

Comprehensive Pain Assessment- Cognitively Impaired

Name _____ ID # _____ Room # _____

Assessment Date _____ Time _____ Physician _____

Individual's/Family's Pain Control Goals	Individual's/Family's Pain Behavior Goal
<input type="checkbox"/> Sleep comfortably <input type="checkbox"/> Comfort at rest <input type="checkbox"/> Comfort with movement <input type="checkbox"/> Total pain control <input type="checkbox"/> Stay alert <input type="checkbox"/> Perform activities <input type="checkbox"/> Other: _____	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Check the correct rating)

Current Pain-related Diagnosis(es)

Reason for Assessment: MDS Admission MDS Significant Change MDS Readmission
 MDS Quarterly MDS Annual New Condition Routine Monitoring

Type of Pain: Nociceptive Neuropathic Mixed Unknown

Cognitive Status: Moderate Impairment Severe Impairment Non-Responsive

Verbal Self-Report Attempted: (Yes/No) _____ Individual's Response _____

Verbal Report Matches behavioral indicators (Yes/No) _____

Depression: (Yes/No) _____ Depression Scale and Score _____ Date _____

PAINAD (Pain Assessment IN Advanced Dementia) (See page 3 for instructions and item definitions)

	0	1	2	Score
Breathing Independent of Vocalizations	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations.	
Negative Vocalizations	None	Occasional moan or groan. Low level speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying.	
Facial Expression	Smiling or inexpressive	Sad. Frightened. Frown.	Facial grimacing.	
Body Language	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out.	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure.	
Total Points				

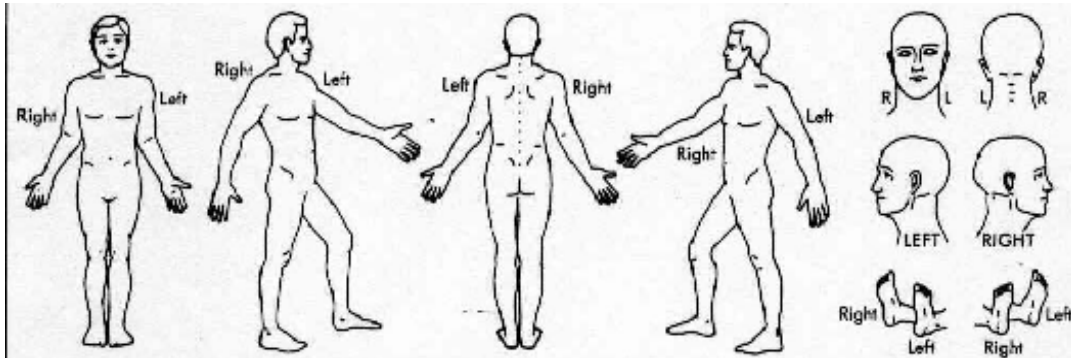
Additional Individual Pain Behaviors—PACSLAC (See page 5)

Effects of Pain: Check each area below that is affected by pain

- Accompanying Symptoms (e.g., nausea) Sleep Disturbance Appetite Change
- Physical Activity Change Mood/Behavior Concentration Relationship with Others
- Unknown Other (describe) _____

Location: Mark the areas of known pain.

- O Aching / Burning
- # Cramping
- = Crushing
- ◆ Dull
- * Numbness
- + Pins/needles
- Sharp
- ↓ Stabbing
- ↑ Throbbing



History of Pain

Onset of Pain: New (last 7 days) Recent (last 3 mos.) More distant (> 3 mos.) Unknown

Frequency of Pain: Constant Frequent Infrequent Unknown

Change in Pattern of Pain: Has pain changed in description or intensity in last 7 days? Yes No Unknown If yes, describe the change: _____

What Relieves the Pain: Cold Heat Exercise Eating Opioids Non-Opioid meds Massage Relaxation Rest Repositioning Distraction Unknown Other, describe: _____

Family Report about Pain/Pain History: _____

Plan for Addressing Pain

- Initiate pain management flow sheet Call prescriber Refer to pain team Medications
- Non-med intervention Rehab referral (PT, OT, ST) Spiritual counseling
- Staff education/communication Other _____

Comments: _____

Signature of person completing assessment: _____ **Date:** _____
Title of person completing assessment: _____

Instructions for Using PAINAD

Behavioral Observations for the non-verbal are used for the resident with a moderate to severe cognitive impairment. Score each category from 0-2. Add category scores to determine total score. Other Instructions:

- 1) make ratings while observing the resident for 3-5 minutes during ADL, such as bathing, transfer, dressing;
- 2) base evaluation on several or repeated assessments rather than relying on a single assessment.

PAINAD Item Definitions

Breathing

1. *Normal breathing* is characterized by effortless, quiet, rhythmic (smooth) respirations.
2. *Occasional labored breathing* is characterized by episodic bursts of harsh, difficult or wearing respirations.
3. *Short period of hyperventilation* is characterized by intervals of rapid, deep breaths lasting a short period of time.
4. *Noisy labored breathing* is characterized by negative sounding respirations on inspiration or expiration. There may be loud, gurgling, wheezing. They appear strenuous or wearing.
5. *Long period of hyperventilation* is characterized by an excessive rate and depth of respirations lasting a considerable time.
6. *Cheyne-Stokes respirations* are characterized by rhythmic waxing and waning of breathing from very deep to shallow respirations with periods of apnea (cessation of breathing).

