FLACC Behavioral Pain Scale

Patients who are awake: Observe for at least 2-5 minutes. Observe legs and body uncovered. Reposition patient or observe activity, assess body for tenseness and tone. Initiate consoling interventions if needed.

Patients who are asleep: Observe for at least 5 minutes or longer. Observe body and legs uncovered. If possible reposition the patient. Touch the body and assess for tenseness and tone.

Face
- Score 0 point if patient has a relaxed face, eye contact and interest in surroundings
- Score 1 point if patient has a worried look to face, with eyebrows lowered, eyes partially closed, cheeks raised, mouth pursed
- Score 2 points if patient has deep furrows in the forehead, with closed eyes, open mouth and deep lines around nose/lips

Legs
- Score 0 points if patient has usual tone and motion to limbs (legs and arms)
- Score 1 point if patient has increase tone, rigidity, tense, intermittent flexion/extension of limb
- Score 2 points if patient has hyper tonicity, legs pulled tight, exaggerated flexion/extension of limbs, tremors

Activity
- Score 0 points if patient moves easily and freely, normal activity/restrictions
- Score 1 point if patient shifts positions, hesitant to move, guarding, tense torso, pressure on body part
- Score 2 points if patient is in fixed position, rocking, side-to-side head movement, rubbing body part

Cry
- Score 0 points if patient has no cry/moan awake or asleep
- Score 1 point if patient has occasional moans, cries, whimper, sighs
- Score 2 points if patient has frequent/continuous moans, cries, grunts

Consolability
- Score 0 points if patient is calm and does not require consoling
- Score 1 point if patient responds to comfort by touch or talk in ½-1 minute
- Score 2 points if patient requires constant comforting or unable to console

Whenever feasible, behavioral measurement of pain should be used in conjunction with self-report. When self-report is not possible, interpretation of pain behaviors and decision making regarding treatment of pain requires careful consideration of the context in which the pain behaviors were observed.

Each category is scored on the 0-2 scale which results in a total score of 0-10

Assessment of Behavioral Score:
- 0 = Relaxed and comfortable
- 1-3 = Mild discomfort
- 4-6 = Moderate pain
- 7-10 = Severe discomfort/pain

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