

ABBEY PAIN SCALE

Tool for the measurement of pain in people with dementia who cannot verbalise
Whilst observing the resident score questions 1-6

Resident's Name: _____

Resident's DOB: _____

	08.00	12.00	17.00	20.00	02.00
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 Fidgeting, rocking, guarding parts of body, withdrawn. Absent 0 Mild 1 Moderate 2 Severe 3					
Q4 Behavioural change. Eg. Increased confusion, refusing to eat, alteration in usual pattern. Absent 0 Mild 1 Moderate 2 Severe 3					
Q5 Physiological change. Eg. Temperature, pulse or Bp 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					
Now identify the descriptor that identifies the total pain score 0-2 3-7 8-13 14+ No pain Mild Moderate Severe					
Appropriate treatment administered?					

DATE OF ASSESSMENT. _____