



# Paediatric Pain Profile

Hello my name is

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This is my photo:

Please affix  
photo here

## The Paediatric Pain Profile (PPP)

### Instructions and guidance for use for parents/carers:

#### When your child is at their best or on 'a good day'

Please describe your child's behaviour in this section when your child is at their best or 'on a good day'. This gives us a good idea of what your child is like when they are not in pain.

#### Baseline assessment – When your child has any current or recurring pain

Here we ask you to think about your child when they are in pain at home. Using the pain profiles you circle the number that best describes your child's pain. Please add up the scores together to show a total out of 60 for your child's level of pain. For example:

Grinds teeth or makes mouthing movements    0    1    2    **3**

These pain assessments help your staff nurse to understand your child's pain and help provide the required pain relief.

#### On-going assessments – To assess your child's pain in hospital

When your child is receiving care at Royal Manchester Children's Hospital please show the nurse/doctor or other health professional your child's Pain Profile. Your nurse will use the on-going assessment tool to score your child's pain on a regular basis.

You as parents/carers can also assess your child's pain when they are in hospital using the pain profile on-going assessment pages. Some pains can be quite difficult to relieve therefore the nurse will work in partnership with you to assess and manage your child's pain.

It is also a good idea to use the on-going pain assessments 1 hour after pain medicines have been given to your child to see if the pain medication has been effective in relieving your child's pain.

#### Glossary

Your child's PPP contains some pictures which can also be used when assessing pain. If you are finding it hard to score your child's pain using the written descriptors then please circle the relevant pictures and then show your nurse.

***Please keep your child's PPP in a safe place. Please remember to bring it with you when your child is admitted to hospital and show it to the staff who care for your child.***

Name..... Hospital Number..... DOB..... Ward/Unit.....

## Your child on 'a good day' or when they are at their best.




On a good day my child...	Not at all	A little	Quite a lot	A great deal	score
Is cheerful	3	2	1	0	
Is sociable or responsive	3	2	1	0	
Appears withdrawn or depressed	0	1	2	3	
Cries / moans / groans / screams or whimpers	0	1	2	3	
Is hard to console or comfort	0	1	2	3	
Self-harming e.g. biting/hitting self or banging head	0	1	2	3	
Is reluctant to eat / difficult to feed	0	1	2	3	
Has disturbed sleep	0	1	2	3	
Grimaces / screws up face/ screws up eyes	0	1	2	3	
Frowns / has furrowed brow / looks worried	0	1	2	3	
Looks frightened (with eyes wide open)	0	1	2	3	
Grinds teeth or makes mouthing movements	0	1	2	3	
Is restless / agitated or distressed	0	1	2	3	
Tenses / stiffens or spasms	0	1	2	3	
Flexes inwards/ draws legs up towards chest	0	1	2	3	
Tends to touch or rub particular areas	0	1	2	3	
Resists being moved	0	1	2	3	
Pulls away or flinches when touched	0	1	2	3	
Twists and turns / tosses head / writhes or arches back	0	1	2	3	
Has involuntary or stereotypical movements / is jumpy / startles or has seizures	0	1	2	3	
<b>Total</b>					
Is your child like this (please circle)	All of the time	Most of the time	Some of the time	Hardly ever	
Do you think your child has pain, even on a good day? (please tick)					
No pain	Mild pain	Moderate pain	Severe pain		

Name..... Hospital Number..... DOB..... Ward/Unit.....

## Baseline Assessment – When your child has any current or recurring pain.

Pain profile for pain	Not at all	A little	Quite a lot	A great deal	score
When my child has this pain, he or she...					
Is cheerful	3	2	1	0	
Is sociable or responsive	3	2	1	0	
Appears withdrawn or depressed	0	1	2	3	
Cries / moans / groans / screams or whimpers	0	1	2	3	
Is hard to console or comfort	0	1	2	3	
Self-harming e.g. biting/hitting self or banging head	0	1	2	3	
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Total					

Please place a tick under the word that best describes the severity of this pain.

No pain	Mild pain 	Moderate pain 	Severe pain 

Name..... Hospital Number..... DOB..... Ward/Unit.....

## On-going assessment - To assess your child's pain in hospital

Date/time:	Not at all	A little	Quite a lot	A great deal	Unable to assess	score
In the last...						
Was cheerful	3	2	1	0	0	
Was sociable and responsive	3	2	1	0	0	
Appeared withdrawn or depressed	0	1	2	3	0	
Cried / moaned / groaned / screamed or whimpered	0	1	2	3	0	
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					Total	
Do you think .....had pain?						
If 'Yes', how bad? (please circle)		Mild	Moderate	Severe		
If 'Yes', what do you think is the cause of pain						
Completed by:					Date:	

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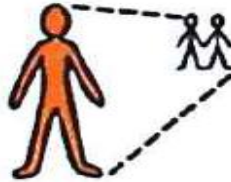


## Glossary – Pictures showing signs of pain

PAIN



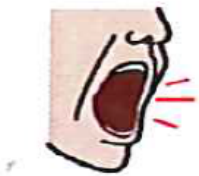
WITHDRAWN



ARCHES BACK



SCREAMS



SELF-HARMING



HITTING SELF



FROWNS/

LOOKS WORRIED



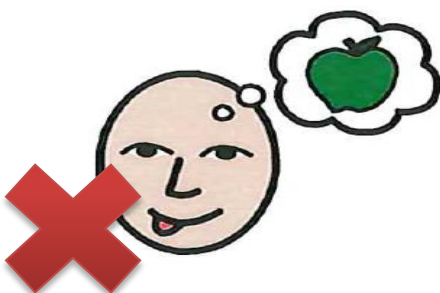
HAS DISTURBED SLEEP



FRIGHTENED



RELUCTANT TO EAT



TENDS TO TOUCH/RUB AREAS



Name..... Hospital Number..... DOB..... Ward/Unit.....



**This version designed for Royal Manchester Children's Hospital**

**Central Manchester University Hospitals**

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