

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:

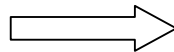
Name and designation of person completing the scale:

Date: **Time:**

Latest pain relief given was.....**at****hrs.**

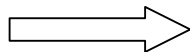
Q1.	Vocalisation eg. whimpering, groaning, crying <i>Absent 0 Mild 1 Moderate 2 Severe 3</i>	Q1	<input type="text"/>
Q2.	Facial expression eg: looking tense, frowning grimacing, looking frightened <i>Absent 0 Mild 1 Moderate 2 Severe 3</i>	Q2	<input type="text"/>
Q3.	Change in body language eg: fidgeting, rocking, guarding part of body, withdrawn <i>Absent 0 Mild 1 Moderate 2 Severe 3</i>	Q3	<input type="text"/>
Q4.	Behavioural Change eg: increased confusion, refusing to eat, alteration in usual patterns <i>Absent 0 Mild 1 Moderate 2 Severe 3</i>	Q4	<input type="text"/>
Q5.	Physiological change eg: temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor <i>Absent 0 Mild 1 Moderate 2 Severe 3</i>	Q5	<input type="text"/>
Q6.	Physical changes eg: skin tears, pressure areas, arthritis, contractures, previous injuries. <i>Absent 0 Mild 1 Moderate 2 Severe 3</i>	Q6	<input type="text"/>

Add scores for 1 – 6 and record here



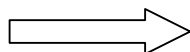
Total Pain Score

Now tick the box that matches the
Total Pain Score



0 – 2 No pain	3 – 7 Mild	8 – 13 Moderate	14+ Severe
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Finally, tick the box which matches
the type of pain



Chronic	Acute	Acute on Chronic
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Dementia Care Australia Pty Ltd
Website: www.dementiacareaustralia.com

Abbey, J; De Bellis, A; Piller, N; Esterman, A; Giles, L; Parker, D and Lowcay, B.
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