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NPASS vs. FLACC

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Introduction

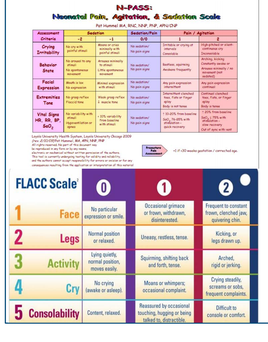
- CHLA NICCU has been ranked #2 in the nation for 2 years running. We are a Level 4 NICCU capable of treating the highest acuity.
- Our babies undergo difficult operations and procedures. Patients in our NICCU are not typical “feeder-growers”. This accounts for more frequent painful experiences.
- Using the NPASS pain scale has been current practice in patients > 44 weeks CGA; however, this doesn’t match CHLA policy.Policy CC-072.0 states we are to use FLACC for patients who meet this criteria.

Aim

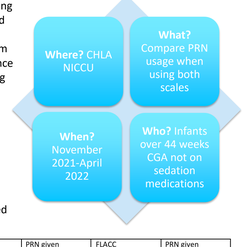
- The purpose of this EBP project is to use the most appropriate pain scale based off the patient’s developmental status and level of care received.
- **PICOT Question**

Population - In hospitalized infants greater than 44 weeks CGA off sedation medication
Intervention - does the use of the pain scales
Comparison - NPASS versus FLACC
Outcome - result in a reduction of unnecessary pharmacological intervention
Time - over 6 months time

Methods



- After performing an evidence synthesis using EBSCO host I narrowed down my search to include 10 articles from Levels II to V of evidence supporting our existing hospital policy.
- Then I individually assessed and scored my patients using both the NPASS and FLACC scales.
- Next, using the excel sheet below, I collected data on PRN usage.

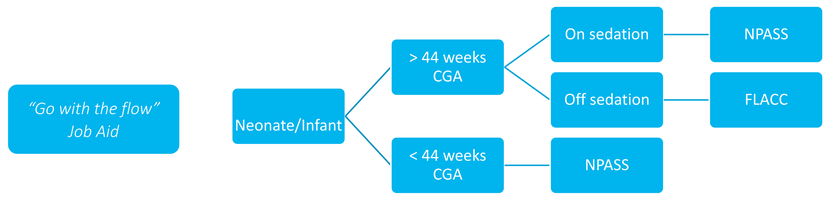


	NPASS	PRN given	FLACC	PRN given
Assessment 1		Yes/No		Yes/No

Results

- I found that using FLACC would result in a reduction of pharmacological intervention and that the pain scores were overall lower when using FLACC instead of NPASS.
- There would have been a lesser incidence of needing to give a PRN medication using FLACC compared to usingNPASS.
- As presented in Table 2, the use of NPASS resulted in triple the amount of PRN medications given in comparison to FLACC.

Tables/Figures



Average scores in patients exhibiting symptoms of pain

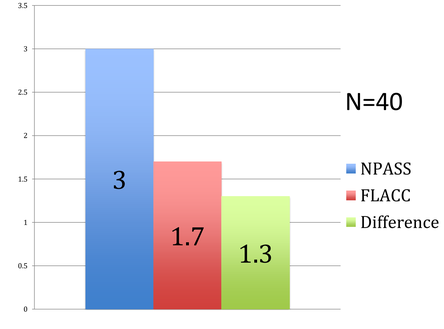


Table 1

Percentage of PRN’s given in patients’ exhibiting signs of pain

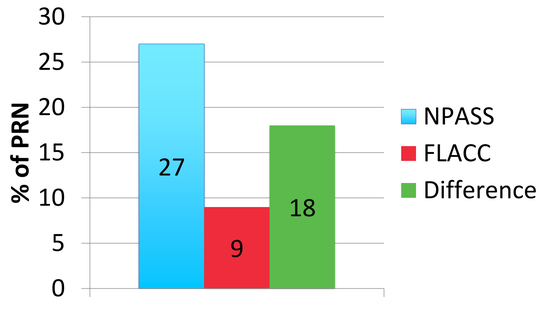


Table 2

Conclusions

- Overall, the data reiterates that we should follow our hospital policy and use the most appropriate pain scale for our patients age.
- I’d hope to see more research on whether or not this impacts patient’s pain scores and overall treatment of pain.
- We can adopt another pain scale for patients >44 weeks CGA on sedation medications or update the CHLA policy.

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