in its broadest sense, extends to evaluation of the quality of pain, its context, meaning and consequences, the resources available to assist management and treatment preferences.

An understanding of developmental frameworks is requisite to successfully conceptualizing children's pain experiences. The early biological development of nociceptive pathways and pain behaviours has received much recent scientific attention. This has fuelled enthusiasm for assessing and improving pain for neonates and infants. A growing armamentarium of composite pain scales and surrogate measurement tools is available, if not yet clinically implemented.

In addition, children and adolescents continue to develop cognitively, emotionally and socially in response to the world they encounter. Children's concepts of illness and pain transform as their schemas about self, space, time, and causality evolve. In parallel, children and adolescents develop verbal and ordinal skills that enable them to report their internal experiences to their carers.

Compounding the demands of appreciating these inherent transformations, is the need to assess and appreciate the unique family and social environment in which each child grows up. Intergenerational transmission of patterns of thinking about pain and ways of communicating distress is achieved in many ways, and influences both pain experience and expression. During adolescence, the influence of peers competes for primacy and has been shown to be an important determinant of pain communication.

The clinical challenge is to tailor assessment techniques to the developmental level and context of the child and accompanying family members. Assessment should start with an age and/or developmentally appropriate clinical interview, and include appropriate pain measures, physical examination and investigations. It is also mandatory to consider the child's safety and child protection issues in the course of the pain assessment interview.

Paediatric pain measurement tools that are feasible and useful in clinical practice will be briefly reviewed. In addition, useful pain assessment techniques adopted from psychological medicine will be outlined including family interview techniques, narrative, active listening, and the use of child-directed drawing and play. The latter are particularly helpful when a child's verbal communication is impaired by development or social anxiety.