MOBID–2 Pain Scale

MOBILIZATION – **O**BSERVATION – **B**EHAVIOUR – **I**NTENSITY – **D**EMENTIA

Patient´s name: **Date:** **Time:** **Unit:**

Pay attention to the patient´s pain behaviour during morning care. Observe the patient before you start mobilization. Explain clearly what is going to happen. Guide the patient carefully through the activities 1–5. Reverse the movement immediately if pain behaviour is perceived. Rate your observation after each activity:

Pain Behaviour

Tick the boxes for Pain noises, Facial expression and Defence, whenever you observed such pain behaviour

Pain noises
Ouch!
Groaning
Gasping
Screaming

Facial expression
Grimacing
Frowning
Tightening mouth
Closing eyes

Defence
Freezing
Guarding
Pushing
Crouching

YOU MAY TICK SEVERAL BOXES FOR EACH ACTIVITY

Pain Intensity

Based on pain behaviour, rate the pain intensity with a cross on the lines (0–10)

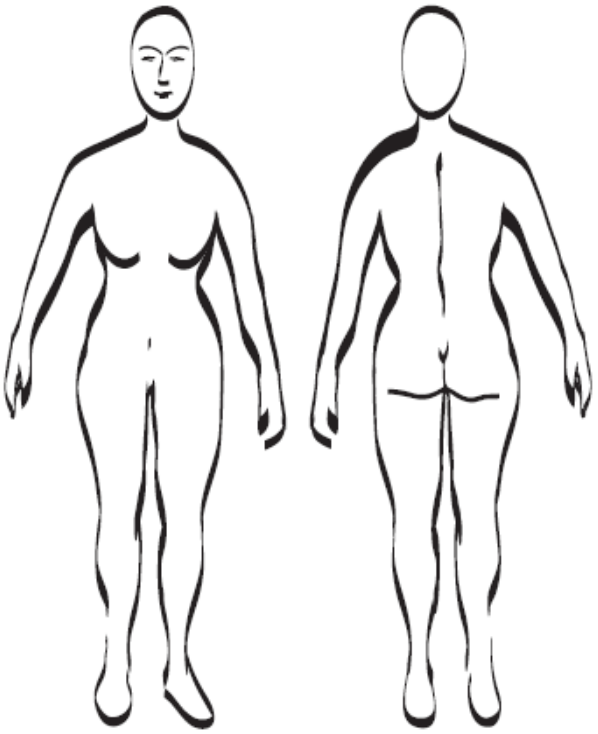
HOW INTENSE DO YOU REGARD THE PAIN TO BE?
0 is no pain and 10 is as bad as it possibly could be

1. Guide to open both hands, one hand at a time	☐	☐	☐	0 1 2 3 4 5 6 7 8 9 10
2. Guide to stretch both arms towards head, one arm at a time	☐	☐	☐	0 1 2 3 4 5 6 7 8 9 10
3. Guide to stretch and bend both knees and hips,one leg at a time	☐	☐	☐	0 1 2 3 4 5 6 7 8 9 10
4. Guide to turn in bed to both sides	☐	☐	☐	0 1 2 3 4 5 6 7 8 9 10
5. Guide to sit at the bedside	☐	☐	☐	0 1 2 3 4 5 6 7 8 9 10

Did you observe, today or in the last days (one week), that the patient expressed pain behaviour related to head, internal organs and/or skin, which may be caused by a disease, wound, infection and/or injury?

Pain Behaviour

Make one or more cross/es on the pain drawing (front and back), according to observed pain behaviour (Pain noises, Facial expression and Defence)



Pain Intensity

Based on pain behaviour, rate the pain intensity with a cross on the lines (0–10)

HOW INTENSE DO YOU REGARD THE PAIN TO BE?
0 is no pain and 10 is as bad as it possibly could be

6. Head, mouth, neck

0 1 2 3 4 5 6 7 8 9 10

7. Heart, lung, chest wall

0 1 2 3 4 5 6 7 8 9 10

8. Abdomen

0 1 2 3 4 5 6 7 8 9 10

9. Pelvis, genital organs

0 1 2 3 4 5 6 7 8 9 10

10. Skin

0 1 2 3 4 5 6 7 8 9 10

Based on all observations, rate the patient's overall pain intensity

0 1 2 3 4 5 6 7 8 9 10

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