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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 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)		

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