



Service Priorities and Programmes
Electronic Presentations

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Pediatric - We care

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Introduction

Pain is the most common reason for patient to seek medical consultation in emergency department (Downey LVA and Zun LS). In Tseung Kwan O Hospital Emergency Department, approximate 9.28% is pediatric patient. However, it is difficult to assess pediatric patient pain level. In addition, there had no specific pain assessment tools for this special care need group client in our AED. Various assessment tools for pediatric pain are available. It can be divided into self-report and observational. Visual analogue scale (VAS), Wong-Baker Faces Pain Rating Scale, Faces Pain Scale-Revised and Poker chip tool are self-report pain assessment tools. FLACC Pain assessment tool, Procedure Behavior Checklist (PBCL), Children's Hospital of Eastern Ontario Pain Scale and COMFORT Scale are most commonly used observational pain assessment tools. However, which assessment is suitable for high flow and high volume AED?

Objectives

To enhance pediatric pain assessment by evidence based approach

Methodology

Literature search on various pediatric pain assessment tools, select appropriate assessment tools for AED. Consult TKOH pediatric department to ensure use same pain assessment tools for make certain continuity of care. Get top management support and invite front line staff participate tools selection process to engage colleagues and get buy in.

Result

Self-report can truly direct measure of pain and considered as 'gold standard' of pain measurement tool for pediatric clients (Nair, S 2013). The high flow and high volume AED nature, an easy to use tool is the key for facilitate promulgation and get staffs buy in. Wong-Baker Faces Pain Rating Scale is the most appropriate one which is well established, valid and easy to use for both child and staff. Wong-Baker Faces Pain Rating Scale was integrated in Tseung Kwan O hospital A&E Department comprehensive pain assessment tools.