Pain Assesment Chart

Name	DoB
Date of initial pain assessment	Assessed by

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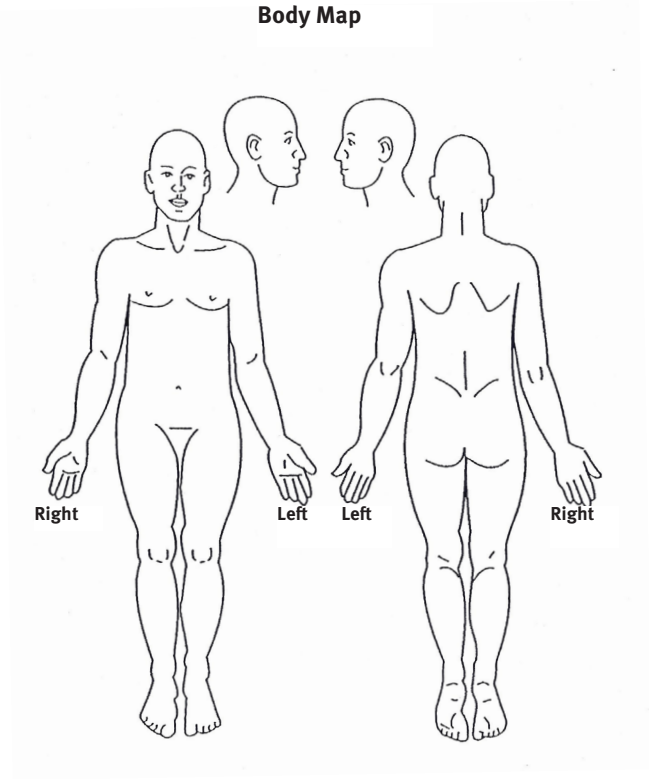
Identify below each pain site with a letter and arrow e.g. A,B etc.



Pain Scale*

10	Overwhelming pain
9	
8	Severe pain
7	
6	
5	Moderate pain
4	
3	
2	Mild pain
1	
0	No pain

Please record all responses to key questions** in patient's notes

Key Questions**

1. Where is the pain?
2. Describe the pain
3. How bad is it: 0-10 (0= no pain and 10=worst pain)
4. When did it start?
5. Does it spread anywhere?
6. Is it there all the time or does it come and go?
7. What makes it better?
8. What makes it worse?
9. Does the painful area feel numb, strange, or sensitive to touch?
10. Does it stop you doing things?
11. Does it stop you sleeping?
12. Does it make you feel unhappy or low?
13. Which pain relieving medicines have you tried in the past and what effect did they have?
14. Current pain relieving medicines and effect?

(Twycross, 2001)

Common Descriptions of Pain *(Carr and Mann, 2000)*

NEUROPATHIC (NERVE PAIN)
Burning
Tingling
Numb
Shooting

NOCICEPTIVE PAIN

SOMATIC (bone or muscle)	VISCERAL (organ)
Dull	Cramping
Aching	Colicky
Tender to pressure	Referred pain elsewhere

References: Carr, E C & Mann E M (2000) - 'Pain: Creative Approaches to Effective Management'. Basingstoke, Macmillan Press Ltd. Twycross, R (2001) 3rd Edition, Symptom Management in Advanced Cancer, Oxon Rdcliffe Med Press Ltd.

Pain Diary

Name

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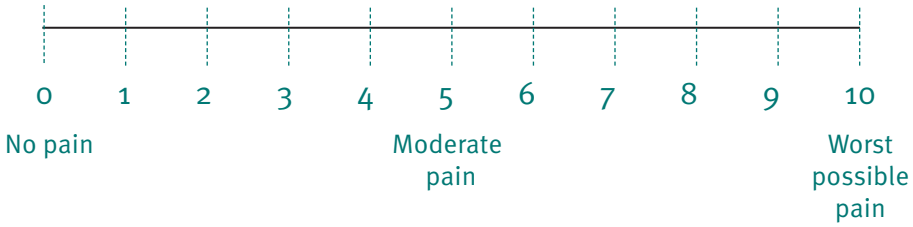
0-10 Numeric Pain Intensity Scale



Name of 'top up' medication for breakthrough pain and dose to be taken:

How often I can take it if required:

Date	**Time**	**How severe is the pain? (Use scale above)**	**Where is the pain? How does it feel? (ache, sharp, throbbing shooting, tingling?)**	**Activity at the time of the pain**	**'Top up' medication taken (name and dose)** For example, Oramorph 2.5mls	**How severe is the pain after 1 hour? (Use scale above)**	**Other notes, e.g any side effect from the pain medication?**

Please continue on an extra sheet if needed

Abbey Pain Scale

Assessment in patients who are unable to vocalise due to cognitive impairment

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Score the below as:		The total implies:	
Absent	(0)	No pain	(< 2)
Mild	(1)	Mild pain	(3-7)
Moderate	(2)	Moderate pain	(8-13)
Severe	(3)	Severe pain	(> 14)

Name (or sticker):

Crosscare number:

Reference: Abbey J, Piller N, De Bellis A *et al* (2004). The Abbey Pain Scale: A 1-minute numerical indicator for people with end-stage dementia. *Int J Palliat Nurs*; 10:6-13.

Date and time														
Pre or post prn analgesia														
Vocalisation Eg. whimpering, groaning, crying														
Facial expression Eg. looking tense, frowning, grimacing, looking frightened														
Change in body language Eg. fidgeting, rocking, guarding part of the body, withdrawn														
Behavioural change Eg. increased confusion, refusing to eat, alteration in usual patterns														
Physiological change Eg. perspiring, flushing or pallor, pulse or BP outside normal limits														
Physical changes Eg. skin tears, pressure areas, arthiritis, bone secondaries														
TOTAL														