

## Care Home Pain Assessment and Management Tool (with PAINAD scale)

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

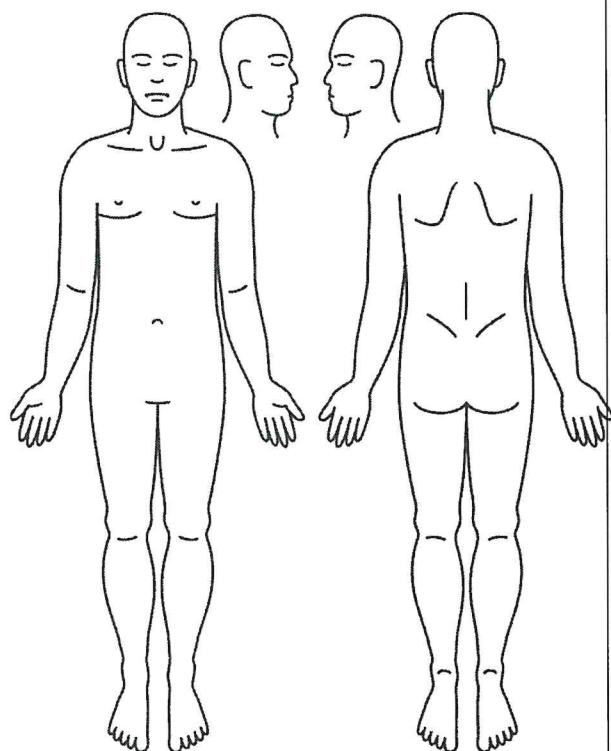
**Name of care home:**

**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 tool above left.

**2 How bad is the pain on the intensity scale?** Please tick the relevant box in the pain intensity tool 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 tool when a person is unable to accurately describe their pain (Volicer & Hurley [7])				
Items	0	1	2	Score
<b>Breathing</b> (independent of vocalisation)	• Normal	• Occasional laboured breathing • Short period of hyperventilation	• Noisy laboured breathing • Long period of hyperventilation • Cheyne-Stokes respirations	
<b>Negative vocalisation</b>	• None	• Occasional moan or groan • Low-level speech with a negative or disapproving quality	• Repeated troubled calling out • Loud moaning or groaning • Crying	
<b>Facial expression</b>	• Smiling or inexpressive	• Sad • Frightened • Frown	• Facial grimacing	
<b>Body language</b>	• Relaxed	• Tense • Distressed pacing • Fidgeting	• Rigid • Fists clenched • Knees pulled up • Pulling or pushing away • Striking out.	
<b>Consolability</b>	• No need to console	• Distracted or reassured by voice or touch	• Unable to console, distract or reassure	
<b>TOTAL</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.				
NB Once you have 'scored' the pain make sure you document the necessary management on the next page				

### Definitions of some terms used in the PAINAD – please see Volicer & Hurley [7] for full explanation

**Breathing:** '*occasional laboured*' – episodic bursts of harsh/difficult respirations; '*short period of hyperventilation*' – intervals of rapid, deep breaths lasting a short period of time; '*noisy laboured*' – negative-sounding respirations on inspiration & expiration appearing strenuous which may be loud, gurgling or wheezing; '*long period of hyperventilation*' – excessive rate/depth of respirations lasting a long time; '*Cheyne-Stokes*' – waxing and waning of breathing from very deep to shallow respirations with periods of apnoea.

**Negative Vocalisation:** '*occasional moan/groan*' – mournful/murmuring sounds, wails or laments – groaning is involuntary often abruptly beginning & ending; '*low-level speech with a negative or disapproving quality*' – muttering, mumbling, whining, grumbling or swearing; '*repeated troubled calling out*' – repetitive words in an anxious, uneasy or distressed tone; '*loud moaning or groaning*' – mournful/murmuring sounds, wails or laments in a louder volume than usual often abruptly beginning or ending; '*crying*' – emotion accompanied by tears which can be sobbing or quiet weeping

**Facial Expression:** '*sad*' – unhappy/sorrowful/dejected look; '*frightened*' – a look of fear/alarm or heightened anxiety; '*frown*' – increased facial wrinkling in forehead or around mouth; '*facial grimacing*' – distorted/distressed look.

**Body Language:** lying still and afraid to move, or very restless

**Consolability:** able to be reassured

## Pain re-assessment and management

<b>Name of resident:</b>
<b>Name of care home:</b>
<b>Resident must be assessed:</b> <input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly (please tick relevant box)
<b>Current medications being taken by the resident:</b>

**PAIN INTENSITY QUESTION** 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?

Date	Time	Pain intensity 1-10	PAINAD score	Action taken	Date bowels last opened	Signature and review date/time	Outcome

