

AUDIT TOOL

**Infants and Children: Management of Acute and Procedural Pain
in the Emergency Department 1st Edition Clinical Practice Guideline**



Health

Facility: _____ Ward: _____		(affix patient label here)
Triage Time Patient Age	Time: ___:___ (24 hour clock) Date: ___/___/___ DD/MM/YY Age: _____ (years or months if <2 years) Weight : ___ kg <input type="checkbox"/> No weight documented in record	
Pain score or descriptors at triage	Pain Score _____ Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> <input type="checkbox"/> No documentation of pain score/category in record	
Tool used during presentation	<input type="checkbox"/> NIPS (Neonatal Infant Pain Score) < 2 months <input type="checkbox"/> FLACC (Face Leg Activity Cry & Consolability) 2 months -7 years <input type="checkbox"/> Faces Pain Scale – revised > 4 years <input type="checkbox"/> Linear Scale > 7 years <input type="checkbox"/> Tool used not documented	
Pain relief given	<input type="checkbox"/> No pain relief given <input type="checkbox"/> Play/ distraction <input type="checkbox"/> Physical eg. ice, elevation, sling, splint <input type="checkbox"/> Pharmacological –oral, topical, rectal <input type="checkbox"/> Pharmacological –intranasal, intravenous, intramuscular <input type="checkbox"/> Pharmacological – local or regional block Was analgesia the right dose for weight? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> No documentation in record	
Was the analgesia administered appropriate to the pain score	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Effect of pain relief measured	Time: ___:___ (24 hour clock) Date: ___/___/___ (DD/MM/YY) <input type="checkbox"/> Text description <input type="checkbox"/> Pain tool used <input type="checkbox"/> Score _____ <input type="checkbox"/> No documentation in record	
*Time from documented identification of pain to administration of analgesia	___ ___ hours/minutes	
Signature: _____		Designation: _____

THIS IS NOT A MEDICAL RECORD FORM

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COMPLETING THE AUDIT TOOL

This audit tool accompanies the *Management of Acute and Procedural Pain in the Emergency Department: 1st Edition Clinical Practice Guideline*.

- ✓ Select records of patients with injury or pain as the presenting problem
 - ✓ All dates are in DD/MM/YY format & times are in HH:MM 24 hour clock format
 - ✓ Patient label must be attached to each sheet
 - ✓ All fields are mandatory
 - ✓ The signature and designation boxes are to record the name of the person completing the form
- *Identification of pain can be at any point in the presentation