

Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC-II)[©]

Purpose: The PACSLAC-II Checklist is used to screen for pain in older adults who have dementia or other cognitive impairment with a limited ability to communicate. The tool should be used by a professional nurse or caregiver trained in its use.

When to use: It should be used at the following time points:

- Upon admission to acute, sub-acute or long-term care facilities to establish initial baseline level of behaviors that may be related to pain.
- Often this is the tool of choice for long-term care to assess residents over time.
- Frequency of assessment is determined by facility policy.
- Any time a change in behavior is reported that might be related to pain.
- Reassess per policy and as appropriate to determine if treatment goals are met.

How to use:

Complete the PACSLAC-II checklist based on observations of the older adult during activity or movement (such as transferring out of bed or walking). Many underlying pain problems are easier to identify during periods of movement than during rest. It would be best to adopt an individualized approach using the PACSLAC-II regularly (under similar conditions) with each older adult. You would then examine for significant changes or fluctuations in the older adult's pattern of scores.

A tablet app version of the PACSLAC-II screening tool has been developed and studied in long-term care. Using the app version is as reliable and valid as the original paper pencil tool. Staff in long term care indicated a preference using the tablet app version.

Determine presence or absence of each behavior on the checklist and add for a total score. Compare the total score after each use to the previous score obtained.

An increased score suggests that an increase in pain is likely. On the other hand, a lower score suggests that pain has decreased.

Documentation: Document/record all scores in a location that is readily accessible by other health care providers.

Note: The PACSLAC-II is a screening tool and not a definitive indicator of pain. Behavior observation scores should be considered alongside knowledge of existing painful conditions and reports from someone who knows the older adult (like a family member or nursing assistant) and their pain behaviors.

Remember some older adults may not demonstrate obvious pain behaviors or cues.

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

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Date of Assessment:	Time:	Check if present
Facial Expressions		
1. Grimacing		
2. Tighter face		
3. Pain expression		
4. Increased eye movement		
5. Wincing		
6. Opening mouth		
7. Creasing forehead		
8. lowered eyebrows or frowning		
9. Raised cheeks, narrowing of the eyes or squinting		
10. Wrinkled nose and raised upper lip		
11. Eyes closing		
Verbalizations and Vocalizations		
12. Crying		
13. A specific sound for pain (e.g., 'ow', 'ouch')		
14. Moaning and groaning		
15. Grunting		
16. Gasping or breathing loudly		
Body Movements		
17. Flinching or pulling away		
18. Thrashing		
19. Refusing to move		
20. Moving slow		
21. Guarding sore area		
22. Rubbing or holding sore area		
23. Limping		
24. Clenched fist		
25. Going into foetal (fetal) position		
26. Stiff or rigid		
27. Shaking or trembling		
Changes in interpersonal Interactions		
28. Not wanting to be touched		
29. No allowing people near		
Changes in Activity Patterns or Routines		
30. Decreased activity		
Mental Status Changes		
31. Are there mental status changes that are due to pain and are not explained by another condition (e.g., delirium due to medication, etc.)?		
Total Score (Add up checkmarks)		
An increased score suggests that an increase in pain is likely. On the other hand, a lower score suggests that pain has decreased.		

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References:

Haghi, M., Fadayevatan, R., Alizadeh-Khoei, M., Kaboudi, B., Foroughan, M., & Mahdavi, B. (2020). Validation of Pain Assessment Checklist for Seniors with Limited Ability to Communicate-II (PACSLAC-II) in Iranian older adults with dementia living in nursing homes. *Psychogeriatrics : the official journal of the Japanese Psychogeriatric Society*, 20(3), 278–287. <https://doi.org/10.1111/psyg.12496>.

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App References:

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