Oucher or CHEOPS for pain assessment in children

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Abstract
A short cut review was carried out to establish which of the Oucher or CHEOPS pain assessments were best for assessing pain in children. Altogether 12 papers were found using the reported search, of which three presented the best evidence to answer the clinical question. The author, date and country of publication, patient group studied, study type, relevant outcomes, results and study weaknesses of these best papers are tabulated. A clinical bottom line is stated.

Clinical scenario
A 3 year old child comes into casualty and you need to assess their pain. Would it be better to use the Oucher scale, a self report measure, or CHEOPS, a behavioural pain measure, as at this age using either seems equally valid.

Three part question
In [children] is the [Oucher better than CHEOPS] at [assessing pain]?

Search strategy
Medline 1966-week 1 06/03 using OVID. Cinahl 1982- week 1 06/03 using OVID. {[oucher.mp. AND cheops.mp.] AND [pain.mp. OR exp pain/]} LIMIT to human and English language)

Search outcome
Altogether 12 papers were found. Three of these addressed the subject indirectly, while testing efficacy of analgesia, they are reviewed in table 6.

Comment(s)
The underlying question is whether pain behaviour tools (such as CHEOPS) or self report tools (such as Oucher) are more useable and valid in the assessment of pain in children capable of assessment by both methods. None of the papers addressed the question directly. There seems to be some disagreement as to whether the CHEOPS score correlates to the Oucher score or not. Jacobson *et al* states that they are correlated, but this may be unreliable as CHEOPS was used in an older age range than was intended. Sutters *et al* state that CHEOPS is less reliable in older children, though they do not support this with any evidence. The Beyer study uses the two scales in the correct age range but the study is small and conducted postoperatively and general applicability is therefore moot. Further studies using a larger sample of patients in a wide range of clinical situations are needed.

▸ CLINICAL BOTTOM LINE
There is no evidence to show whether Oucher or CHEOPS is better at assessing pain in children. Local policy should be followed.

Beyer JE, McGrath PJ, Berde CB. Discordance between self-report and behavioural pain measures in children aged 3–7 years after surgery. *J Pain Symptom Manage* 1990;**5**:350–6.
Sutters KA, Levine JD, Dibble S, *et al*. Analgesic efficacy and safety of single dose intramuscular ketorolac for postoperative pain management in children following tonsillectomy. *Pain* 1995;**61**:145–53.
Jacobson SJ, Kopecky EA, Joshi P, *et al*. Randomised trial of oral morphine for painful episodes of sickle-cell disease in children. *Lancet* 1997;**350**:1358–61.