

Resident Name	2:			Date of Birth:	1					
Latest pain relief given was:			At:			hrs.				
For measurement of pain in people with dementia who cannot verbalise How to use scale: While observing the client, score questions 1 to 6.										
Q1 Vocalisation										
e.g., whimpering, groaning, crying										
Absent 0	Mild 1	Moderate 2	Moderate 2 Severe 3		3	Q1=				
Q2 Facial expression										
e.g., looking tense, frowning, grimacing, looking frightened										
Absent 0	Mild 1	Moderate 2		Severe 3		Q2=				
Q3Change in body language										
e.g., fidgeting, rocking, guarding part of body, withdrawn										
Absent 0	Mild 1	Moderate 2	oderate 2 Severe 3		3	Q3=				
Q4 Behavioral change										
e.g., increased confusion, refusing to eat, alteration in usual patterns										
Absent 0	Mild 1	Moderate 2	derate 2 Severe 3		3	Q4=				
Q5 Physiological change										
e.g., temperature, pulse, or blood pressure outside normal limits, perspiring, flushing or pallor										
Absent 0	Mild 1	Moderate 2	Moderate 2		Severe 3		Q5=			
Q6 Physical changes										
e.g., skin tears, pressure areas, arthritis, contractures, previous injuries										
Absent 0	Mild 1	Moderate 2	Moderate 2		Severe 3		Q6=			
Add scores for 1–6 and record here Total Pain Score =										
Now circle the box that matches the Total Pain Score number		0-2 No pain	3–7 Mild		8-13 Moderate		14+ Severe			
Finally, tick the box which ma of pain		natches the type	Chronic		Acute		Acute on Chronic			

RNC-F-020 Revision:1 Date: 07/05/2021 Page 1 of 2

UNCONTROLLED COPY WHEN PRINTED



ABBEY PAIN SCALE ASSESSMENT

Name of person completing the assessment:				
Designation:				
Date:			Time:	
Date up	ploaded to iCare:			

RNC-F-020 Revision:1 Date: 07/05/2021 Page 2 of 2

UNCONTROLLED COPY WHEN PRINTED