

To be completed on each resident: on admission if resident taking pain killers; if resident appears in pain; and always at six-monthly review

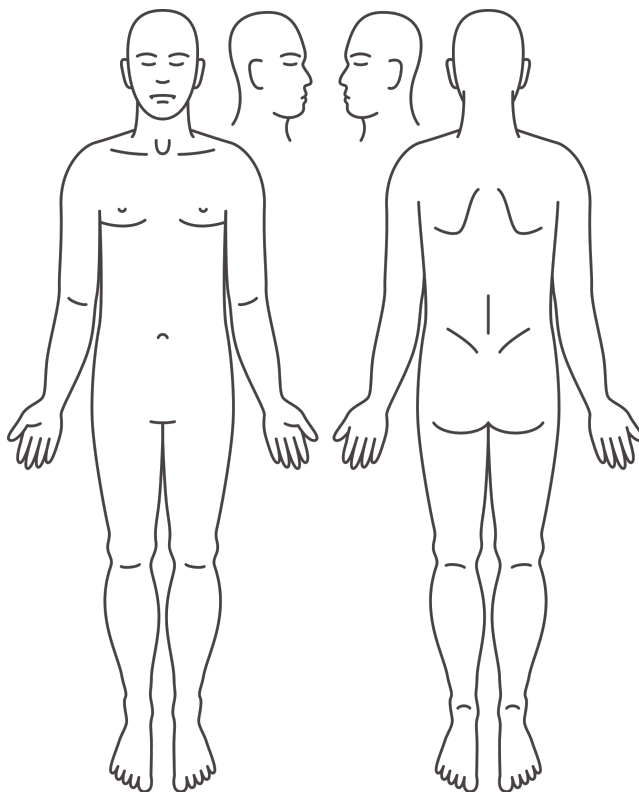
Name of care home

Name of resident

Date of admission

Date of first assessment

Current medications being taken by the resident



### Pain intensity scale

If 0 out of 10 = no pain and 10 out of 10 = worst pain you have ever had in your whole life, what score out of 10 would you give the pain you currently have?

- 10  The worst pain you have ever had
- 9
- 8  Very severe pain
- 7
- 6  Severe pain
- 5
- 4  Moderate pain
- 3
- 2  Mild pain
- 1
- 0  No pain

1 Where is or are your worst pain(s)? Please mark the site of pain on the body chart above left ▲

2 How bad is the pain on the intensity scale? Please tick the relevant box in the pain intensity chart above right ▲

3 How long has the pain been present?

4 Does anything make the pain worse?

5 Does anything make the pain better?

# Pain assessment in advanced dementia (PAINAD) scale

Use this assessment chart when a person is unable to accurately describe their pain <i>Adapted from Warden Hurley &amp; Volicer (2003)</i>				
Items	0	1	2	Score
Breathing independent of vocalisation	<ul style="list-style-type: none"> <li>• Normal</li> </ul>	<ul style="list-style-type: none"> <li>• Occasional laboured breathing</li> <li>• Short period of hyperventilation</li> </ul>	<ul style="list-style-type: none"> <li>• Noisy labored breathing</li> <li>• Long period of hyperventilation</li> <li>• Cheyne-Stokes respirations</li> </ul>	
Negative vocalisation	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Occasional moan or groan</li> <li>• Low-level speech with a negative or disapproving quality</li> </ul>	<ul style="list-style-type: none"> <li>• Repeated troubled calling out</li> <li>• Loud moaning or groaning</li> <li>• Crying</li> </ul>	
Facial expression	<ul style="list-style-type: none"> <li>• Smiling or inexpressive</li> </ul>	<ul style="list-style-type: none"> <li>• Sad</li> <li>• Frightened</li> <li>• Frown</li> </ul>	<ul style="list-style-type: none"> <li>• Facial grimacing</li> </ul>	
Body language	<ul style="list-style-type: none"> <li>• Relaxed</li> </ul>	<ul style="list-style-type: none"> <li>• Tense</li> <li>• Distressed pacing</li> <li>• Fidgeting</li> </ul>	<ul style="list-style-type: none"> <li>• Rigid</li> <li>• Fists clenched</li> <li>• Knees pulled up</li> <li>• Pulling or pushing away</li> <li>• Striking out.</li> </ul>	
Consolability	<ul style="list-style-type: none"> <li>• No need to console</li> </ul>	<ul style="list-style-type: none"> <li>• Distracted or reassured by voice or touch</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to console, distract or reassure</li> </ul>	
<b>TOTAL</b>				
<b>Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), with a higher score indicating more severe pain (0='no pain' to 10='severe pain'). A total score of 2 or more indicates pain and requires action.</b>				
<b>NB</b> Once you have 'scored' the pain make sure you document the necessary management on the next page				



