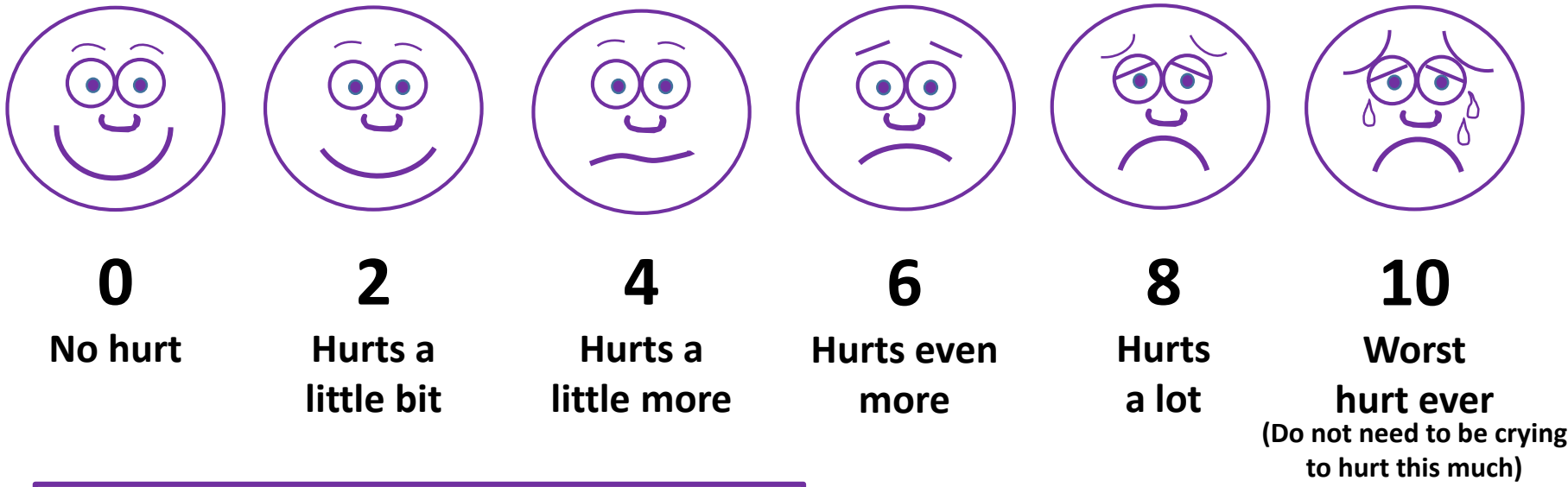


FACES Pain Score (0-10)

Faces pain score is suitable for children 3 years and over who can self report their pain. Point to each face describing the pain intensity then ask the child to point to the face that best describes their pain.
FACES of 4 or more is sufficient pain level to require intervention.

(Wong & Baker, 1988)



