

# Pain Assessment Tool

## Part 1: Pain history and description

|                         |                      |               |                      |
|-------------------------|----------------------|---------------|----------------------|
| Resident / patient name | <input type="text"/> | Date of birth | <input type="text"/> |
| Room / unit             | <input type="text"/> | ID / NHS no.  | <input type="text"/> |
| Date of assessment      | <input type="text"/> | Completed by  | <input type="text"/> |

### PART 1: PAIN HISTORY

Can the person tell you about their pain?

☐ Yes ☐ Partly ☐ No (use the PAINAD, page 3)

Is the pain:

☐ New ☐ Ongoing ☐ Flare-up of ongoing pain

Where is the pain? (describe the site or sites)

What does it feel like?

- |                                              |                                                     |
|----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Sharp               | <input type="checkbox"/> Dull / aching              |
| <input type="checkbox"/> Burning             | <input type="checkbox"/> Throbbing                  |
| <input type="checkbox"/> Stabbing            | <input type="checkbox"/> Cramping                   |
| <input type="checkbox"/> Tingling / numbness | <input type="checkbox"/> Other <input type="text"/> |

When did it start?

How often?

☐ Constant ☐ Comes and goes ☐ Only on movement

What makes it worse?

What makes it better?

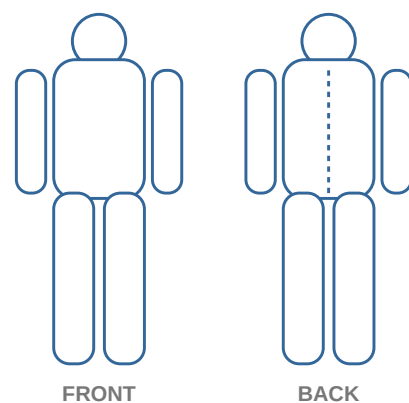
How is it affecting daily life? (tick all that apply)

- |                                |                                             |                                                |
|--------------------------------|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Sleep | <input type="checkbox"/> Mobility / walking | <input type="checkbox"/> Appetite              |
| <input type="checkbox"/> Mood  | <input type="checkbox"/> Personal care      | <input type="checkbox"/> Joining in activities |

Current pain relief (medication and non-drug). Record medication on the MAR chart.

Long-term conditions or other factors that may affect pain (for example arthritis, dementia, recent fall or surgery)

Mark where the pain is



Shade or circle the area(s). Number each site if there is more than one.

# Pain Assessment Tool

Part 2: Self-report pain scales | Part 3: Response

## PART 2: PAIN SCALES - ask the person to say or point to a number

**Numeric Rating Scale (NRS):** 0 means no pain and 10 means the worst pain imaginable. Commonly used bands: **1-3 mild, 4-6 moderate, 7-10 severe.**

|                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                        | 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
|                        | No pain               |                       |                       |                       |                       |                       |                       |                       |                       |                       | Worst pain imaginable |
| Right now              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| At rest                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| On movement            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Worst in last 24 hours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Least in last 24 hours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Verbal Rating Scale (VRS) - how bad is the pain right now?**

☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Very severe

What did the person say or do to show how bad it is? (use their own words where possible)

## PART 3: RESPONSE - what was done

**Non-drug measures used (tick all that apply)**

- ☐ Repositioning / support
- ☐ Reassurance and company
- ☐ Distraction or activity
- ☐ Gentle movement or exercise
- ☐ Heat or cold, as per care plan
- ☐ Other

**Pain relief given (only as prescribed: check the MAR chart)**

| Date / time | Medication | Dose and route | Given by | Effect |
|-------------|------------|----------------|----------|--------|
|             |            |                |          |        |
|             |            |                |          |        |
|             |            |                |          |        |
|             |            |                |          |        |

**Reassess after**  minutes or as set by the care plan, and record the result on page 4.

# Pain Assessment Tool

Part 4: Observational scale (PAINAD) for people who cannot self-report

## PART 4: PAINAD - PAIN ASSESSMENT IN ADVANCED DEMENTIA

Use when the person cannot reliably say how much pain they are in, for example because of advanced dementia. **Observe for five minutes before scoring**, ideally at rest and during care or movement. Tick one option for each behaviour.

| Behaviour                                      | 0                                             | 1                                                                                                         | 2                                                                                                         | Score                |
|------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------|
| <b>Breathing (independent of vocalisation)</b> | <input type="radio"/> Normal                  | <input type="radio"/> Occasional laboured breathing. Short period of hyperventilation.                    | <input type="radio"/> Noisy laboured breathing. Long period of hyperventilation. Cheyne-Stokes breathing. | <input type="text"/> |
| <b>Negative vocalisation</b>                   | <input type="radio"/> None                    | <input type="radio"/> Occasional moan or groan. Low-level speech with a negative or disapproving quality. | <input type="radio"/> Repeated troubled calling out. Loud moaning or groaning. Crying.                    | <input type="text"/> |
| <b>Facial expression</b>                       | <input type="radio"/> Smiling or inexpressive | <input type="radio"/> Sad. Frightened. Frown.                                                             | <input type="radio"/> Facial grimacing                                                                    | <input type="text"/> |
| <b>Body language</b>                           | <input type="radio"/> Relaxed                 | <input type="radio"/> Tense. Distressed pacing. Fidgeting.                                                | <input type="radio"/> Rigid. Fists clenched, knees pulled up. Pulling or pushing away. Striking out.      | <input type="text"/> |
| <b>Consolability</b>                           | <input type="radio"/> No need to console      | <input type="radio"/> Distracted or reassured by voice or touch                                           | <input type="radio"/> Unable to console, distract or reassure                                             | <input type="text"/> |

**TOTAL SCORE**  / 10

**1-3 mild pain**

**4-6 moderate pain**

**7-10 severe pain**

These bands follow the standard 0-10 pain scale. They have not been confirmed for this tool, so use them alongside your judgement and the person's usual behaviour.

**When was the person observed?**

☐ At rest

☐ During care or movement

☐ After pain relief

**Other signs to note (for example changes in behaviour, sleep or appetite; guarding a body part; resisting care)**

**Source:** Warden V, Hurley AC, Volicer L. Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) scale. *J Am Med Dir Assoc* 2003;4(1):9-15.

# Pain Assessment Tool

Part 5: Reassessment record, escalation and sign-off

## PART 5: REASSESSMENT RECORD - record each reassessment

| Date / time | Score before | Scale used | Action taken | Score after | Initials |
|-------------|--------------|------------|--------------|-------------|----------|
|             |              |            |              |             |          |
|             |              |            |              |             |          |
|             |              |            |              |             |          |
|             |              |            |              |             |          |
|             |              |            |              |             |          |
|             |              |            |              |             |          |
|             |              |            |              |             |          |
|             |              |            |              |             |          |

**Escalate: follow your escalation policy and seek urgent medical advice (GP, 111, or 999 in an emergency) if:**

- pain is sudden, severe or rapidly getting worse
- pain comes with chest pain, breathlessness, collapse, new confusion, fever, or new weakness or numbness
- pain follows a fall, or a fracture or other injury is suspected
- pain is not relieved by the agreed measures, or the score is going up
- the person is distressed and you are worried, even if the score is low

## REVIEW AND SIGN-OFF

Assessed by (name / role)

Signature

Date

Next review due

**When to reassess:** after any pain relief or other intervention (as set by the care plan), after any fall or change in condition, and at regular intervals set by your service policy. Share the results with the care team and update the care plan.

**About this tool:** This form combines a pain history, the Numeric Rating Scale and Verbal Rating Scale for people who can self-report, and the PAINAD observational scale for people who cannot. It is a monitoring aid and does not replace clinical judgement or your organisation's pain management policy.