

NATIONAL INSTITUTES OF HEALTH
WARREN GRANT MAGNUSON CLINICAL CENTER

PAIN INTENSITY INSTRUMENTS
JULY 2003

FLACC Scale (page 1 of 1)

DATE/TIME						
Face 0 - No particular expression or smile 1 - Occasional grimace or frown, withdrawn, disinterested 2 - Frequent to constant quivering chin, clenched jaw						
Legs 0 - Normal position or relaxed 1 - Uneasy, restless, tense 2 - Kicking, or legs drawn up						
Activity 0 - Lying quietly, normal position, moves easily 1 - Squirming, shifting back and forth, tense 2 - Arched, rigid or jerking						
Cry 0 - No cry (awake or asleep) 1 - Moans or whimpers; occasional complaint 2 - Crying steadily, screams or sobs, frequent complaints						
Consolability 0 - Content, relaxed 1 - Reassured by occasional touching, hugging or being talked to, distractible 2 - Difficult to console or comfort						
TOTAL SCORE						

Indications: Infants and children (2 months – 7 years) unable to validate the presence of or quantify the severity of pain.

Instructions:

- Each of the five (5) categories is scored from 0-2, which results in a total score between 0 and 10.
 - (F) Faces
 - (L) Legs
 - (A) Activity
 - (C) Cry
 - (C) Consolability
- The interdisciplinary team in collaboration with the patient/family (if appropriate), can determine appropriate interventions in response to FLACC Scale scores.

Reference

Merkel, SI, Voepel-Lewis, T., Shayevitz, JR, & Malviya, S. (1997). The FLACC: a behavioral scale for scoring postoperative pain in young children. *Pediatric Nursing*, 23(3): 293-297.