Abbey Pain Scale

For measurement of pain in people with dementia who cannot verbalise.

How to use scale: While observing the resident, score questions 1 to 6

Name of resident: __________________ Date: ___ / ___ / ___ Time: ______

Name and designation of person completing the scale: ____________________________

Latest pain relief given was _______________________ at ______________ hrs.

Q1 Vocalisation
eg., whimpering, groaning, crying
Absent 0 Mild 1 Moderate 2 Severe 3

Q2 Facial expression
eg., looking tense, frowning grimacing, looking frightened
Absent 0 Mild 1 Moderate 2 Severe 3

Q3 Change in body language
eg., fidgeting, rocking, guarding part of body, withdrawn
Absent 0 Mild 1 Moderate 2 Severe 3

Q4 Behavioural Change
eg., increased confusion, refusing to eat, alteration in usual patterns
Absent 0 Mild 1 Moderate 2 Severe 3

Q5 Physiological change
eg., temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor
Absent 0 Mild 1 Moderate 2 Severe 3

Q6 Physical changes
eg., skin tears, pressure areas, arthritis, contractures, previous injuries.
Absent 0 Mild 1 Moderate 2 Severe 3

Add scores for 1 – 6 and record here

Total Pain Score

Now tick the box that matches the Total Pain Score
0 – 2 No Pain
3 – 7 Mild
8 – 13 Moderate
14+ Severe

Finally, tick the box which matches the type of pain
Chronic
Acute
Acute on Chronic