



**NATIONWIDE  
CHILDREN'S**  
*When your child needs a hospital, everything matters.™*

## Helping Hand™

### Caregiver Controlled Analgesia (CCA) Inpatient

You have been chosen and have agreed to act as a proxy to give small doses of pain medicine to your child. Please read this handout. A nurse will go over this information with you. Please ask the nurse if you have any questions.

#### Terms you will hear

- **PCA** – Patient Controlled Analgesia - We use these initials to describe the machine that gives the pain medicine.
- **Proxy** – A person (not the child) who has permission to push the PCA machine button. This can be a nurse or an authorized caregiver.
- **Lockout or lockout interval** – The number of minutes the machine has to wait before a dose of the medicine can be given. The machine cannot give more medicine no matter how many times the button is pushed.
- **Bolus Dose** – The amount of medicine given when the button is pushed.
- **Basal Rate** – The amount of medicine given continuously over one hour.
- **Hourly Limit** – The machine is set to only give a certain amount of medicine each hour.
- **Sedation** – This is if the child is too sleepy, drowsy or groggy.
- **Pain** – Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Pain is whatever your child says it is and whenever the child says it is happening.

#### How to tell when the child is hurting

You will use one of the pain scales on the following page to help you decide how much pain your child is having. We will help you pick the best one for the individual child. Please use the same scale every time.

## Subjective Pain Scales

### 1. FLACC Non-Verbal Pain Scale

This tool is best for children under 3 years or children who cannot talk.

Categories	Scoring		
	0	1	2
<b>Face</b>	No Particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
<b>Legs</b>	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
<b>Activity</b>	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid or jerking
<b>Cry</b>	No cry, awake or asleep	Moans or whimpers, occasional complaint	Cries steadily, screams or sobs, frequent complaints
<b>Consolability</b>	Content, relaxed	Reassured by occasional touching, hugging or talking to; distractible	Difficult to console or comfort

### 2. FACES (3 years of Age and Older)

Show me how you feel by POINTING to the face.



### 3. Visual Analog Scale (VAS) (8 years of Age and Older)

On this chart the “0” means no pain, each number means a little more pain, and “10” means most pain possible.



## How it works

You will choose a pain level for the child from the above scales. Based on the numbers, you will decide if the PCA button needs to be pushed (for pain medicine to be given to your child.)

## When to push the button

- Push the button when you are sure your child is having pain. If the child is old enough, ask him or her to use a pain scale.
- Push the button before something painful happens, like a dressing change or when the child gets out of bed for the first few times. It is best to push the button about 10 minutes before the painful thing is going to happen.

## When NOT to push the button

- Do not push the button if the child is asleep or seems too groggy and has trouble staying awake.

The goal is to make the child as comfortable as possible, but it may not take away all of the pain. It is OK if he or she hurts a little with moving or coughing, but the pain should go back down when these things are stopped.

**No caregiver other than you may push the button for the patient.** This means that the patient or other family members may not push the button. Only the people approved to be Proxy and Proxy # 2 (a back-up person – usually your child's nurse) may push the button.

## **DO NOT PUSH THE PCA BUTTON WHILE THE CHILD IS ASLEEP.**

Call your child's nurse if the pain is not better after three (3) or more button pushes in one hour.

There is usually some sleepiness with pain medicine. If the child is too sleepy and hard to wake up, or breathing is shallow at night, you need to tell your nurse. The machine has a built-in limit, but pushing the button when the patient is asleep or too groggy can be dangerous. Following these rules will help keep your child safe.

## Side effects

Strong pain medicines (opioids) can have some serious side effects. If you see any of these **tell your child's nurse:**

- Sedation – too sleepy or groggy
- Itching
- Constipation
- Nausea/vomiting
- Urinary retention – trouble passing urine
- Respiratory depression – breathing too slow
- Tolerance – getting used to the medicine so that it does not work as well
- Allergic reactions – rash, hives, trouble breathing

The pain service will be managing the child's pain medication. His or her nurse can contact the pain service 24 hours a day if needed to help with pain problems or side effects from the pain medicine.

**REMEMBER: DO NOT PUSH THE BUTTON IF  
THE CHILD IS ASLEEP!**