Ospidéal Mhuire na Leanaí, Cromghlinn
Our Lady's Children's Hospital, Crumlin

FLACC-REVISED (Revised descriptors for children with disabilities shown in [brackets]

Categories	0	1	2
Face	**No particular expression or smile**	**Occasional grimace or frown, withdrawn, disinterested** *[appears sad or worried]*	**Constant grimace or frown** **Frequent to constant quivering chin, clenched jaw** *[Distressed-looking face: Expression of fright or panic]*
INDIVIDUAL BEHAVIOURS			
Legs	**Normal position or relaxed**	**Uneasy, restless, tense** *[Occasional tremors]*	**Kicking, or legs drawn up** *[Marked increase in spasticity, constant tremors or jerking]*
INDIVIDUAL BEHAVIOURS			
Activity	**Lying quietly, normal position moves easily**	**Squirming, shifting back & forth tense.** *[Mildly agitated (e.g.. head back and forth, aggression); shallow, splinting, respirations, intermittent sighs]*	**Arched, rigid or jerking** [Severe agitation head banging; Shivering (not rigors); Breath holding, gasping or sharp intake of breath; Severe splinting]
INDIVIDUAL BEHAVIOURS			
Cry	**No cry, (awake or asleep)**	**Moans or whimpers;** **occasional complaint** [Occasional verbal outbursts or grunts]	**Crying steadily, screams or sobs, frequent complaints** *[Repeated outbursts, constant grunting]*
INDIVIDUAL BEHAVIOURS			
Consolability	**Content, relaxed**	**Reassured by occasional touching hugging or being talked to, distractible**	**Difficulty to console or comfort** *[Pushing away caregiver, resisting care or comfort measures]*
INDIVIDUAL BEHAVIOURS			

FLACC-REVISED (Revised descriptors for children with disabilities shown in [brackets]

Instructions for use

FLACC has been validated for children from the age of 2months.

FLACC revised (FLACC with additional behavioural descriptors) has been validated for children with cognitive impaiorment.

Instructions for use

FLACC Revised:

Individualise the tool: the nurse should review the descriptors within eachcategory with the child's parnts or carers. Ask them if there are any additional behaviours that are better indcators of pain in their child. Add these behaviours to th tool in the appropriate category.

FLACC: Each if the five categories (F) Face, (L) Leg, (A) Activity. (C) Cry, (c) consolability is scored fro 0-2, which results in a total score of between zero and ten.

Patients who are awake: Onserve for at leat 1-3 minutes. On=bserve legs and body uncovered. Reposition patient or observe activity, assess body for tensness and tone. Initiate consoling interventions if needed.

Patients who are asleep: Observe for at least 5 minutes or longer. Observe body and legs uncovered. If possible reposition the pateint. Touch the patient and assess for tenseness and tone.

- Merkel S, Voepol-Lewis T, Shayevitz J et al. The FLACC: a behavioural scale for scoring post-operative pain in young children. *Pediatric Nursing*, 1997; **23**:293-297
- Malviya S, Voepol-Lewis T, Burke C et al. The revised FLACC observational pain tool: improved reliability and validity for pain assessment in children with cognitive impairment. *Pediatric Anesthesia* 2006; **16**:258-265
- Royal College of Nursing (2009) *Clinical Practice Guidelines for the Recognition and assessment of Acute Pain in Children.* London. Royal College of Nursing.