

Mock Scenario Tonsillectomy

We have developed this scenario to provide an outline of the performance we expect and the criteria that the test of competence will assess.

The Code outlines the professional standards of practice and behaviour which sets out the expected performance and standards that are assessed through the test of competence.

The Code is structured around four themes – prioritise people, practise effectively, preserve safety and promote professionalism and trust. These statements are explained below as the expected performance and criteria. The criteria must be used to promote the standards of proficiency in respect of knowledge, skills and attributes. They have been designed to be applied across all fields of nursing practice, irrespective of the clinical setting and should be applied to the care needs of all patients.

Please note - this is a mock OSCE example for education and training purposes only.

The marking criteria and expected performance only applies to this mock scenario. They provide a guide to the level of performance we expect in relation to nursing care, knowledge and attitude. Other scenarios will have different assessment criteria appropriate to the scenario.

Evidence for the expected performance criteria can be found in the reading list and related publications on the learning platform.

| Theme from the Code | Expected Performance and Criteria |
|---|--|
| Promote professionalism | Behaves in a professional manner respecting others and adopting non-discriminatory behaviour. Demonstrates professionalism through practice. Upholds the patient's dignity and privacy. |
| Prioritise people | Introduces self to the patient at every contact. |
| | Actively listens to the patients and provides information and clarity. |
| | Treats each patient as an individual showing compassion and care during all interactions. Displays compassion, empathy and concern. Takes an interest in the patient. |
| | Respects and upholds people's human rights. Upholds respect by valuing the patient's opinions and being sensitive to feelings and/or appreciating any differences in culture. |
| | Checks that patient is comfortable, respecting the patient's dignity and privacy. |
| Infection prevention and control | Adopts infection control procedures to prevent healthcare-associated Infections at every patient contact. |
| | Applies appropriate Personal Protective Equipment (PPE) as indicated by the nursing procedure in accordance with the guidelines to prevent healthcare associated infections. |
| | Disposes of waste correctly and safely. |
| Care, compassion and communication | Seeks patient's permission/consent to carry out observations/procedures at every patient contact. |
| | Checks patient identity correctly both verbally, and/or with identification bracelet and the respective documentation at every patient contact. |
| | Uses a range of verbal and nonverbal communication methods. Displays good verbal communication skills by appropriate language use, some listening skills, paraphrasing, and appropriate use of tone, volume and inflection. Good non-verbal communication including elements relating to position (height and patient distance), eye contact and appropriate touch if necessary. |

| | |
|---|---|
| Practice effectively | Maintains the knowledge and skills needed for safe and effective practice in all areas of clinical practice. |
| Organisational aspects of care specific to specific skills | Ensures people's physical, social and psychological needs are assessed. |
| | Completes physiological observations accurately and safely for the required time using the correct technique and equipment. |
| | Ensures any information or advice given is evidence based including using any healthcare products or services. |
| Documentation | Documents all nursing procedures accurately and in full, including signature, date and time. |
| | Writes patient's full name and hospital number clearly so that it can be easily read by others. |
| | Records the date, month and year of all observations. |
| | Charts all observations accurately. |
| | Scores out all errors with a single line. Additions are dated, timed and signed. |
| | Writes the record in ink. |
| Preserve safety | Supplies, dispenses or administers medicines within the limits of training, competence, the law, the NMC and other relevant policies, guidance and regulations. |
| Medicine management | |

The Mock OSCE is made up of four stations: assessment, planning, implementation and evaluation. Each station will last approximately fifteen minutes and is scenario based. The instructions and available resources are provided for each station, along with the specific timing.

Scenario

Sam Evans has been admitted to the Surgical Ward for an elective Tonsillectomy today and is accompanied by a carer.

