

PAIN TOOL - PERSON-CENTRED PAIN TOOL FOR PEOPLE LESS ABLE TO VERBALISE



Family / Carers Reports

Questions	Date/ Time Score	Date/ Time Score	Date/ Time Score	Date/ Time Score	Date/ Time Score	Date/ Time Score	Date/ Time Score	Date/ Time Score	Date/ Time Score	Date/ Time Score	Date/ Time Score	Date/ Time Score	Date/ Time Score	Date/ Time Score
PATIENT SELF ASSESSMENT OF LEVEL OF PAIN Happy - H Ok - O In Pain - IP Bad pain - BP														
VOCALISATION Eg whimpering, groaning, crying Absent 0 Mild 1 Moderate 2 Severe 3														
FACIAL EXPRESSION Eg looking tense, frowning, grimacing, looking frightened Absent 0 Mild 1 Moderate 2 Severe 3														
CHANGE IN BODY LANGUAGE Eg fidgeting, rocking, guarding part of body, withdrawn Absent 0 Mild 1 Moderate 2 Severe 3														
BEHAVIOURAL CHANGE Eg increased confusion, refusing to eat, alteration in usual patterns Absent 0 Mild 1 Moderate 2 Severe 3														
PHYSIOLOGICAL CHANGE Eg temperature, pulse or blood pressure outside normal limits Absent 0 Mild 1 Moderate 2 Severe 3														
PHYSICAL CHANGES Eg skin tears, pressure areas, arthritis, contractures, previous injuries Absent 0 Mild 1 Moderate 2 Severe 3														
TOTAL SCORE =														

Plan of Care: Score 0 – 2
Score 3 – 8
Score 9 – 13
Score 14+

No pain
Mild pain
Moderate pain
Severe pain

Reassess regularly and ensure PRN analgesia is prescribed
Administer regular analgesia, implement non pharmaceutical measures, reassess 4 hourly, document effects
As above and consider alternative or adjunct analgesia, reassess 4 hourly and document effects
As above and consider seeking advice from acute pain team