PAIN ASSESSMENT SCALE

Resident’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions:**

1. Completion Section I, and II for alert residents with ability to understand, be understood, and communicate verbally, MDS scores: B4 0 or 1; C4 0 or 1; C6 0 or 1; C5 0.
2. Complete Section I, II and III for residents with mild cognitive impairment and some verbal skills, MDS scores: B4 2; C4 2; C6 2; C5 1.
3. Complete Section III for nonverbal residents or residents with severe cognitive impairment, MDS scores: B4 3; C4 3; C6 3; C5 2.

**Section I. Location of Pain**

“Could you tell me or show me where you are having pain, aching, stiffness, pressure, burning, cramping, soreness, or where you are uncomfortable?”

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**Section II. Verbal Descriptor Scale:**

“Is the pain … (or use term above that Resident used)

\_\_\_\_\_\_\_\_\_\_ “As bad as it could be”

\_\_\_\_\_\_\_\_\_\_ “Extreme pain”

\_\_\_\_\_\_\_\_\_\_ “Severe pain”

\_\_\_\_\_\_\_\_\_\_ “Moderate pain”

\_\_\_\_\_\_\_\_\_\_ “Mild pain”

\_\_\_\_\_\_\_\_\_\_ “Slight pain”

\_\_\_\_\_\_\_\_\_\_ “No pain”

**Section III. Nonverbal Pain Indicator**

With Movement Rest

1. Vocal complaints: Nonverbal \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(Moans, groans, grunts, cries, sighs)

2. Facial grimaces/winces \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(Furrowed brow, narrowed eyes, tightened lips,

dropped jaw, clenched teeth, distorted expressions)

3. Bracing \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(Clutching or holding onto side rails, tray table,

or affected area during movement)

PAIN ASSESSMENT SCALE

(Continued)

With Movement Rest

4. Restlessness \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(Constant/intermittent shifting of position or hand

Motions, rocking, inability to stay still)

5. Rubbing \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(Massaging affected area)

6. Vocal complaints: Verbal \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(Words expressing discomfort or pain, “ouch”,

“that hurts”, cursing during movement, or

exclamations of protest, “stop”, “that’s enough”)

7. Other non-verbal behaviors: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Care Plan Interventions**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Quarter Review**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3rd Quarter Review**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4th Quarter Review**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_