You will be asked to complete the following activities to provide high quality, individualised nursing care for the patient, providing an assessment of her needs using a model of nursing that is based on the activities of living. All four of the stages in the nursing process will be continuous and will link with each other.

| Station | You will be given the following resources |
|--|--|
| <p>Assessment – 15 minutes You will collect, organise and document admission information about the patient.</p> | <ul style="list-style-type: none"> • Assessment overview and documentation (pages 9-11) • Wong-Baker Faces Pain Rating scale (ticked) (page 24) |
| <p>Planning – 15 minutes You will complete the planning template to establish how the care needs of the patient will be met, how these are prioritised and what evidence-based nursing care you'll provide.</p> | <ul style="list-style-type: none"> • A partially completed nursing care plan for two nursing care and self-care needs (pages 12-15) • A blank National Early Warning score chart 2 (PEWS2) (page 23) |
| <p>Implementation – 15 minutes You will administer medications while continuously assessing the individual's current health status.</p> | <ul style="list-style-type: none"> • An overview and Medication Administration Record (MAR) (pages 16-19) • Wong-Baker Faces Pain Rating scale (ticked) (page 24) |
| <p>Evaluation – 15 minutes You will document the care that has been provided so that this is communicated with other healthcare professionals, provide a record of clinical actions completed, disseminate information and demonstrate the order of events relating to individual care.</p> | <ul style="list-style-type: none"> • An overview and transfer of care letter for admission to a discharge lounge (pages 20-22) • A blank National Early Warning score chart 2 (NEWS2) (page 23) |

On the following page, we have outlined the expected standard of clinical performance and criteria. This marking matrix is there to guide you on the level of knowledge, skills and attitude we expect you to demonstrate at each station.

Assessment Criteria

Introduce self to child and carer

Explain to the child and family the purpose and format of the assessment process and gain consent

Determine the relationship of the adult present to the child

What is the family composition? Who lives at home with the child? Do they have siblings? If so, what are their names and ages.

May establish who has parental responsibility for the child

Establish what the child likes to be called

Be welcoming in a warm, friendly fashion

Maintain good eye contact throughout

Use jargon-free, non-technical terms throughout

Encourage the child and family to ask questions and voice any concerns. Use a mixture of open and closed questions

May ask what the child and family's first language is? If it is not spoken English, do they need an interpreter or 'signer' to be present?

Demonstrate respect for the child's gender, cultural and religious beliefs throughout the assessment

Clarify understanding of issues raised by reflecting back the child's and parent's statements, such as 'What happens when your child eats peanuts?'

May check the height and weight recorded for the child with the child or parent

Find out what the child and family's reason for attending the hospital or clinic is

Ask the child and family to describe the symptoms of the illness or problem in their own words

Has the child been in hospital before? If so, when was this and what was wrong with them?

May check for allergies

What medicines is the child currently taking? (Note the dosage and frequency of all medicines)

Has the child been immunised? (If so, take details of which vaccinations they have received and when. Check this against the current recommended immunisation schedule. Make a note of any vaccinations they have not received and the reason why.)

Accurately complete the admission documentation.

Planning Criteria

Handwriting is clear and legible for problems one and two

Identify two relevant nursing problems / needs

Identify aims for both problems

Set appropriate evaluation date for both problems

Ensure nursing interventions are current / relate to EBP / best practice

Self-care opportunities identified and relevant

Professional terminology used in care planning

Confusing abbreviations avoided

Ensure strike-through errors retain legibility

Print, sign and date

Implementation Criteria

Clean hands with alcohol hand rub, or wash with soap and water, and dry with paper towels

Introduce self to child and parent

| |
|---|
| Check that the name and either date of birth or hospital number on the medication chart corresponds with the details on the child's name band and checks this verbally with the child or parent |
| May identify if the child has any previous experience of taking medication and if so, what the experience was like |
| Check the child does not have any known allergy or contra-indication to the prescribed medication (if the child does, do not give the medication and inform the responsible prescriber immediately) |
| Before administering any prescribed drug, look at the person's prescription chart and check the following is correct: |
| Person |
| Drug |
| Calculation of dose |
| Dose given |
| Date and time of administration |
| Route and method of administration |
| Ensures: |
| Validity of prescription |
| Signature of prescriber |
| The prescription is legible |
| Confirm height and weight of the child with parent or MAR |
| Identify and administer drugs due for administration correctly and safely |
| Explain to the child using age and developmentally appropriate language what medication is due and why |

