Appendix A

Abbey Pain Scale

For measurement of pain in people with dementia who cannot verbalise

How to use scale : While observing the resident, score questions 1 to 6.

Name of resident : .....

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

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

Latest pain relief given was.....at.....hrs.

Q1.	Vocalisation eg whimpering, groaning, crying *Absent 0 Mild 1 Moderate 2 Severe 3*	Q1	☐
Q2.	Facial expression eg looking tense, frowning, grimacing, looking frightened *Absent 0 Mild 1 Moderate 2 Severe 3*	Q2	☐
Q3.	Change in body language eg fidgeting, rocking, guarding part of body, withdrawn *Absent 0 Mild 1 Moderate 2 Severe 3*	Q3	☐
Q4.	Behavioural Change eg increased confusion, refusing to eat, alteration in usual patterns *Absent 0 Mild 1 Moderate 2 Severe 3*	Q4	☐
Q5.	Physiological change eg temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor *Absent 0 Mild 1 Moderate 2 Severe 3*	Q5	☐
Q6.	Physical changes eg 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

Jennifer Abbey, Neil Piller, AnitaDe Bellis, Adrian Esterman, Deborah Parker, Lynne; Giles and Belinda Lowcay (2004) The Abbey pain scale: a 1-minute numerical indicator for people with end-stage dementia , *International Journal of Palliative Nursing*, Vol 10, No 1pp 6-13.

Use of the Abbey Pain Scale

The pain scale is best used as part of an overall pain management plan.

Objective

The pain scale is an instrument designed to assist in the assessment of pain in residents who are unable to clearly articulate their needs.

Ongoing assessment

The scale does not differentiate between distress and pain, therefore measuring the effectiveness of pain-relieving interventions is essential. Recent work by the Australian Pain Society[1,2] recommends that the Abbey Pain Scale be used as a movement-based assessment.

The staff recording the scale should, therefore, observe and record on the scale while the resident is being moved eg, during pressure area care, while showering etc.

Record results in the resident's notes. Include the time of completion of the scale, the score, staff member's signature and action taken in response to results of the assessment.

A second evaluation should be conducted 1 hour after the intervention taken in response to the first assessment, to determine the effectiveness of any pain relieving intervention.

If, at this assessment, the score on the pain scale is the same, or worse, undertake a comprehensive assessment of all facets of the resident's care, monitor closely over a 24 hour period, including any further interventions undertaken, and, if there is no improvement, notify the medical practitioner.

[1] Australian Pain Society(2005) Residential Aged Care Pain Management Guidelines, August. http://www.apsoc.org.au

[2] Gibson, S., Scherer ,S and Goucke , R (2004) Final Report Australian Pain Society and the Australian Pain Relief Association Pain Management Guidelines for Residential Care: Stage 1Preliminary field-testing and preparations for implementation. November

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