Directions:

1. Think about your child's past painful events. How does your child act when in mild pain, moderate pain, or severe pain?

2. In the diagram below, write in your child's typical pain behaviors on the line that corresponds to pain intensity, where 0 = no pain and 10 = worst possible pain.

3. When describing your child's pain, think about changes in:
   a. Facial expression: Squinting eyes, frowning, distorted face, grinds teeth, thrusts tongue
   b. Leg or general body movements: Tense, gestures or touches part of body that hurts
   c. Activity, or social interaction: Not cooperative, cranky, irritable, unhappy; not moving, quiet or less active, more active, fidgety
   d. Cry or vocalization: Moaning, whimpering, crying, yelling
   e. Consolability: Less interactive, seeks comfort or physical closeness, difficult to distract/satisfy
   f. Other changes: Tears, sweating, holds breath, gasping

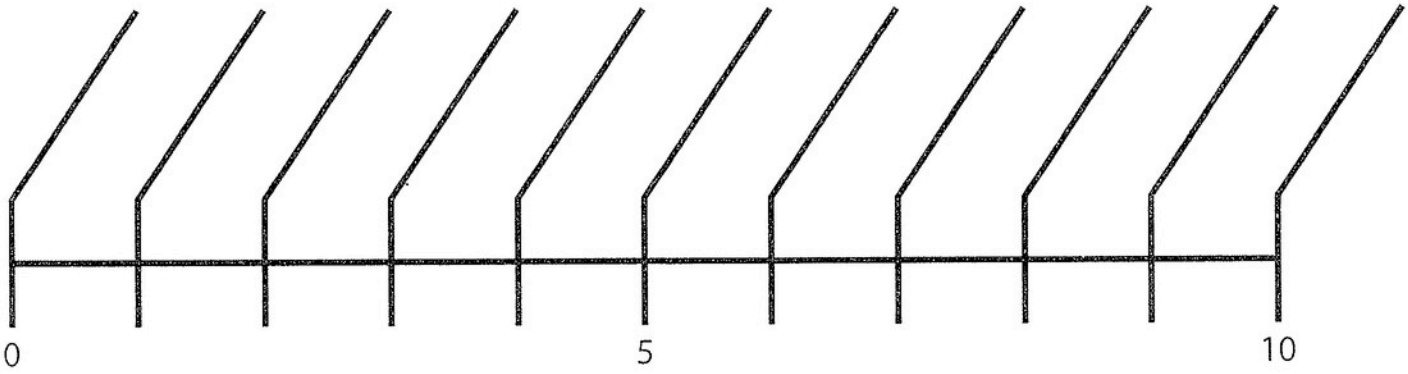

Figure 3.1. Individualized Numeric Rating Scale (INRS). *Adapted and used with permission from J. Solodiuk and M. A. Curley, "Pain Assessment in Nonverbal Children with Severe Cognitive Impairments: The Individualized Numeric Rating Scale (INRS),"* J. Pediatr. Nurs. *18, no. 4 (2003): 295–99, p. 297.*

when she is thought to be in pain, she shares, "I know it will sound weird, but she gets quiet, clingy, and laughs, but it isn't a happy laugh."

Emily's mother is relieved to understand that some children with SNI will display these features when in pain. The R-FLACC is used to develop an individualized pain assessment tool that can be used in the hospital and with Emily's home nurses. This tool is of great assistance when making decisions about when to use an as-needed (prn) pain medication. Tramadol is used as needed, with benefit for Emily—greatly improving her daily comfort. The pain assess-