

# Smerte hos barn:

## Barn, foreldre og helsepersonell, hvordan evalueres smerte ?

Årlige vårseminar for Nasjonalt kompetansenettverk for legemidler til barn  
Oslo, 16 Juni 2014

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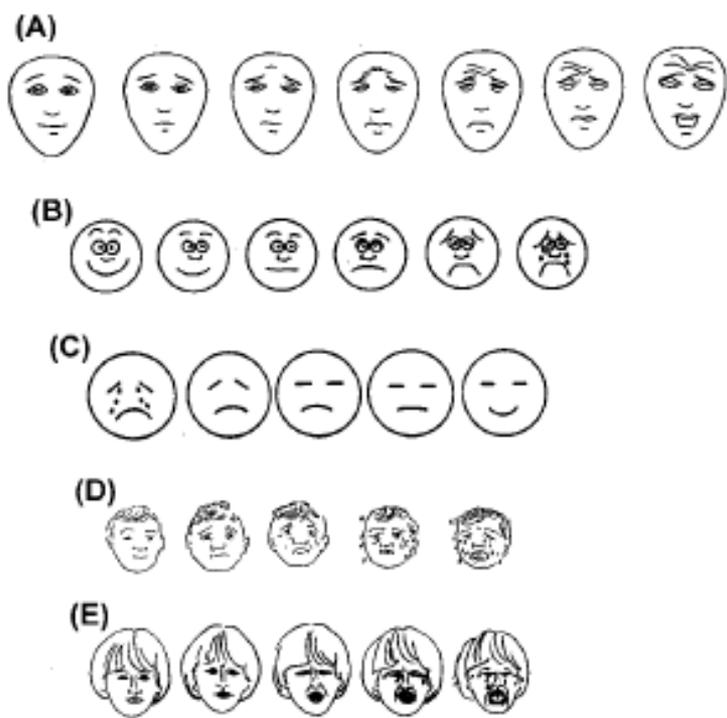
Allmennlege, Bergen Legevakt

Stipendiat (AFU) i samarbeid med Nasjonalt kompetansesenteret for legevaktmedisin.

Stipendmidler fra Norsk Barnesmerteforening

Stipendmidler fra Nasjonalt kompetansenettverk for legemidler til barn

- Det er tidligere funnet at lege, sykepleier, helsepersonell, foreldre og barn ikke har den samme vurderingen av smerter
- Chambers, C.T., et al., *Agreement between child and parent reports of pain*. Clin J Pain, 1998. **14**(4): p. 336-42.
  - N=110, 7-12 years, Bieri FPS
  - Parents tended to underestimate their children's pain on the day of surgery and the following day, but not on the second day following surgery.
  - Parents' underestimation of their child's pain may contribute to inadequate pain control.



- Chambers, C.T., et al., *A comparison of faces scales for the measurement of pediatric pain: children's and parents' ratings*. *Pain*, 1999. **83**(1): p. 25-35.

- N=75, 5-12 years
- The level of agreement between child and parent reports of pain was low and did not vary as a function of the scale type used; parents overestimated their children's pain using all five scales. Children and parents preferred scales that they perceived to be happy and cartoon-like. The results of this study indicate that subtle variations in the format of faces scales do influence children's and parents' ratings of pain in clinical settings.

Fig. 1. The five faces scales. (A) Bieri et al. scale: Reprinted from Bieri D, Reeve RA, Champion GD, Addicoat L, Ziegler JB. The Faces Pain Scale for the self-assessment of the severity of pain experience by children: development, initial validation, and preliminary investigation for ratio scale properties. *Pain* 1990;41:139-150, with permission from Elsevier Science; (B) Wong & Baker FACES Pain Rating Scale: From Wong D. Whaley and Wong's essentials of pediatric nursing 5th ed. 1997 p. 1215. Copyrighted by Mosby-Year Book, Inc. Reprinted by permission. The instructions that typically accompany the scale are: Face 0 = no hurt; Face 1 = hurts a little bit; Face 2 = hurts little more; Face 3 = hurts even more; Face 4 = hurts whole lot; Face 5: hurts worst; (C) Maunukela et al. scale: From Maunukela EL, Olkkola KT, Korpela, R. Measurement of pain in children with self-reporting and behavioral assessment. *Clinical Pharmacology Therapeutics* 1987;42:137-141, with permission; (D) LeBaron & Zeltzer scale: LeBaron S, Zeltzer L. Assessment of acute pain and anxiety in children and adolescents by self-reports, observer reports, and a behaviour checklist. *Journal of Consulting and Clinical Psychology* 1984;52: 729-738. Copyright © 1984 by the American Psychological Association. Reprinted with permission; (E) Kuttner & LePage scale: From Kuttner L, LePage T. Faces scales for the assessment of pediatric pain: a critical review. *Canadian Journal of Behavioral Science* 1989;21:198-209, with permission.

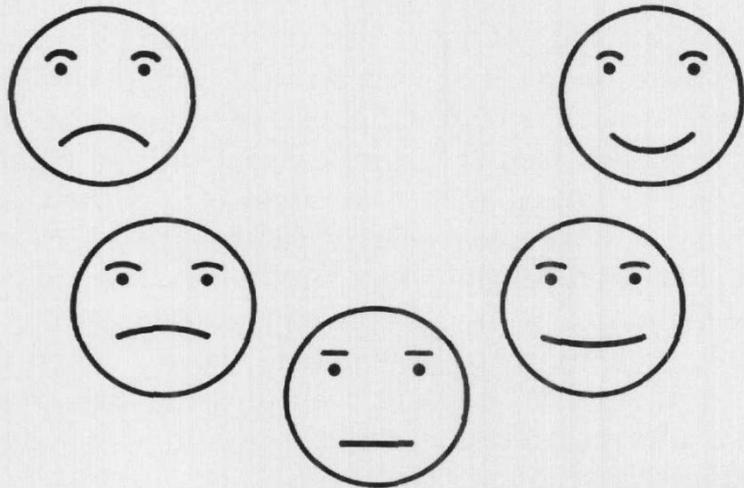


Figure 1. Smiley Analog Scale (SAS). Reproduced with permission from: Pothman R. Comparison of the visual analog scale (VAS) and a smiley analog scale (SAS) for the evaluation of pain in children. *Adv Pain Res Ther.* 1990; 15:95-9.

- Singer, A.J., J. Gulla, and H.C. Thode, Jr., *Parents and practitioners are poor judges of young children's pain severity.* *Acad Emerg Med*, 2002. **9(6)**: p. 609-12.
  - N=63, 5-12 years
  - Correlation between child and parent scores was 0.47 ( $p < 0.001$ ). Correlation between child and practitioner scores was 0.08 ( $p = 0.54$ ). Correlation between parent and practitioner scores was 0.04 ( $p = 0.001$ ). **CONCLUSIONS:** There is poor agreement between pain ratings by children, parents, and practitioners. It is unclear which assessment best approximates the true degree of pain the child is experiencing.