

FLACC Pain Scale

(Face, Legs, Activity, Cry, and Consolability)

Name:		Date:	
Rater:			
Instructions For assessing patients who are awake · Begin by observing the patient for at least 2-5 minutes. · Make sure to observe with their legs and body uncovered, if possible. · Reposition the patient or observe their activity. This will help to assess the body for tenseness and tone. · Touch the patient's body to assess for tenseness or tone. · Use the scale below to score each category from 0-2. For assessing patients who are asleep · Start by observing the patient for at least 5 minutes or longer. · Make sure to observe their body and legs uncovered. · Reposition the patient if possible. · Touch the patient's body and assess for tenseness and tone. · Use the scale below to score each category from 0-2.			
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Behavior	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting, back and forth, tense	Arched, rigid or jerking
Cry	No cry (awake or asleep)	Moans or whimpers; occasional complaint	Crying steadily, screams, sobs, frequent complaints
Consolability	Content, relaxed	Reassured by touching, hugging or being talked to, distractible	Difficult to console or comfort
Total score:			

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Interpretation
0 = Relaxed and comfortable 1-3 = Mild discomfort 4-6 = Moderate pain 7-10 = Severe discomfort/pain
Additional notes