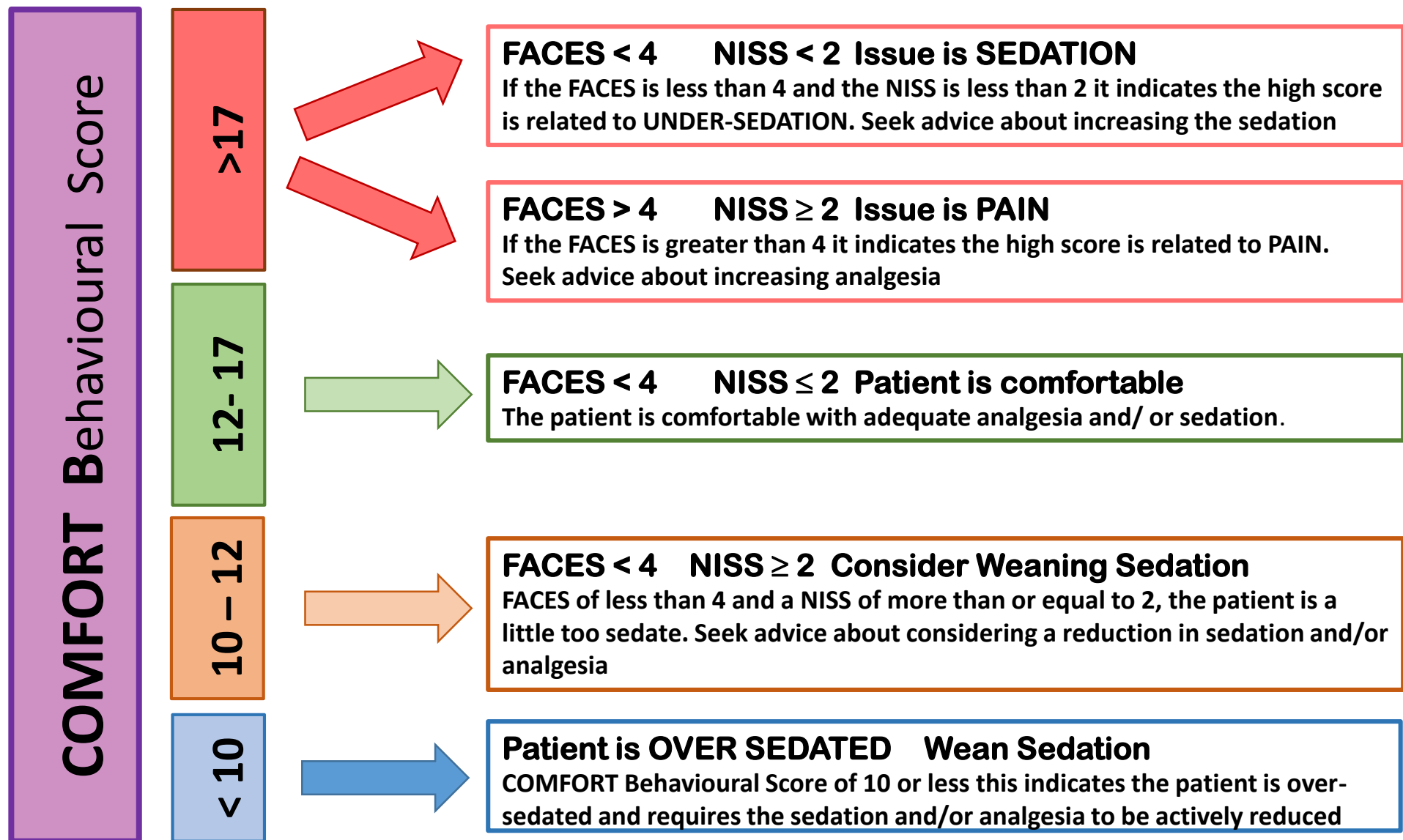
Nurse Interpreted Score for Sedation

1	2	3
UNDER SEDATED	ADEQUATELY SEDATED	OVER SEDATED
Agitated, Irritable actively fights vent	Lightly asleep, awake & relaxed	No response to ET suction or other procedure

Nurse interpreted level of sedation takes into account the bedside nurse expertise and normal behaviour or mannerisms as reported by parents/ guardians. Allows for interpretation to include emotional and neurodevelopmental factors.



First assess the COMFORT B Score then assess the pain score and the NISS.



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By utilising a pain score in combination with a COMFORT Behavioural Score the interpreter can more accurately determine if the high score is in relation to pain or under-sedation

A high COMFORT Score can indicate pain, or can indicate distress as a result of behavioural factors- anxiety, separation from parents, confusion or grief. A knowledge of the child's baseline behaviours will assist in distinguishing causes of high COMFORT B Scores.

If the FACES is reported as 4 or more this is indicative of a sufficient level of pain that a pharmacological or non-pharmacological intervention should be initiated. Non-pharmacological methods of pain relief and comfort must always be considered in combination with pharmacological methods

Nurse Interpreted Score for Sedation (0 – 3) (NISS)

The NISS is designed and validated for use as an adjunct to the COMFORT B Scoring, NOT suitable for use on it's own.

Takes into account the bedside nurse expertise in combination with the normal behavioural mannerisms as reported by family members.

The NISS allows the bedside nurse to interpret and classify the patients' level of sedation while accounting for emotional and neurodevelopmental factors to identify if the patient's sedation should continue unchanged, be reduced or be increased

SCENARIO 1: COMFORT B score 20 - Should indicate under-sedation requiring an **INCREASE** in sedation
 Patient known to have movement disorder & nurse aware he waves his arms repeatedly when happy, significantly increasing COMFORT B score.
 Patient allocated NISS 2 - no increase in sedation necessary as patient is comfortable

SCENARIO 2: COMFORT B score 9 - Should indicate over-sedation requiring an **DECREASE** in sedation and/ or analgesia
 Nurse aware parents have reported their child becomes very still and quiet when in pain or distressed.
 Patient allocated NISS 1 - sedation and/or analgesia adapted to provide comfort