

Six-step procedure for all residents who cannot communicate successfully ^{13,14}



1. Observe all residents for possible signs of pain including:
 - a. Facial expression (refer to photos on page 34)
 - b. Vocal sounds, for example, “Ouch” or “Groan”
 - c. Body or limb movements that cause 1.a or 1.b above
 - d. Changes in behaviour
 - e. Change in movement, for example, walking is more unsteady
 - f. Changes in activity pattern or routine
2. Look for causes of pain or discomfort such as:
 - a. Injury
 - b. Pressure area
 - c. Constipation
 - d. Oral problems – tooth decay
 - e. Fall has occurred recently
3. Clinical examination by nurse and if needed, doctor, physiotherapist or other health professional, as appropriate
4. Explain the situation and ask a family member, or familiar caregiver, to help interpret the person’s behaviour and responses.
 - Use a standard well-validated observational or behavioural tool such as *Abbey Pain Scale or the **Pain Assessment IN Advanced Dementia – PAINAD scale. As shown in Appendix 5 and 6.
5. Use this information to begin the facility’s procedure for multidisciplinary pain assessment and management. Make sure it is communicated between nurse, doctor and allied health clinicians.
6. The multidisciplinary communication may result in a trial of a pain medication or other treatment approach. There should be ongoing monitoring by observation and by repeating the Abbey Pain Scale. Regularly review progress.

* Appendix 5: Abbey Pain Scale on page 157

** Appendix 6: Pain Assessment IN Advanced Dementia Scale PAINAD on page 159