The Alder Hey Triage Pain Score

<table>
<thead>
<tr>
<th>Response</th>
<th>Score 0</th>
<th>Score 1</th>
<th>Score 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Cry or voice</strong></td>
<td>No complaint/cry</td>
<td>Consolable</td>
<td>Inconsolable</td>
</tr>
<tr>
<td></td>
<td>Normal conversation</td>
<td>Not talking negative</td>
<td>Complaining of pain</td>
</tr>
<tr>
<td><strong>2. Facial expression</strong></td>
<td>Normal</td>
<td>Short grimace &lt;50% of time</td>
<td>Long grimace &gt;50% of time</td>
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<tr>
<td></td>
<td>Normal</td>
<td>Touching/rubbing/sparing</td>
<td>Defensive/tense</td>
</tr>
<tr>
<td><strong>3. Posture</strong></td>
<td>Normal</td>
<td>Reduced or restless</td>
<td>Immobile or thrashing</td>
</tr>
<tr>
<td></td>
<td>Normal</td>
<td>Pale</td>
<td>Very pale/“green”</td>
</tr>
</tbody>
</table>

Explanatory notes of observational pain scores

**Cry/voice**
- Score 0: Child is not crying and although may be quiet, is vocalising appropriately with carer/taking notice of surroundings.
- Score 1: Child is crying but consolable/distractible or is excessively quiet and responding negatively to carer. On direct questioning says it’s painful.
- Score 2: Child is inconsolable, crying, and/or persistently complaining about pain.

**Facial expression**
- Score 0: Normal expression and affect.
- Score 1: Some transient expressions that suggest pain/distress are witnessed but for less than 50% of time.
- Score 2: Persistent facial expressions suggesting pain/distress for more than 50% of time.
  Grimace—open mouth, lips pulled back at corners, furrowed forehead and/or between eyebrows, eyes closed, wrinkled at corners.

**Posture** (This relates to the child’s behaviour to the affected body area)
- Score 0: Normal.
- Score 1: Exhibiting increased awareness of affected area, e.g. by touching, rubbing, pointing, sparing, or limping.
- Score 2: Affected area is held tense and defended so that touching it is deterred, non-weight bearing.

**Movement** (This relates to how the child moves the whole body)
- Score 0: Normal.
- Score 1: Movement is reduced or child is noted to be restless/uncomfortable.
- Score 2: Movement is abnormal: either very still/rigid or writhing in agony/shaking.

**Colour**
- Score 0: Normal.
- Score 1: Pale.
- Score 2: Very pale “green”, the colour that can sometimes be seen with nausea or fainting—extreme pallor.

Stewart B; Lancaster G; Lawson J; Williams K; Daly J. (2004) Validation of the Alder Hey Triage Pain Score. *Archive Disease in Childhood; 89:625-630*