

## **Researchers call for an updated pain scale**

# **Care providers underestimate pain during pediatric burn dressing change**

Columbus, Ohio, USA (September 1, 2016) - Dressing changes have been identified as one of the major contributors to perceived pain during burn care, and so it is important that pain be assessed accurately. But a new study from the Center for Pediatric Trauma Research at Nationwide Children's Hospital suggests that pediatric burn pain assessment can vary not only based on patient pain intensity, but also nurse clinical experience.

A measurement tool called the Face, Legs, Activity, Cry, Consolability Scale (FLACC) is widely used by nurses to rate pain in pediatric patients. It can be applied to pediatric patients of all ages, including the very young, so it provides a standard assessment for all patients in our pediatric burn center. This study found that nurses tended to underrate both mild and severe procedural pain. Nurses who had less nursing experience demonstrated significantly higher accuracy than those with more experience.

Jonathan Groner MD is the study's senior author, medical director of the Center for Pediatric Trauma Research and affiliate faculty of the Center for Injury Research and Policy at Nationwide Children's Hospital stated, "This is concerning because it demonstrates that on a well-established burn unit that specializes in caring for pediatric patients, nurses may too often underrate children's procedural pain for both mild and severe pain." Dr. Jiabin Shen, the study's lead author also noted concern that "new" burn nurses (less than 5 years nursing experience) appeared to be more accurate in FLACC

rating than more experienced nurses.

This study, available today online and in the September issue of *Burns*, is the first study to systematically examine FLACC rating accuracy among care providers. Developed in 1997, the FLACC scale was originally designed to measure post-operative pain in pediatric populations. The FLACC utilizes an easy-to-understand 0-10 metric and exerts a relatively low burden on medical staff. It has previously demonstrated a high level of inter-rater reliability and concurrent validity with other existing scales. But much of the previous research was not in clinical settings.

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To learn more or for related injury prevention materials, visit The Center for Injury Research and Policy (CIRP) of The Research Institute at Nationwide Children's Hospital, <http://www.injurycenter.org> and the Center for Pediatric Trauma Research, <http://www.nationwidechildrens.org/center-pediatric-trauma-research>

The Center for Injury Research and Policy (CIRP) of The Research Institute at Nationwide Children's Hospital works globally to reduce injury-related pediatric death and disabilities. With innovative research at its core, CIRP works to continually improve the scientific understanding of the epidemiology, biomechanics, prevention, acute treatment and rehabilitation of injuries. CIRP serves as a pioneer by translating cutting edge injury research into education, policy, and advances in clinical care. For related injury prevention materials or to

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The Center for Pediatric Trauma Research (CPTR) at Nationwide Children's Hospital conducts research to support global efforts in achieving the best outcomes for pediatric trauma patients. Using a multidisciplinary approach, CPTR researchers lead innovative projects to assess pre-hospital emergency medical service, acute medical and surgical management, rehabilitation, and family and community services that impact the short and long-term outcomes of injured patients. CPTR serves as a leader and a partner to translate cutting edge research findings to help patients, families, policy makers, and clinicians make informed decisions. <http://www.nationwidechildrens.org/center-pediatric-trauma-Research>

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*Nationwide Children's Hospital , 01.09.2016 (tB).*