Negative Vocalization

1. *None* is characterized by speech or vocalization that has a neutral or pleasant quality.
2. *Occasional moan or groan* is characterized by mournful or murmuring sounds, wails or laments. Groaning is characterized by louder than usual inarticulate involuntary sounds, often abruptly beginning and ending.
3. *Low level speech with a negative or disapproving quality* is characterized by muttering, mumbling, whining, grumbling, or swearing in a low volume with a complaining, sarcastic or caustic tone.
4. *Repeated troubled calling out* is characterized by phrases or words being used over and over in a tone that suggests anxiety, uneasiness, or distress.
5. *Loud moaning or groaning* is characterized by mournful or murmuring sounds, wails or laments in much louder than usual volume. Loud groaning is characterized by louder than usual inarticulate involuntary sounds, often abruptly beginning and ending.
6. *Crying* is characterized by an utterance of emotion accompanied by tears. There may be sobbing or quiet weeping.

Facial Expression

1. *Smiling or inexpressive*. Smiling is characterized by upturned corners of the mouth, brightening of the eyes and a look of pleasure or contentment. Inexpressive refers to a neutral, at ease, relaxed, or blank look.
2. *Sad* is characterized by an unhappy, lonesome, sorrowful, or dejected look. There may be tears in the eyes.
3. *Frightened* is characterized by a look of fear, alarm or heightened anxiety. Eyes appear wide open.
4. *Frown* is characterized by a downward turn of the corners of the mouth. Increased facial wrinkling in the forehead and around the mouth may appear.
5. *Facial grimacing* is characterized by a distorted, distressed look. The brow is more wrinkled as is the area around the mouth. Eyes may be squeezed shut.

Body Language

1. *Relaxed* is characterized by a calm, restful, mellow appearance. The person seems to be taking it easy.
2. *Tense* is characterized by a strained, apprehensive or worried appearance. The jaw may be clenched. (exclude any contractures)
3. *Distressed pacing* is characterized by activity that seems unsettled. There may be a fearful, worried, or disturbed element present. The rate may be faster or slower.
4. *Fidgeting* is characterized by restless movement. Squirming about or wiggling in the chair may occur. The person might be hitching a chair across the room. Repetitive touching, tugging or rubbing body parts can also be observed.

5. *Rigid* is characterized by stiffening of the body. The arms and/or legs are tight and inflexible. The trunk may appear straight and unyielding. (exclude any contractures)
6. *Fists clenched* is characterized by tightly closed hands. They may be opened and closed repeatedly or held tightly shut.
7. *Knees pulled up* is characterized by flexing the legs and drawing the knees up toward the chest. An overall troubled appearance. (exclude any contractures)
8. *Pulling or pushing away* is characterized by resistiveness upon approach or to care. The person is trying to escape by yanking or wrenching him or herself free or shoving you away.
9. *Striking out* is characterized by hitting, kicking, grabbing, punching, biting, or other form of personal assault.

Consolability

1. *No need to console* is characterized by a sense of well being. The person appears content.
2. *Distracted or reassured by voice or touch* is characterized by a disruption in the behavior when the person is spoken to or touched. The behavior stops during the period of interaction with no indication that the person is at all distressed.
3. *Unable to console, distract or reassure* is characterized by the inability to sooth the person or stop a behavior with words or actions. No amount of comforting, verbal or physical, will alleviate the behavior.

PACSLAC (Pain Assessment Checklist for Seniors with Limited Ability to Communicate)

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* = Not assessed in PAINAD

Facial Expression	Social/Personality/Mood
Grimacing	Physical aggression (pushing people and/or objects, scratching, hitting, striking, kicking others)
Sad look	Verbal aggression
*Tighter face	Not wanting to be touched
*Dirty look	Not allowing people near
*Change in eyes (squinting, dull, bright, increased eye movement)	*Angry/mad
Frowning	Throwing things
Pain expression	*Increased confusion
Grim face	Anxious
*Clenching teeth	*Upset
Wincing	*Agitated
*Open mouth	Cranky/irritable
Creasing forehead	*Frustrated
Screwing up nose	
Activity/Body Movement	Other (Physiological indicators/eating/sleeping changes/vocal behaviours)
Fidgeting	*Pale face
Pulling away	*Flushed, red face
*Flinching	*Teary eyed
Restless	*Sweating
Pacing	*Shaking/trembling
*Wandering	*Cold and clammy
*Trying to leave	Changes in sleep (circle 1 or 2) 1. decreased sleep 2. increased sleep during the day
*Refusing to move	Changes in appetite (circle 1 or 2) 1. decreased appetite 2. increased appetite
*Thrashing	*Screaming/yelling
Decreased activity	*Calling out
*Refusing medications	Crying
*Moving slow	*A specific sound or vocalization: "ow", "ouch"
*Impulsive behavior (repeat movements)	Moaning and groaning
Unco-operative/resistance to care	Mumbling
*Guarding sore area	*Grunting
Touching sore area holding sore area	
*Limping	
Clenched fist	
Going into fetal position	
Stiff/rigid	