

Diagnosis and treatment of (sub)acute pain in ID

Part	Explanation	Disciplines involved
1. (Hetero)anamnesis	Discuss – if possible – the pain with the patient. Consider using a self-report scale and check understanding of the scale before. Always use additionally a heteroanamnesis (proxy information) about the history and progression of pain.	Nurse, physician, other qualified healthcare professionals
2. File research	Conduct file research to gain insight into congenital disorders and comorbidities that could give rise to pain. Consider researching past pain experiences.	(ID) physician, pediatrician, other qualified healthcare professionals
3. Behavioural observation	Always observe the client to assess whether there is pain. Consider using a behavioural observation tool: 1. Individualized (eg: RAPPID or Pediatric pain profile) 2. Standardized (eg: NCAPC or NCCPC)	Nurse, paramedic, other qualified healthcare professionals Individualized: caregiver and parents on behalf of practitioner
4. Physical examination	Perform a physical examination to identify any physical abnormality(s) that may be causing pain.	general practitioner, (ID) physician, pediatrician, (ID) nurse, physician assistant, physical therapist, occupational therapist,
5. Differential diagnosis	Make a list of possible causes for the symptoms and schedule follow-up tests to confirm or rule out these causes.	(ID) physician, pediatrician
6. Additional medical examination	If necessary, referrals can be made to external medical specialists (e.g., orthopedic surgeon, dentist, gastroenterologist) or for imaging tests.	(ID) physician, pediatrician
7. Referral to other disciplines	If necessary, a (specialized) dentist, paramedic or behavioural expert can be referred to for specific questions in their expertise.	(ID) physician, pediatrician
8. Multidisciplinary consultation	Conduct a multidisciplinary consultation if multidisciplinary coordination is needed to gain more clarity about the cause.	All disciplines involved; Minimally: caregiver or family, ID Physician or pediatrician, behavioural expert
9. Working diagnosis	Based on the information collected, make a working diagnosis on which you determine the (trial) treatment.	(ID) physician, pediatrician, physician assistant, (ID) nurse, paramedical
10. Evaluation criteria	Establish evaluation criteria prior to any (trial) treatment. These can include self-report, behavioural observation, physical examination	(ID) physician, pediatrician, physician assistant, (ID) nurse, paramedical, behavioural expert in consultation with caregiver and family.
11. Treatment of the cause of the pain	Preferably treat the cause of pain. The treatment depends on the cause of pain that is found during diagnosis	(ID) physician, pediatrician, physician assistant, (ID) nurse, paramedical, behavioural expert in consultation with caregiver and family.
12. Non-pharmacological treatment of pain	Additional to treatment of the cause of pain or if the cause is not found or not treatable. For more information about non-pharmacological treatment of pain see the presentation	(ID) physician, pediatrician, physician assistant, (ID) nurse, paramedical, behavioural expert in consultation with caregiver and family.
13. Pharmacological treatment of pain	Additional to treatment of the cause of pain or if the cause is not found or not treatable. For more information about pharmacological treatment see: WHO Analgesic Ladder Be aware of drug to drug interactions and (genetic) differences in drug response. and neuropathic and nociplastic pain is not responsive to regular pain drugs	(ID) physician in consultation with caregiver and family