

As possible, please point a number, word or face that shows how much you are hurting on ONE of the scales below

Numeric Pain Scale

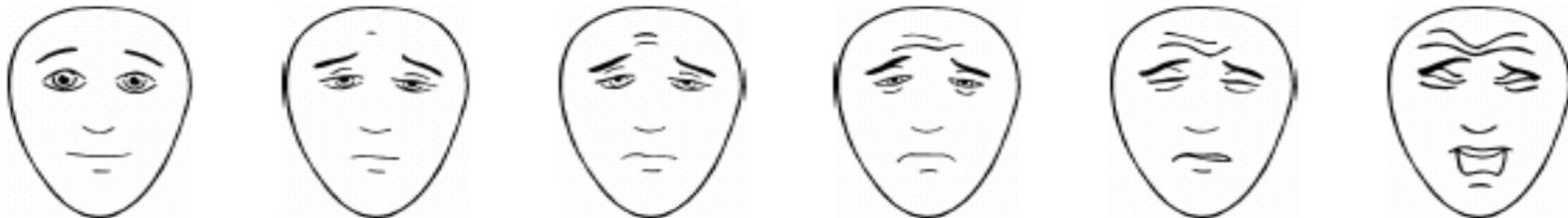


Verbal Descriptor Pain Scale

No Pain	Mild	Moderate	Severe	Extreme	Worst Pain
---------	------	----------	--------	---------	------------

Revised Faces Pain Scale

These faces show how much something can hurt. The left-most face (point to it) shows no pain. With each face to the right of it (point) showing more and more pain, with the far right one (point to it) showing very much pain. **Point to the face that shows how much you hurt right now.**



Adult Nonverbal Pain Scale

Categories	Score = 0	Score = 1	Score = 2
FACE	No particular expression or smile	Occasional grimace, tearing or frowning, wrinkled forehead.	Frequent grimace, tearing, frowning wrinkled forehead
ACTIVITY (Movement)	Lying quietly, normal position.	Seeking attention through movement or slow, cautious movement.	Restlessness, excessive activity and/or withdrawal reflexes.
GUARDING	Lying quietly, no positioning of hands over areas of body.	Splinting areas of the body, tense.	Rigid, stiff.
PHYSIOLOGIC 1	Stable vital signs (no change in past 4 hours).	Change over past 4 hours in any of the following: <ul style="list-style-type: none"> • SBP > 20mmHG • HR>20/minutes 	Change over past 4 hours in any of the following: <ul style="list-style-type: none"> • SBP > 30mmHG • HR>25/minutes
RESPIRATORY	Baseline RR /SpO ₂ Compliant with ventilator	RR > 10 above baseline - or - 5% lower SpO ₂ Mild ventilator asynchrony	RR > 20 above baseline - or - 10% lower SpO ₂ Severe asynchrony with ventilator
<p>TOTAL SCORE: _____</p> <p>Instructions: Rate patient in each category on the 0-2 scale. Add the scores together. Document total pain score (0-10) Interpreting the score: 0 – 2 suggestive of no pain; 3-6 = moderate pain; 7-10 = severe pain/discomfort Assess/reassess before and after interventions. Exclude sepsis, hypovolemia and hypoxia before interventions.</p>			

SBP = Systolic Blood Pressure, HR = Heart Rate, RR = Respiratory Rate, SpO₂ = pulse oximetry reading of O₂ saturation

Wegman, DA (2005). Tool for pain assessment *Crit Care Nurs*, 25: 14-15