



# Pain Assessment Intensity Indicator

After describing the nature & location of the discomfort, please rate its intensity on ONE of the scales

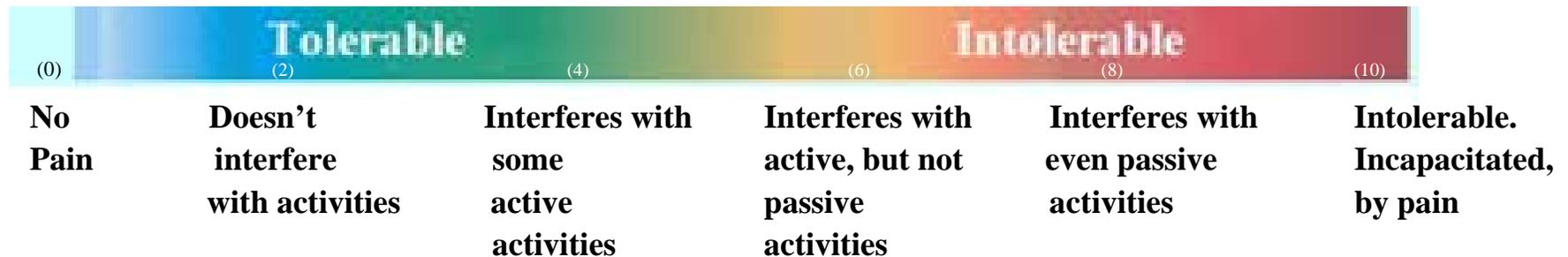
## Numeric Pain Scale



## Verbal Descriptor Pain Scale

<b>No Pain</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extreme</b>	<b>Worst Pain</b>
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## Functional Pain Scale



Active activities : usual activities or those requiring effort (turning, walking, etc)

Passive activities: talking on phone, watching TV, reading

## Checklist of Nonverbal Pain Indicators (CNPI)\*

Indicator	At Rest	With Movement	Total Score
<b>Vocal Expressions:</b> Moans, groans, grunts, cries, sighs, gasps, “ouch”			
<b>Facial Expression:</b> Winces, grimace, furrowed brow, tight lips/jaw			
<b>Bracing:</b> Clutching, holding side rails, bed tray, table, or area of pain			
<b>Restlessness:</b> Shifting position, hand movements, unable to keep still			
<b>Rubbing:</b> touching, holding, rubbing or massaging affected area			
0 = behavior not observed    1 = behavior observed at rest OR movement 2 = behavior observed at rest AND movement	<b>TOTAL:</b>		
	<b>(0-10)</b>		

## Pain Assessment in Advanced Dementia: PAINAD

Indicator	Score = 0	Score = 1	Score = 2	Total Score
<b>Breathing:</b>	Normal breathing	Occasional labored breathing Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respiration	
<b>Negative vocalizations:</b>	None	Occasional moan/groan. Low level, speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying.	
<b>Facial Expression</b>	Smiling or inexpressive	Sad, frightened, frown	Facial grimace	
<b>Body Language</b>	Relaxed	Tense, distressed, pacing, fidgeting.	Rigid, fists clenched. Knees pulled up. Striking out. Pulling or pushing away.	
<b>Consolability:</b>	No need to console	Distracted by voice or touch.	Unable to console, distract or reassure.	
			<b>TOTAL:</b>	

\*Scoring modified to standardize to the MGH policy of ranking pain on a 0-10 scale