Abbey Pain Scale

Enter pain scores for each of the 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 Change in body language e.g., fidgeting, rocking, guarding part of body, withdrawn.					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 ☐	No pain ☐ Mild ☐ Moderate ☐ Severe ☐	No pain ☐ Mild ☐ Moderate ☐ Severe ☐	No pain ☐ Mild ☐ Moderate ☐ Severe ☐	No pain ☐ Mild ☐ Moderate ☐ 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.

Organisation

Medicines List:

Helping you keep track of your medicines

My name:

My allergies or previous problems:

My emergency contact(s) details:

My GP/specialist contact details:

My pharmacy:

My pharmacist(s):

My palliative care team (e.g., careworker, nurse):

Reminders:

- Ask a member of your care team to help you fill out this form.
- Bring this form to any future medical appointments.
- Include non-prescription medicines.

Name of medicine	What it looks like	How much and when	How to take it	Date started	What the medicine is for
Example only	e.g., round, red, blue, white liquid	e.g., one capsule per day	e.g., by mouth, with food, by injection	dd/mm/yy	e.g., pain

Assessing Suitability for a Dose Administration Aid

Insert name of your organisation

Name of client: _____

Unique identifier: _____ **DOB (DD/MM/YY):** _____

Usual community pharmacy: _____

Dose administration aids may benefit appropriately selected persons[1].

If the answer to any of these questions is 'No', then a dose administration aid may be unsuitable.

Question	Examples	Yes	No
Has a specific problem been identified that may be resolved with a dosing aid?	• Unintended non-compliance or errors due to a complex regimen. • Double dosing due to short-term memory loss.	☐	☐
Is the person motivated to take their medicines?	• Dosing aids offer no benefit if the person refuses to take their medicines.	☐	☐
Has a medicines review and regimen simplification occurred?		☐	☐
Have other strategies been considered and discussed with the person?	• Linking dose times to meals or other regular activities, medicine list or chart with dose times, medicine calendar or diary, multi-alarm reminder device.	☐	☐
Are most of the medicines appropriate for packing in a dosing aid?	• Unsuitable medications include those not available in solid oral dose form, unstable when removed from packaging, or frequently changing doses e.g. warfarin.	☐	☐
Has the person been shown the dosing aid and agreed to use it?		☐	☐
Has the person demonstrated that they can use the dosing aid, or have a carer who is able to assist?	• Able to identify correct compartment and remove medicines.	☐	☐
Will the person be able to manage dual medicine management systems, if applicable?	• For regular and as required medicines.	☐	☐
Is it affordable for the person?		☐	☐

Selecting the most suitable dosing aid[1].

Type of Dose Administration Aid	Description	Select
Compartmentalised plastic boxes (e.g. Dosette®)	• Reusable device that is usually filled by the user, sometimes filled by health professionals. • Many varieties, with one, two or four compartments for each day of the week. • Some have the days and times labelled in Braille. • Some contain a built-in alarm that can be set to remind the user when it is time to take their medicine. • Usually not tamper-evident.	☐
Blister or bubble packs (e.g. MedicoPak, Webster-Pak®)	• Plastic or disposable cardboard device with four compartments for each day of the week. • Provided by pharmacies. • Usually filled manually, although some pharmacies use an automated packing method. • Some brands may be easier to use than others. • Blister packs for people with low vision or who are unable to read English are available from some suppliers.	☐
Sachet systems (e.g. APHS medicine sachets®, MPS Packettes®)	• Tablets and capsules for a particular date and dose time packed in an individual sachet, labelled with the date and time, the medicine details and the person's name. • Sachets are rolled up in chronological date and time order and usually provided in a container. • Sachets are prepared using automated packing technology. • Community pharmacies usually outsource sachet packing to a large-scale packing facility, although some pharmacies have installed technology to enable onsite packing.	☐
Automated medicine dispensing devices (e.g. Medido®, TabTimer®)	• Devices that dispense the medicines for a particular dose-time, after the user has responded to a built-in reminder alarm that activates when medicines are due to be taken. • The device may need to be manually filled or it may dispense pre-filled medicine sachets. • Some devices have a monitoring function which can send a text message or email to a designated person, if there is no response to the reminder within a set time period.	☐

[1] Elliott RA. Appropriate use of dose administration aids. Aust Prescr. 2014 Apr;37:46-50. doi: 10.18773/austprescr.2014.020.