| |
|---|
| Negotiate roles for the administration of the medication with the child and parent/carer |
| Provide positive reinforcement as appropriate during and following administration of medication |
| Omit drugs not to be administered and provides verbal rationale (ask candidate reason for non-administration if not verbalised) |
| Accurately record drug administration and non-administration |

| Evaluation Criteria |
|--|
| Clearly describe reason for initial admission and diagnosis |
| Record date of admission |
| Identify main nursing needs |
| Record approaches and interventions used |
| Outline current ability to self-care based on the person's care plan |
| List areas identified for health education |
| Documents allergies |
| Ensure strike-through errors retain legibility |
| Print, sign and date |

Appendices
Tonsillectomy

Candidate's Name: _____

| Scenario |
|--|
| <p>Sam Evans has arrived with a carer at the surgical ward to be admitted for an elective tonsillectomy.</p> <p>You are a children's nurse working in the Surgical ward and have been asked to complete the nursing admission paperwork for Sam Evans.</p> |

Assume it is **TODAY** and it is **08:00**.

This documentation is for your use and is **not marked** by the examiners.

Assessment Candidate Documentation
Tonsillectomy

Test of Competence NHS Trust

**Child Inpatient Admission/Discharge Form
and Trust Core Patient Activities of Living
Initial Assessment**


Hospital Number 0004321



SAM EVANS
MALE
01/01/2015
41 ALMOND CLOSE,
TATTERELL, LL12 TBU

| | | |
|---|--|--|
| Ward: SURGICAL | | |
| Date of admission: TODAY | Time: 07:00 | Next of Kin details: |
| Consultant: | MISS LEGUME | |
| Admitting nurse: | | Name: |
| Patient details: | | Relationship: |
| Name: | SAM EVANS | Address: |
| Address: | 1 SWEET STREET, WESTSHIRE | Post code: |
| Post code: | WW6 5PQ | Mobile: |
| Date of birth: | 01/01/2015 | GP details |
| Height: | 104 CM | Name: |
| Weight on admission: | 17 KG | Address: |
| Ethnicity: | | Telephone: |
| Religion: | | Post code: |
| Special dietary needs: | Yes <input type="checkbox"/> No <input type="checkbox"/> | School/Nursery: |
| If yes, please specify: | | Are immunisations up to date? |
| Language spoken by: | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Child: | Family: | Recent contact with infectious illnesses: |
| Permission to put child's name on the board? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Allergies (include medicines, latex, food, other): | | State reaction experienced: |
| | | |
| Regular medications: | | |
| | | |
| Where have you lived in the past 6 months: | | Parent resident? |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Temporary address (overseas patients): | | Who does the child live with: |
| | | |
| Post code: | | |

Assessment Candidate Documentation
Tonsillectomy

Hospital Number 0145692498

 SAM EVANS
 MALE
 01/01/2015
 41 ALMOND CLOSE,
 TATTERELL, LL12 TBU

| | |
|--|--|
| Reason for admission: | Past medical history: |
| Is this a re-admission: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| How many previous admissions in the last 12 months: | |
| Significant social information: | Additional professionals: Health visitor: Telephone number: Social worker: Telephone number: Community nurse: Telephone number: |
| | Is the child in pain? Yes <input type="checkbox"/> No <input type="checkbox"/> Pain score: Pain tool used: |

Candidate's Name: _____

Note to Candidate:

- Document to NMC standards
- Your examiner will retain all documentation at the end of the station

| |
|----------|
| Scenario |
|----------|

| |
|---|
| Sam Evans arrived with a carer at the paediatric surgical ward this morning for an elective tonsillectomy. Sam has returned from recovery and is back on the paediatric surgical ward for further observation. Sam is accompanied by their carer. |
|---|

Based on your nursing assessment of Sam Evans, please produce a nursing care plan for **2 relevant aspects of nursing and family-centred care suitable for Sam and their carer for the next 24 hours.**

Complete **all** sections of the care plan.

