Abbey Pain Scale

Enter pain scores for each of the following six areas:

Absent = 0; Mild = 1; Moderate = 2; Severe = 3

Patient details	
Surname	
Title	
Given names	
DOB	MRN
Address	
Suburb	
Postcode	

Enter date:					
Enter time:					
Sign entry:					
1. Vocalisation e.g. whimpering, groaning, crying.					
2. Facial expression e.g. looking tense, frowning, grimacing, looking frightened.					
3. Change in body language e.g. fidgeting, rocking, guarding part of body, withdrawn.					
4. Behavioural change e.g. increased confusion, refusing to eat, alteration in usual patterns.					
5. Physiological change e.g. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor.					
6. Physical changes e.g. skin tears, pressure areas, arthritis, contractures, previous injuries.					
Total scores					
Circle the range that matches the total pain score					
 0-2 No pain 3-7 mild 8-13 moderate 14+ severe 	No pain Mild Moderate				
	Severe	Severe	Severe	Severe	Severe

Tick the box which matches the type of pain: Acute

Chronic

Acute on chronic

About Abbey Pain Scale

Purpose: Developed to detect pain in elderly residents with dementia and inability to communicate verbally. It is a 6-item 3 point scale tool.

Description: The Abbey Pain Scale was developed for use in aged care and dementia care. The tool is best used as part of an overall pain management plan. As the tool does not differentiate between distress and pain measuring the effectiveness of any interventions is essential. Use the form to collate recordings across an extended period to facilitate monitoring of responses. The Australian Pain Society recommends using the tool as a movement-based assessment and conducting a **second evaluation one hour after any intervention taken.** Repeat hourly until a score of mild pain is reached and then 4 hourly for 24 hours with treatment for pain as required. Contact the GP or pain team if there is no improvement.

Acknowledgement: Abbey J, et al. The Abbey pain scale: a 1-minute numerical indicator for people with end-stage dementia. Int J Palliat Nurs. 2004 Jan;10(1):6-13.