

FLACC Scale

Item	Options	Points
Face	Relaxed: No particular expression or smile	0
	Occasional grimace: Grimace or frown now and then	1
	Frequent frown: Frequent to constant frown, clenched jaw, withdrawn, disinterested	2
Legs	Normal: Normal position or relaxed	0
	Restless: Uneasy, restless, tense	1
	Kicking: Kicking or legs drawn up	2
Activity	Quiet: Lying quietly, normal position, moves easily	0
	Squirming: Shifting back and forth, tense	1
	Arched: Arched, rigid or jerking	2
Cry	No cry: No crying, awake or asleep	0
	Moans: Moans or whimpers, occasional complaint	1
	Crying steadily: Screams or sobs, frequent complaints	2
Consolability	Content: Content, relaxed	0
	Reassured: Calmed by occasional touch, hug or talking	1
	Hard to console: Difficult to console or comfort	2

Interpretation

0	Relaxed. The child appears relaxed and comfortable. Keep reassessing on your unit's schedule and after any procedure.
1-3	Mild discomfort. Mild discomfort. Use comfort measures, check for causes such as position or hunger, and reassess.
4-6	Moderate pain. Moderate pain. Treat per your pain protocol or notify the prescriber, then reassess to confirm the effect.
7-10	Severe pain. Severe discomfort or pain. Act promptly under your protocol, notify the provider, and reassess closely after each intervention.

Total score: _____ Date: _____ Assessed by: _____

Merkel, Voepel-Lewis, Shayevitz & Malviya, 1997 (University of Michigan). Sources: Merkel et al. The FLACC, *Pediatr Nurs* 1997 (PubMed); FLACC Behavioral Pain Assessment Scale (WA DSHS form); Nursing Fundamentals: Pain Assessment Methods; Palliative Care Network: Pediatric Pain Assessment Scales. Free calculator and full guide: nursingscales.com/flacc-scale/ · Educational material; does not replace clinical judgment or facility protocols.