

**Nursing Care Plan for a Child Experiencing pain**  
**Nursing Care Plan**

(All care plans must be used in conjunction with care plan 1)

Full Name: .....

Address: **Addressograph** .....

HCR.....

Problems/Needs	<b>PAIN ASSESSMENT AND MANAGEMENT</b> Goals	Issue Date: Review Date:
_____  Is Experiencing Pain due to  _____	To Assess _____ for signs of pain.  To Keep _____ as comfortable as possible  To treat pain using multimodal pain-relieving measures.	

Nursing Intervention	Commencement	Discontinued
Pain Assessment – On Admission	Date, Time, Grade, and Signature	Date, Time, Grade, and Signature
Pain assessment provides the foundation for diagnosis, choice of treatments, and evaluation of analgesia effectiveness for patients with pain.  a. Decontaminate hands b. Complete a baseline Pain assessment on all patients on admission using an age appropriate pain assessment tool. To include OLD CARTS; Onset, Location, Duration, Characteristics, what Aggravates, and Relieves the pain, Timing and Severity, and effect of pain on sleep of any pain experienced by .....and document the chosen pain assessment tool here_____. c. Explain the selected pain assessment tool to the child and parent/guardian to help him/her quantify/describe their pain. d. If Chronic pain, specify Pain Medications on admission _____ _____		
PAIN ASSESSMENT		
a. Consider child’s self-reporting of pain score (where applicable) as the primary source of evidence regarding pain intensity. b. Ensure that the child’s pain level is assessed and the score documented on both rest and movement in PEWS if the child is unsettled e.g. coughing, moving, or when fully awake. Pain on movement should be assessed at least ONCE PER SHIFT. Assess and document pain hourly if the patient is on a P/NCA and regional analgesic infusions. c. Always consider the source of pain e.g. surgical/procedural/medical/bladder spasm.		

**Document Abbreviations key:** PCA = Patient Controlled Analgesia NCA = Nurse Controlled Analgesia FLACC = Face, Legs, Activity, Cry, Consolability Pain Assessment Tool.

**Reviewed by:** Sarah Flaherty ANP, Ger Murray ANP & Joy Melbourne, CNS.

**Approved:** CHI NPC and NDAC, V 1 CHI Jan 2024. **Review:** Jan 2027

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PAIN MANAGEMENT	Date, Time, Grade, and Signature	Date, Time, Grade, and Signature
<ul style="list-style-type: none"> <li>a. Pain is best managed using a multimodal approach using pharmacological and non-pharmacological interventions.</li> <li>b. Ensure all prescribed analgesia is administered in a timely manner. If the pain score is greater than 4 an analgesic and/or comfort measure should be provided.</li> <li>c. Reassess pain score within 60 minutes and record it in the nursing care plan and PEWS Chart.</li> <li>d. Observe, and document any analgesic side effects in the nursing care plan. These should be reported promptly to medical staff, treated appropriately and documented in the child's nursing notes. Where appropriate, complete a clinical incident form.</li> <li>e. Promote non-pharmacological pain-relieving measures e.g. re-positioning, quiet environment distraction, relaxation exercises, breathing exercises, music therapy.</li> <li>f. Plan analgesia appropriately before painful procedures, ensuring that current guidelines for children on analgesia infusions i.e: PCA/NCA and Epidural are adhered to.</li> <li>g. Refer to the Hospital Formulary to ensure that correct dose is prescribed and administered.</li> <li>h. Discuss the optimal pain relief options pending the patient's clinical status.</li> <li>i. Report unrelieved pain to the medical/surgical team to decide if referral to the Pain Team or anesthesiologist is required.</li> <li>j. Liaise with the multidisciplinary team as appropriate to help manage pain.</li> <li>k. Monitor and report any signs and symptoms, which may indicate opioid or sedative tolerance/withdrawal to the medical team and consider use of a withdrawal observation assessment tool.</li> </ul>		

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Patient/Parent / Guardian Education	Date, Time, Grade, and Signature	Date, Time, Grade, and Signature
a. Explain non-pharmacological and pharmacological pain relieving techniques. b. Encourage the child/parent/guardian to report the presence of any side effects. c. Document any patient/parental concern. d. Explain the importance of optimizing analgesia pre-procedures/movement e.g. before physiotherapy, change of dressing, or other procedure. e. If possible, provide education in relation to post-op analgesia plan. f. Document all patient education provided in the nursing care plan		
Discharge Preparation		
a. Prior to discharge, provide advice on pain assessment and pain management to the family and document it in the HCR. b. Provide the family with an information leaflet with ensuring the time the analgesia is next due is documented clearly.		
Child and Family-Centred Care (CFCC) Other Advice		

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**Nursing Care Plan for a child who is experiencing pain - Documentation**

Date	Time	Relate to identified problems. To include reassessment, additional /updated nursing interventions/ actions/ instructions/parental/ guardian education.	Student Nurse Signature/NMBI Pin	Registered Nurse Signature/NMBI Pin
12/12/23	09:30	Epidural infusion stopped on 12/12/2023 @0830 am	Pp/123456	Rr/123458

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