For Care Workers: Fact Sheet 2

Insert provider logo here

Assessing Pain

Often, a nurse or doctor will conduct a comprehensive pain assessment with input from other staff. In some settings, care staff may assist in using simple pain assessment scales or document a resident's response to standard follow up questions. Simple pain scales can also be used to see how the resident's pain is responding to treatment. Using assessment scales is important: they allow a standard and consistent approach to pain assessment and make it easier to evaluate how successful a pain treatment is.

Find a scale that is right for the resident, after considering whether they have memory or communication problems, language barriers, or dementia. Several scales may need to be tried to find the right one. Once you have found the right scale, try to keep using that same scale on an ongoing basis for that particular resident.

Interview

A health professional (such as a nurse of doctor) will have a detailed discussion with residents about their pain experience. For residents who are unable to communicate successfully, a discussion should include their representative or family. Some questions that might be asked about the resident's pain history include:

- How much does it hurt or ache?
- Where is the pain or soreness or aching?
- Can you describe how it feels? (pinching, shooting, etc.)
- Does your pain or aching ever keep you from participating in activities or doing things you enjoy?
- How often do you have pain (Every day? Most days?)
- How long have you been in pain?
- When do you have pain? What are you doing when it happens? Where do you feel it?

Self-report scales are easy to use and preferred by older people as it allows them to tell you directly about their pain. They are called "self-report" as a resident themself reports about their pain. There are different types of self-report scales – some only ask about how severe the pain is, while others also ask about the impact of pain on a person's life.

Unidimensional Scales
(simple scales that only ask about how severe is the pain)

The Verbal Descriptor Scale (VDS) asks the resident to categorise their pain with words, such as 'no pain', 'mild', 'moderate', 'severe', 'very severe' or 'worst possible pain'. It assesses one aspect of pain – its severity.

The Numeric Rating Scale (NRS) asks the resident to rate their pain on a scale of 0-10, where 0 indicates no pain and 10 the worst possible pain. It assesses one aspect of pain – its severity.

Multidimensional Scales (ask about how severe is the pain, but also the impact on the person's life)

The Modified Residents Verbal Brief Pain Inventory (M-RVBPI) asks the resident to rate their pain, but also asks about how pain has impacted the person's sleep, relationships, etc.

Observational pain scales are used for residents who cannot talk about their pain in an understandable way. For example, this is often the case as dementia becomes more advanced. To use these scales, we observe how the resident behaviours, and document it.

The **Abbey Pain Scale** documents the severity and frequency of facial expression, sounds the person makes (such as groaning), changes in body language, and any physiological or physical changes.

The Pain Assessment in Advanced Dementia (PAINAD) scale documents the severity of the following behaviours after 5 minutes of observation: difficulty in breathing, negative sounds, facial expressions, body language and how easy is it to console the person.