PBS Prescriber Bag medicines for terminal phase symptoms

CARESEARCH®
palliative care knowledge network

These medicines are available through the PBS at no cost to prescribers. They can be provided free to patients during home visits for emergency use in managing symptoms or bridging the gap until a prescription is dispensed. Medicines shaded are part of the National Core Community Palliative Care Medicines List and are used to treat common symptoms in straightforward cases.

Medicine	Clinical uses in terminal phase	Strength and form	Pack size	Max qty (packs)
Adrenaline (Epinephrine)	Airway obstruction (nebulised), small volume malignant bleeding (topical)	1 in 1000 (1 mg/mL) injection	5 x 1mL	1
Clonazepam	Agitation, anxiety, distressing breathlessness, refractory distress, seizure	2.5 mg/mL drops	1 x 10mL	1
Furosemide	Oedema associated with heart failure	20 mg/2 mL injection	5 x 2mL	1
Haloperidol	Anxiety, delirium, nausea/vomiting, refractory distress, terminal restlessness	5 mg/mL injection	10 x 1mL	1
Hydrocortisone	Acute severe breathlessness/spinal cord compression, in place of dexamethasone	100 or 250 mg injection (reconstituted to 2mL)	1 x dual chamber vial	2 (100mg) or 1 (250mg)
Hyoscine butylbromide	Respiratory tract secretions, noisy breathing, managing cramps with bowel obstruction	20 mg/mL injection	5 x 1mL	1
Metoclopramide	Nausea/vomiting	10 mg/2 mL injection	10 x 2mL	1
Midazolam	Agitation, distressing breathlessness, refractory distress, seizure	5 mg/mL injection	10 x 1mL	1
Morphine	Distressing breathlessness (first line), pain	10, 15, 20, or 30 mg/mL injection	5 x 1mL	1
Naloxone	Reversing life-threatening opioid overdose	400 microgram/mL injection	5 or 10 x 1mL	2

Based on: caring@home/Pharmaceutical Society of Australia. National Core Community Palliative Care Medicines List [Internet]. Brisbane, QLD: caring@home; 2024 [cited 2025 Jun 2]. Available from: https://www.caringathomeproject.com.au/for-health-professionals/national-core-community-palliative-care-medicines-list

The PBS Prescriber Bag for palliative care

People with palliative care needs may choose to be cared for and die at home. This may include their private dwelling or a residential aged care facility. The evidence encourages the prescribing of all terminal phase medicines in advance, known as anticipatory prescribing. While it should not be a substitute for good advance planning, the PBS Prescriber Bag provides a safety net for those who deteriorate rapidly and unexpectedly at the end of life. This ensures rapid symptom management when needed, though deterioration can occur suddenly.

Prescriber Bag supply order forms allow monthly ordering of medicines and can be requested from Services Australia: https://www.servicesaustralia.gov.au/pbs-and-rpbs-official-stationery?context=20.
Complete the form, sign it, and give it to a community pharmacist for dispensing.

Dosing information

For specific dosing advice, refer to the CareSearchgp or palliMEDS apps (free to download), Palliative Care Therapeutic Guidelines, or Australian Medicines Handbook. You can also consult your local pharmacist.

Notes on use of specific medicines

- Morphine: avoid repeated dosing in people with serious kidney failure.
- Clonazepam or midazolam: may help with breathlessness if anxiety is present. They may also help to relieve rigidity associated with end-stage Parkinson's Disease if dopaminergic medication has ceased.
- Adrenaline in nebulised form may give temporary relief of stridor with breathlessness.

Practical tips

- Order your PBS Prescriber Bag medicines at the end of each month.
- Securely store S8 medicines (especially opioids) and follow local legislative guidelines.
- Consider carrying equipment to administer medicines subcutaneously.
- Limit subcutaneous injections to 1.5 mL to avoid causing pain at the injection site.
- Keep a notepad to record medication administration and any doses discarded.

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