

ABBEY PAIN SCALE ASSESSMENT

For measurement of pain in people with dementia who cannot verbalise

Client Name:

Date of Birth:

Date and Time latest pain relief given was:

How to use scale: While observing the client, score questions 1 to 6.

Q1 Vocalisation

(e.g., whimpering, groaning, crying etc.)

Absent - 0

Mild - 1

Moderate - 2

Severe - 3

Q1=

Q2 Facial expression

(e.g., looking tense, frowning, grimacing, looking frightened etc.)

Absent - 0

Mild - 1

Moderate - 2

Severe - 3

Q2=

Q3 Change in body language

(e.g., fidgeting, rocking, guarding part of body, withdrawn etc.)

Absent - 0

Mild - 1

Moderate - 2

Severe - 3

Q3=

Q4 Behavioral change

(e.g., increased confusion, refusing to eat, alteration in usual patterns etc.)

Absent - 0

Mild - 1

Moderate - 2

Severe - 3

Q4=

Q5 Physiological change

(e.g., temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor etc.)

Absent - 0

Mild - 1

Moderate - 2

Severe - 3

Q5=

Q6 Physical changes

(e.g., skin tears, pressure areas, arthritis, contractures, previous injuries etc.)

Absent - 0

Mild - 1

Moderate - 2

Severe - 3

Q6=

Add scores for 1–6 and record here

Total Pain Score =

Now tick the box that matches the Total Pain Score recorded above

0–2 No pain

3–7 Mild

8–13 Moderate

14+ Severe

Finally, tick the box which matches the type of pain:

Chronic

Acute

Acute on Chronic

Assessment Completion

Name of person completing the scale:

Designation:

Date and time assessment completed:

Date uploaded to VisualCare: