

Patient label

**ATTACH ADDRESSOGRAPH**

## The Abbey Pain Scale chart

For measurement of pain in patients who are unable to clearly articulate their needs, for example, patients with dementia, cognition or communication issues.

**How to use scale:** While observing the patient, score questions 1 to 6

Name and designation of person completing the scale: .....

Date..... Time: .....

Latest pain relief given was: ..... at: ..... hours

**Q1. Vocalisation**

e.g. whimpering, groaning, crying

Absent 0 Mild 1 Moderate 2 Severe 3

Q1

**Q2. Facial expression**

e.g.: looking tense, frowning grimacing, looking frightened

Absent 0 Mild 1 Moderate 2 Severe 3

Q2

**Q3. Change in body language**

e.g.: fidgeting, rocking, guarding part of body, withdrawn

Absent 0 Mild 1 Moderate 2 Severe 3

Q3

**Q4. Behavioural Change**

e.g.: increased confusion, refusing to eat, alteration in usual patterns

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

Absent 0 Mild 1 Moderate 2 Severe 3

Q5

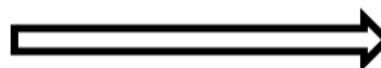
**Q6. Physical changes**

e.g.: skin tears, pressure areas, arthritis, contractures, previous injuries.

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

☐

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

## Abbey Pain Scale (Follow on assessment form)

	DATE AND TIME	DATE AND TIME	DATE AND TIME	DATE AND TIME	DATE AND TIME	DATE AND TIME	DATE AND TIME	DATE AND TIME	DATE AND TIME	DATE AND TIME
<b>VOCALISATION</b>										
e.g. whimpering, groaning, crying <i>Absent 0 Mild 1 Moderate 2 Severe 3</i>										
<b>FACIAL EXPRESSION</b>										
e.g.: looking tense, frowning grimacing, looking frightened <i>Absent 0 Mild 1 Moderate 2 Severe 3</i>										
<b>CHANGE IN BODY LANGUAGE</b>										
e.g.: fidgeting, rocking, guarding part of body, withdrawn <i>Absent 0 Mild 1 Moderate 2 Severe 3</i>										
<b>BEHAVIOURAL CHANGE</b>										
e.g.: increased confusion, refusing to eat, alteration in usual patterns <i>Absent 0 Mild 1 Moderate 2 Severe 3</i>										
<b>PHYSIOLOGICAL CHANGES</b>										
e.g. Temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor <i>Absent 0 Mild 1 Moderate 2 Severe 3</i>										
<b>PHYSICAL CHANGES</b>										
e.g.: skin tears, pressure areas, arthritis, contractures, previous injuries <i>Absent 0 Mild 1 Moderate 2 Severe 3</i>										
<b>Total score =</b>										
Signature / Initials of person completing score										
<b>0-2</b> <b>NO PAIN</b>	<b>3-7</b> <b>MILD PAIN</b>		<b>8-13</b> <b>MODERATE PAIN</b>				<b>14 +</b> <b>SEVERE</b>			

The Abbey Pain Scale is an instrument designed to assist in the assessment of pain in patients who are unable to clearly articulate their needs, for example, patients with dementia, cognition or communication issues. The scale does not differentiate between distress and pain, so measuring the effectiveness of pain – relieving interventions is essential.

The Australian Pain Society recommends the pain scale should be used as a movement based assessment. Therefore observe the patient while they are being moved, during pressure area care, while showering etc. Complete the scale immediately following the procedure and record the results on the Abbey Pain tool chart.

**A second evaluation should be conducted 1 hour after any intervention taken. If, at this assessment, the score on the pain scale is the same, or worse, consider further intervention and act as appropriate. Complete the scale hourly until the patient scores mild pain then 4 hourly for 24 hours treating pain if it recurs.**

If the pain/distress persists, undertake a comprehensive assessment of all facets of the patients care and monitor closely over 24 hours including further intervention undertaken.

If there is no improvement in that time, then it is essential to notify the doctor/pain team of the pain scores and actions taken.