



Contact Information

Contact #1: _____ Number: _____

Contact #2: _____ Number: _____

Contact #3: _____ Number: _____

General Questions

The information in this pamphlet is useful for the following settings:

Home Respite Setting School

Other:

At what point in the pain process would you like to be contacted?

Signature:

Date Last Updated:



Common Aches and Pains and What To Do

(Please be as detailed as possible and put a star next to where

Type of Pain	Symptoms	Treatment /Medicine (Dosage)
Ex: Headache	Rubbing Head	Back rub/Children's Tylenol (5ml)

the child experiences the most pain)



CAREGIVER PAIN RESOURCE



Who is this Brochure for?

This pamphlet was created to help secondary caregivers of children with disabilities (eg. respite caregivers, and babysitters) understand how your child expresses pain and what they can do to help. All children experience pain at some point in their lives, some more than others.

Child's name: _____

Date of birth: _____



How to Tell if My Child is in Pain

(Please circle all answers that apply for each question)

When in pain...

1) What facial expression does your child show?

Changes in mouth	Furrowed brow	
Changes in eyes	Grimace	Stone face
Grinding teeth	None	

Other/Describe:

2) Does your child's sleeping patterns change?

Sleeps more	Sleeps regularly	Sleeps Less
Sleeps on and off	Restless	No

Other/Describe:

3) Does your child avoid eating?

Yes	Sometimes	No
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4) Does your child's breathing change?

Holds breath	Gasps	No
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Other/Describe :

5) Does your child tense his/her muscles or become rigid?

Tenses muscles	Becomes rigid	No
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Other/Describe:

6) Does your child show you the area of the body

7) Does your child become sweaty or clammy ?

Sweaty / Clammy	No
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Other/Describe:

8) Does your child's comfort seeking behaviour change?

Seeks emotional comfort	Seeks physical comfort
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Withdraws from comfort	No
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Other/Describe:

9) Does your child's behaviour change?

Irritable	Agitated	Uncooperative
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Distracted	Aggressive
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Fidgety/ cannot sit still	No
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Other/Describe:

10) Does your child's activity level change?

Loses interest	Less active
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More active	No
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Other/Describe:

11) Does your child make vocal sounds?

Whimpering	Screaming	Crying
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Grunting	Groaning	No
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Other/Describe:

Ways to Help My Child Feel Better

(Please circle all answers that apply for each question)

When in pain...

1) Does physical comfort help soothe your child ?

No	Rubbing area	Hugging
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Other/Describe:

2) Does your child self- soothe?

No	Yes	Sometimes
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3) Are distractions helpful in managing the pain?

No	Yes	Sometimes
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If yes, what are your child's favourite distractions?

Favourite toy(s):

Favourite comfort(s):

Favourite movie/ T.V show(s):

Favourite Snack(s):

Other/Describe:

4) Has your child had experience with another secondary caregiver who would be available for further consultation?

If yes, what is the

