

FLACC Behavioral Pain Assessment Scale

Instructions: Rate patient in each of the five measurement categories.

Add together to determine total pain score.

	0	1	2
Face	No particular expression or smile, eye contact and interest in surroundings	Occasional grimace or frown, withdrawn, disinterested, worried look to face, eyebrows lowered, eyes partially closed, cheeks raised, mouth pursed	Frequent to constant frown, clenched jaw, quivering chin, deep furrows on forehead, eyes closed, mouth opened, deep lines around nose/lips
Legs	Normal positions or relaxed	Uneasy, restless, tense, increased tone, rigidity, intermittent flexion/extension of limbs	Kicking or legs drawn up, hypertonicity, exaggerated flexion/extension of limbs, tremors
Activity	Lying quietly, normal position, moves easily and freely	Squirming, shifting back and forth, tense, hesitant to move, guarding, pressure on body part	Arched, rigid, or jerking, fixed position, rocking, side to side head movement, rubbing of body part
Cry	No cry or moan (awake or asleep)	Moans or whimpers, occasional cries, sighs, occasional complaint	Crying steadily, screams, sobs, moans, grunts, frequent complaints
Consolability	Calm, content, relaxed, does not require consoling	Reassured by occasional touching, hugging, or talking to, distractible	Difficult to console or comfort

Adapted from a behavior pain assessment scale by S. Merkel and others, 1997, *Pediatric Nurse* 23(3), p.293-297

Prognostication & scoring tool excerpt from the *Compassus Hospice Eligibility Guide* 199EG1121