Assume it is **TODAY** and it is **11:30**.

Candidate's Name: _____

Note to Candidate:

- Talk to the person
- Please verbalise what you are doing and why
- Read out the chart and explain what you are checking/giving/not giving and why
- Complete all the required drug administration checks
- Complete the documentation and use the correct codes
- The correct codes are on the chart and on the drug trolley
- Check and complete the last page of the chart
- All the medications on the Medication Administration Record do not require second checking.
- You have 15 minutes to complete this station, including the required documentation
- Please proceed to administer and document their 16:00 medications in a safe and professional manner

| Scenario |
|---|
| <p>Sam Evans was admitted to the paediatric surgical ward today for an elective tonsillectomy. Sam returned from recovery at 11.30.</p> <p>Sam has returned from recovery and is back on the paediatric surgical ward for further observation. Sam is accompanied by their carer.</p> |

Please administer and **document** Sam's 14:00 medications in a safe and professional manner.

Complete **all** sections of the documentation.

Assume it is **TODAY** and it is **14:00**.

| | | | |
|-----------------------------------|-------------------|---|--|
| Prescription Chart for: | SAM EVANS MALE | HOSPITAL NUMBER: DATE OF BIRTH: ADDRESS: | 0145692498 01/01/2015 41 ALMOND CLOSE TATTERELL, LL12 TBU |
| ADMISSION DATE & TIME: | TODAY 08:00 | WARD: | SURGICAL WARD |

| KNOWN ALLERGIES OR SENSITIVITIES | | TYPE OF REACTION | |
|---|--------------------------|-------------------------|-------|
| PENICILLIN | | ANAPHYLAXIS | |
| | | | |
| Signature: | <i>Dr V Phillip 3459</i> | Date: | TODAY |

| INFORMATION FOR PRESCRIBERS: | INFORMATION FOR NURSES ADMINISTERING MEDICATIONS: | |
|--|--|---|
| USE BLOCK CAPITALS. | RECORD TIME, DATE AND SIGN WHEN MEDICATION IS ADMINISTERED OR OMITTED AND USE THE FOLLOWING CODES IF A MEDICATION IS NOT ADMINISTERED. | |
| SIGN AND DATE AND INCLUDE BLEEP NUMBER. | | |
| SIGN AND DATE ALLERGIES BOX- IF NONE- WRITE "NONE KNOWN". | 1. PATIENT NOT ON WARD. | 6. ILLEGIBLE/INCOMPLETE PRESCRIPTION OR WRONGLY PRESCRIBED MEDICATION. |
| RECORD DETAILS OF ALLERGY. | 2. OMITTED FOR A CLINICAL REASON | 7. NIL BY MOUTH |
| DIFFERENT DOSES OF THE SAME MEDICATION MUST BE PRESCRIBED ON SEPARATE LINES. | 3. MEDICINE IS NOT AVAILABLE. | 8. NO IV ACCESS |
| CANCEL BY PUTTING LINE ACROSS THE PRESCRIPTION AND SIGN AND DATE. | 4. PATIENT REFUSED MEDICATION. | 9. OTHER REASON- PLEASE DOCUMENT |
| INDICATE START AND FINISH DATE. | 5. NAUSEA OR VOMITING. | |

*** IF MEDICATIONS ARE NOT ADMINISTERED PLEASE DOCUMENT ON THE LAST PAGE OF THE DRUG CHART.**

| | | |
|--|-----------|---|
| Does the patient have any documented Allergies? | YES NO | Please check the chart before administering medications. |
|--|-----------|---|

| | | | |
|--|-------------------|------------------------------|--------|
| WARD | CONSULTANT | HEIGHT | 104 cm |
| PAEDIATRIC SURGICAL WARD | MISS LEGUME | WEIGHT | 17 kg |
| ANY Special Dietary requirements? | YES NO | If YES please specify | N/A |

