Measurements of pain in children in the emergency department

EDITOR,—Despite increased awareness of "digi-

nalgesia" in the paediatric population, children in acute pain are often undertreated. 1 Effective pain management requires accurate assessment, appropriate analgesia, and monitoring response to treatment.

Various tools have been developed to aid the assessment of pain in children. However, at present there is no accepted measure of pain or its response to analgesia in the acute accident and emergency setting. We carried out a study investigating the use of two self report tools—a visual analogue scale (VAS) and a five faces scale—in our A&E department.

We found that the five faces scale was a reliable measure in children aged four years and over. Although the faces scale could be used in some children aged three years, the failure rate was 50%. The VAS was only useful in children aged 6 years and over. These findings are consistent with studies in other settings. 1

Self report pain measurement tools are useful in assessing intensity of pain in children and in measuring the effectiveness of analgesia given in the A&E department. Although both the VAS and the faces scale were successfully applied, the faces scale is preferred because it may be applied to a wider age group, is simpler to administer, and is easier to use in a busy department.

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BOOK REVIEW


This CD-ROM package from the Royal Botanic Gardens at Kew and the Guy's and St Thomas' Poisons Unit, is designed to help staff with no botanical knowledge to identify plant material quickly and easily. It covers around 2000 plants in 124 groups and gives details of their toxic effects. You will need some serious computer hardware and the software costs about £175 for a year's subscription, so it doesn't come cheap.

Poisonous plants in Britain and Ireland helps to identify plants from their leaves, stems, fruit, flowers, seeds, or roots. It is interactive and the user is asked several questions about the plant material that is available. The questions are not particularly technical and are illustrated by simple line drawings. There is an easy to use glossary which explains some of the botanical terms and a question can be skipped if the answer is not known. The questions narrow the field of possible suspects until only five or fewer remain. The user can then view the superb photographs of the suspects and compare them to the plant material available. Where a plant is listed on the database, it is usually identified easily and there is a good description and sound advice on toxicity. Treatment advice is usually limited to an invitation to contact the Poisons Unit. Unfortunately, the database is not exhaustive: most toxic plants are included, but the makers point out that exclusion from the database does not necessarily mean that the plant is non-toxic. Some patients will still be treated on clinical grounds, without a formal identification of the offending plant.

Apart from its cost, there are a few other limitations to Poisonous plants in Britain and Ireland. Firstly, it does not cover mushrooms or toadstools, which are commonly ingested by children. Secondly (and rather irritatingly), it does not allow the user to see a description of a plant and its toxicity if only the common name is known. The photographs, description, and toxicity data can be reached from the Latin name but this is clearly only useful if you happen to know the Latin name of the plant—not particularly likely in our department. A few minor technical problems make the program a little less user friendly than it could be and we shall write to the makers with our comments on these.

In its current format, Poisonous plants in Britain and Ireland should perhaps be viewed as a helpful luxury rather than an essential tool for every A&E department. However, it is continually developing and annual revisions are planned so it should be increasingly useful in the future.

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