

Pain Assessment Terminology and Clinical Use

Refer to Pain Assessment Tools for specific examples: [NRS](#); [VDS](#); [FACES](#); [PAINAD](#); [PACSLAC](#)

TERM	DEFINITION	HOW TO USE CLINICALLY
Duration	How long the pain has been experienced and continues to be present (lasting minutes or hours)	<ul style="list-style-type: none"> • This information is critical for evaluating the effectiveness of the treatment plan. • Duration of pain can be gathered as part of a comprehensive history of the pain as well as each time pain is assessed.
Frequency	The number of occurrences in a specified period of time; how often the pain is experienced in a given time period.	<ul style="list-style-type: none"> • Knowing the frequency of pain is useful in developing treatment strategies and for individualized scheduling of care activities.
Intensity (or Severity)	The older adult's descriptive rating of the pain experience.	<ul style="list-style-type: none"> • Usually helpful to identify intensity for the older adult's 'worst pain' over a specified period of time as well as 'the best the pain gets' in a particular time period. • Assessing the older adult's present pain rating and an identified pain rating acceptable to the older adult is also important. • Use the most appropriate scale individualized to the older adult's cognitive and sensory abilities.
Location	Anatomic site(s) of pain	<ul style="list-style-type: none"> • Older adults often have pain in more than one location. • Identify and document all sites with corresponding intensity and character. • Pain maps are very useful in documenting all pain locations, guiding therapy, and as a tool in providing daily care (e.g., CNAs can use the pain map to establish the least painful ways to turn and/or ambulate the person they're working with).
Onset	Description of the experience of the beginning of the pain.	<ul style="list-style-type: none"> • The older adult may describe a sudden or gradual development of the pain, associated with a known injury or illness. • Asking about onset can also help identify pain triggered by specific movement or activity.

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Pattern (or Rhythm)	The course of the pain over time including variations, often influenced by times of day (e.g., certain hours of the day, night or day, monthly patterns), periods of rest, or specific or general activity/movement.	<ul style="list-style-type: none"> Older adults can experience constant and/or episodic pain. Analgesic therapy should be tailored to these patterns. For example, short-acting analgesics are most appropriate for episodic pain, whereas long-acting agents are best for constant pain. Routinely dosed, short-acting agents may work well as an alternative to long-acting opioids in older adults. Older adults with both constant pain and episodic increases in pain (i.e., breakthrough pain) need both short-acting and long-acting medications.
Quality (or Character)	Description of the characteristics of the pain, preferably in the words used by the older adult to describe the pain.	<ul style="list-style-type: none"> Helpful in determining the type of pain to guide the most appropriate analgesic. If the older adult has difficulty describing the pain, it may be helpful to offer examples of descriptions. These may include the following: aching, sore, cramping, pounding, sharp, throbbing, dull, nagging, penetrating, shooting, numb, tingling, spasm, burning, gnawing, pressure-like, radiating, stabbing, tingling, tender, knife-like, etc.

References

Definitions Related to the Use of Opioids for the Treatment of Pain: a consensus document from the American Academy of Pain Medicine the American Pain Society, and the American Society of Addiction Medicine, 2009. Available at: <http://www.ampainsoc.org/advocacy/opioids2.htm>, Accessed April 28, 2009.

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