| | | | |
|-----------------------------------|-------------------|---|--|
| Prescription Chart for: | SAM EVANS MALE | HOSPITAL NUMBER: DATE OF BIRTH: ADDRESS: | 0145692498 01/01/2015 41 ALMOND CLOSE TATTERELL, LL12 TBU |
| ADMISSION DATE & TIME: | TODAY 08:00 | WARD: | SURGICAL WARD |

| | | |
|--|-------------------------|---|
| Does the patient have any documented Allergies? | YES NO | Please check the chart before administering medications. |
|--|-------------------------|---|

| ONCE ONLY AND STAT DOSES: | | | | | | | |
|----------------------------------|----------|-------------|--------|-------|-------------------------------|----------|------------|
| Date | Time due | Drug name | Dose | Route | Prescribers signature & bleep | Given by | Time given |
| TODAY | 10:00 | PARACETAMOL | 255 mg | PO | <i>Dr V Phillip 3459</i> | D WANG | 10:15 |
| | | | | | | | |
| | | | | | | | |

| PRN (AS REQUIRED MEDICATIONS): | | | | | | | |
|---------------------------------------|-------------|--------|-------|---------------------|------------------------------|----------|------------|
| Date | Drug | Dose | Route | Instructions | Prescriber signature & bleep | Given by | Time given |
| TODAY | PARACETAMOL | 255 mg | PO | 6 HOURLY PYREXIA | <i>Dr V Phillip 3459</i> | | |
| TODAY | IBUPROFEN | 150 mg | PO | 8 HOURLY PAIN | <i>Dr V Phillip 3459</i> | | |

| ANTIMICROBIALS: | | | | | | | |
|---|--------------------------|---------------|-------|----------|-------|---|--|
| 1. DRUG | PHENOXYMETHYLPENICILLIN | | | | | Date and signature of nurse administering medications. Code for non-administration. | |
| DATE | DOSE | FREQUENCY | ROUTE | DURATION | TIME | TODAY | |
| TODAY | 125 mg | 4 TIMES A DAY | PO | 5 DAYS | 08:00 | D MISTRY | |
| Start date | TODAY | | | | 14:00 | | |
| Finish date | +4 DAYS | | | | 20:00 | | |
| Prescriber signature & bleep | <i>Dr V Phillip 3459</i> | | | | 00:00 | | |

| REGULAR MEDICATIONS: | | | | | | | |
|---|--------------------------|------------|-------|----------|-------|---|--|
| 1. DRUG | MOVICOL | | | | | Date and signature of nurse administering medications. Code for non-administration. | |
| DATE | DOSE | FREQUENCY | ROUTE | DURATION | TIME | TODAY | |
| TODAY | 1 SACHET | ONCE A DAY | PO | 5 DAYS | 08:00 | D MISTRY | |
| Start date | TODAY | | | | | | |
| Finish date | +4 DAYS | | | | | | |
| Prescriber signature & bleep | <i>Dr V Phillip 3459</i> | | | | | | |

| | | | |
|-----------------------------------|-------------------|---|--|
| Prescription Chart for: | SAM EVANS MALE | HOSPITAL NUMBER: DATE OF BIRTH: ADDRESS: | 0145692498 01/01/2015 41 ALMOND CLOSE TATTERELL, LL12 TBU |
| ADMISSION DATE & TIME: | TODAY 08:00 | WARD: | SURGICAL WARD |

| | | |
|--|-------------------------|---|
| Does the patient have any documented Allergies? | YES NO | Please check the chart before administering medications. |
|--|-------------------------|---|

| | | | | | | | |
|---|-------------|------------------|--------------|-----------------|-------------|--|--|
| 2. DRUG | | | | | | Date and signature of nurse administering medications. Code for non-administration. | |
| DATE | DOSE | FREQUENCY | ROUTE | DURATION | TIME | | |
| | | | | | | | |
| Start date | | | | | | | |
| Finish date | | | | | | | |
| Prescriber signature & bleep | | | | | | | |

| | | | | | | | |
|---|-------------|------------------|--------------|-----------------|-------------|--|--|
| 3. DRUG | | | | | | Date and signature of nurse administering medications. Code for non-administration. | |
| DATE | DOSE | FREQUENCY | ROUTE | DURATION | TIME | | |
| | | | | | | | |
| Start date | | | | | | | |
| Finish date | | | | | | | |
| Prescriber signature & bleep | | | | | | | |

| | | | | |
|--------------------------------|-------------|-------------|---------------|---------------------------|
| DRUGS NOT ADMINISTERED: | | | | |
| DATE | TIME | DRUG | REASON | NAME AND SIGNATURE |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Candidate's Name: _____

