**Appendix A - Comparison of Pain Tools used in Children**

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| TOOL | USES | PROS | CONS | COMMENTS |
| FLACC [1] | >1yr  Acute  Post op  Minor non-invasive procedures | Validated in children  Class I evidence  Observational  Simple  Low cost | Acute pain | Use in measuring neuropathic/chronic pain use has not been established.  Paralysis |
| COMFORT [2] | Newborn-17yrs  Ventilated patients | Class II evidence  Validated in ventilated patients  Can be used in critical care/PICU setting  Good inter-rater variability  Observational  Simple  Low cost | Acute pain | Ventilated/sedated patients. |
| VAS  Numerical  FACES [3] | Verbal child  Acute or chronic pain | Self-report regarded as best tool in chronic pain | Requires awake and orientated patient | Ventilated/sedated patients.  Challenging in young or paralysed children |
| LANSS [4] | Adult  Neuropathic pain | Specific | Questionnaire format.  Complex | Challenging in young or paralysed children |
| CHEOPS [5] | 1-7yrs  Acute and chronic pain  Post op; fractures; sickle cell disease; immunisations | Proposed 1month-17yrs Observational  Valid | Better in acute setting | Paralysis |
| APPT [6] | 8-17 yrs. | Proposed 2-68 yrs.  Valid  Reliable  Sensitive  May be able to differentiate between neuropathic and nociceptive pain | Adolescents.  Acute pain. | Challenging in young or paralysed children  Translation of lists.  Sedation/ventilation |
| NCCPC-R [7] | 3-18 yrs.  With neurological impairment  Children who are unable to speak | Incorporates physiological variables.  Simple.  Cost effective | Neurocognitive impairment | Autonomic instability may occur as part of GBS.  Paralysis. |

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