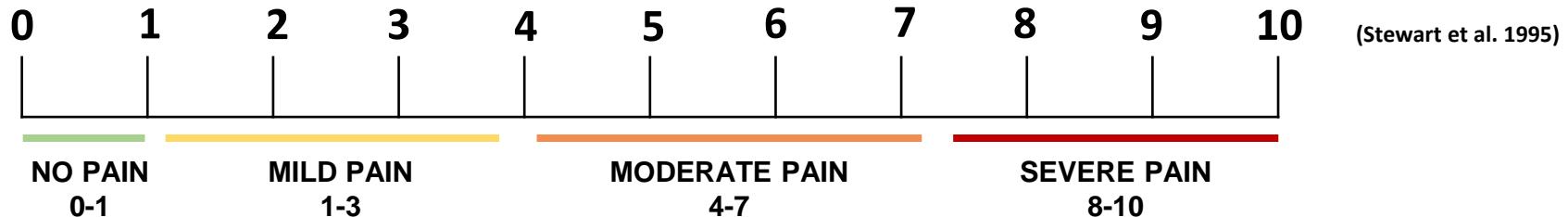


Alder Hey Triage Pain Score (0-10)

Pain score, can be replaced with appropriate alternative validated pain score e.g. FACES, CRIES, Patient Reported Score.
 AHTPS of 4 or more is sufficient pain level to require intervention.

RESPONSE	SCORE 0	SCORE 1	SCORE 2
Cry / Voice	No complaint/ no cry	Consolable/ Not talking/ negative	Inconsolable/complaining of pain
Facial Expression	Normal	Short grimace <50% of time	Long Grimace >50% of time
Posture	Normal	Touching, rubbing, sparing	Defensive/Tense/ rigid/ arched
Movement	Normal	Reduced or restless	Immobile or Thrashing
Colour	Normal	Pale	Very Pale/ Green/Grey



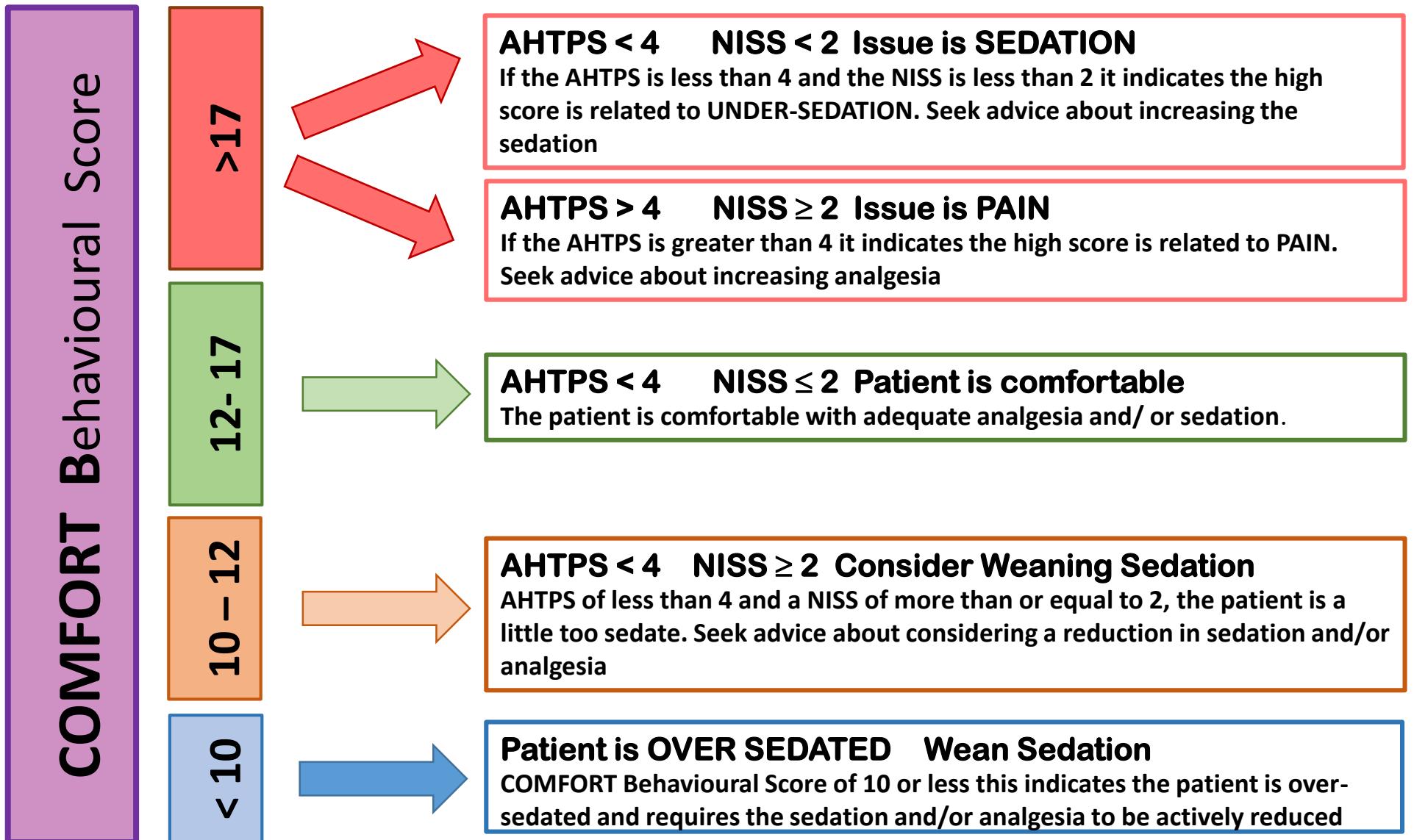
Nurse Interpreted Score for Sedation

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 FLACCS and the NISS.



Alder Hey Triage Pain Score

(0 – 10)

- 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 B 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 differentiating potential causes of high COMFORT B Scores.
- AHTPS score can be replaced with any appropriate alternative validated pain score e.g. FLACCS, FACES, CRIES, Patient Reported Score.

If the AHTPS 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 most up to date version of the COMFORT B Score advocates the use of a 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