Note to Candidate:

- This document must be completed in **BLUE** pen
- At this station you should have access to your Assessment, Planning and Implementation documentation. If not, please ask the examiner for it
- Please note; there is a total of 3 pages to this document
- Document to NMC standards
- The examiner will retain all documentation at the end of the station

| Scenario |
|---|
| <p>Sam Evans was admitted to the paediatric surgical ward today for an elective tonsillectomy.</p> <p>Sam returned from recovery and is now on the paediatric surgical ward for further observation. Sam is accompanied by their carer.</p> <p>Sam has received prescribed medications and is ready to be discharged.</p> |

Complete a transfer of care letter to ensure that the receiving health visitor has a full and accurate picture of Sam's history and needs.

Complete **all** sections of the documentation.

Assume it is **TODAY** and it is **16:30**.



Name..... SAM EVANS
 DOB..... 01/01/2015
 Hospital No..... 0145692488
Amix Patient ID label

Ward..... SURG..... Consultant..... MISS LEGUME.....

Chart Number.....
Date..... TODAY

(To be used from 5 years until day before 12th birthday)

PEWS is a tool to aid recognition of sick and deteriorating children. PEWS should be calculated every time observations are recorded.

How to calculate score:

- Record observations at intervals as prescribed
 - Record observations in black pen with a dot
 - Score as per the colour key
- 0 1 3
- Add total points scored
 - Record total score in PEWS box at bottom of chart
 - Action should be taken as below

| PEWS | Level of escalation | Action to be taken |
|--|---------------------|---|
| Regardless of PEWS always escalate if concerned about a patient's condition | | |
| 0 | 0 | 4 HOURLY |
| 1-2 | 1 | 1 HOURLY |
| 3-4 or any in red zone | 2 | CONTINUOUS AND CALL PAEDIATRIC RETRIEVAL TEAM |
| 5 or more | 3 | CONTINUOUS AND CALL PAEDIATRIC RETRIEVAL TEAM |
| Bradycardia, cardiac or respiratory arrest | | CALL PAEDIATRIC EMERGENCY TEAM - 2222 |

Concerns include, but are not restricted to;

- gut feeling
- looks unwell
- apnoea
- airway threat
- increased work of breathing,
- significant ↑ in O₂ requirement
- Poor perfusion / blue / mottled / cool peripheries
- seizures
- confusion / irritability / altered behaviour
- hypoglycaemia
- high pain score despite appropriate analgesia

If observations are as expected for patient's clinical condition, please note below accepted parameters for future calls

| Acceptable parameters | RR | O ₂ saturation | HR | BP | Temperature °C |
|-----------------------|-------------|---------------------------|----|----|----------------|
| Upper acceptable | | | | | |
| Normal range | | | | | |
| Lower acceptable | | | | | |
| Doctor's signature | Date & Time | | | | |

PAEDIATRIC SEPSIS 6
 Recognition: Suspected or proven infection + 2 of:

- Core temperature < 36°C >38°C
- Inappropriate Tachycardia
- Altered mental state: sleepy / irritable / floppy
- Peripheral perfusion, CRT >2 sec, cool, mottled

Lower threshold in vulnerable groups

Think could this be sepsis? IF NOT then why is this child unwell?

