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

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| TOOL | USES | PROS | CONS | COMMENTS |
| FLACC [1] | >1yrAcutePost opMinor non-invasive procedures | Validated in childrenClass I evidenceObservationalSimpleLow cost | Acute pain | Use in measuring neuropathic/chronic pain use has not been established.Paralysis |
| COMFORT [2] | Newborn-17yrsVentilated patients | Class II evidenceValidated in ventilated patients Can be used in critical care/PICU settingGood inter-rater variabilityObservationalSimpleLow cost | Acute pain | Ventilated/sedated patients. |
| VASNumerical FACES [3]  | Verbal childAcute 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] | AdultNeuropathic pain | Specific | Questionnaire format.Complex | Challenging in young or paralysed children |
| CHEOPS [5] | 1-7yrsAcute and chronic painPost 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.ValidReliableSensitiveMay 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 impairmentChildren 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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