Critical Care Pain Observation Tool

Indicator	Description	Score
Facial Expressions	0 = Relaxed: neutral facial expression 1 = Tense: Frowning, brow-lowering, orbit tightening, &/or levator contraction 2 = Grimace: All of facial criteria above plus eyelids tightly closed	
Body Movements	0 = Absence of movements: (does not necessarily mean no pain) 1 = Protection/guard, withdraws: Slow, cautious movements, rubs pain site 2 = Restlessness/thrashing: Pulls tube, attempt to sit, climb out of bed, thrash, strikes out	
Muscle Tension Evaluate w/ passive flexion /extension of arms	0 = Relaxed: No resistance to passive arm movement 1 = Tense, rigid: Resists to passive arm movement 2 = Very tense, rigid: Strong resistance to passive movement	
Ventilation compliance -or- Vocalization (if extubated)	Ventilated Patient or Extubated, "vocal" Patient 0 = Tolerating ventilator, no alarms — 0 = Quiet/normal tone 1 = Intermittent alarms, stop spontaneously, coughing — 1 = Sigh, moaning 2 = Fight ventilator/asynchrony, frequent alarms — 2 = Crying out, sobbing	
Pain with Movement Evidence of pain (e.g. above behavior or individualized response) while providing usual care (e.g. turning).	0 = No sign of pain while providing care 1 = Resists movement / guards against certain movements 2 = Pain behaviors (e.g. grimace, withdraws, vocalization, sudden HR or BP spike) with movement associated with routine care or provided treatments	
	TOTAL:	

Instructions for use: Observe the patient's face and body movement at rest and rate those aspects accordingly. Observe for vocalizations (if extubated) or compliance with ventilator and score per the appropriate scale. Passively move the patient's arms and rate the level of resistance on a 0-2 scale. Observe for facial or bodily indicators of pain while providing usual care (e.g. turning) and rate per the scale provided.
Add up the scores for each measure to determine a total score. Scores of >1 at rest indicate the presence of pain. Scores >2 with movement (turning) indicate pain. Higher scores generally provided more support of the presence of severe pain, but the relationship is not linear (a 4 is not twice as intense as a "2") and a low score (e.g. "2") can indicate the presence of severe pain.

Gelinas C, Fillion L, Puntillo KA et al, (2006). Validation of the Critical care Pain Observation Tool in Adult Patients. *American Journal of Critical Care, 15* (4) 420-427
Gelinas C, Harel F, Fillion L, Puntillo KA et al, (2009). Sensitivity and specificity of the Critical-Care Pain Observation Tool for the detection of pain in intubated adults after cardiac surgery. *Journal of Pain and Symptom Management, 37* (1) 58-67.

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