If YES respond with Paediatric Sepsis 6 within 1 hour:

- Give high flow oxygen
- IV or IO access and blood cultures, glucose, lactate
- Give IV or IO antibiotics
- Consider fluid resuscitation
- Consider inotropic support early
- Involve senior clinicians/ specialists EARLY





Neurological Observations

| | | Time | | | | | | | | | | | | | | |
|----------------------|----------------------|---|----------|--|--|--|--|--|--|--|--|--|---|--------------------------------------|--|------------------------------|
| COMA SCALES | Eyes Open | Spontaneously | 4 | | | | | | | | | | | | | Eyes closed by swelling -- C |
| | | To Speech | 3 | | | | | | | | | | | | | |
| | | To Pain | 2 | | | | | | | | | | | | | |
| | | None | 1 | | | | | | | | | | | | | |
| | Best Verbal Response | Alert, Coos and babbles, words to usual ability | 5 | | | | | | | | | | | | Endotracheal tube or tracheostomy -- T | |
| | | Irritable cries, less than normal ability | 4 | | | | | | | | | | | | | |
| | | Cries in response to pain ³ | 3 | | | | | | | | | | | | | |
| | | Moans to pain | 2 | | | | | | | | | | | | | |
| | Best Motor Response | No response | 1 | | | | | | | | | | | Usually record the best arm response | | |
| | | Moves purposefully and spontaneously | 6 | | | | | | | | | | | | | |
| | | Withdraw to touch | 5 | | | | | | | | | | | | | |
| | | Withdraws in response to pain | 4 | | | | | | | | | | | | | |
| | Flexion to pain | 3 | | | | | | | | | | | | | | |
| | Extension to pain | 2 | | | | | | | | | | | | | | |
| | None | 1 | | | | | | | | | | | | | | |
| | Score | | | | | | | | | | | | | | | |
| Pupils | Right | Size | Reaction | | | | | | | | | | Reacts + No reaction - Eye closed c | | | |
| | Left | Size | Reaction | | | | | | | | | | | | | |
| LIMB MOVEMENT | ARMS | Normal power | | | | | | | | | | | Record right (R) and left (L) separately if there is a difference between the two sides | | | |
| | | Mild weakness | | | | | | | | | | | | | | |
| | | Severe weakness | | | | | | | | | | | | | | |
| | | Spastic flexion | | | | | | | | | | | | | | |
| | LEGS | Extension | | | | | | | | | | | | | | |
| | | No response | | | | | | | | | | | | | | |
| | | Normal power | | | | | | | | | | | | | | |
| | | Mild weakness | | | | | | | | | | | | | | |
| | Severe weakness | | | | | | | | | | | | | | | |
| | Extension | | | | | | | | | | | | | | | |
| | No response | | | | | | | | | | | | | | | |
| Pupil Scale (m.m.) | | | | | | | | | | | | | | | | |

Assessment of Acute Pain in Children

| | No Pain | Mild Pain | Moderate Pain | Severe Pain |
|--------------------------|---|---|--|---|
| Faces Scale Score | | | | |
| Ladder Score | 0 | 1-3 | 4-6 | 7-10 |
| Behaviour | * Normal activity * No ↓ movement * Happy | * Rubbing affected area * Decreased movement * Neutral expression * Able to play/talk normally | * Protective of affected area * ↓ movement/quiet * Complaining of pain * Consolable crying * Grimaces when affected part moved/touched | * No movement or defensive of affected part * Looking frightened * Very quiet * Restless/unsettled * Complaining of lots of pain * Inconsolable crying |

Assessment of Acute Pain in Children

| | No Pain | Mild Pain | Moderate Pain | Severe Pain |
|--------------------------|--|---|---|---|
| <i>Faces Scale Score</i> |  |  |  |  |
| <i>Ladder Score</i> | 0 | 1-3 | 4-6 | 7-10 |
| <i>Behaviour</i> | <ul style="list-style-type: none"> * Normal activity * No ↓movement * Happy | <ul style="list-style-type: none"> * Rubbing affected area * Decreased movement * Neutral expression * Able to play/talk normally | <ul style="list-style-type: none"> * Protective of affected area * ↓movement/quiet * Complaining of pain * Consolable crying * Grimaces when affected part moved/touched | <ul style="list-style-type: none"> * No movement or defensive of affected part * Looking frightened * Very quiet * Restless/unsettled * Complaining of lots of pain * Inconsolable crying |