Reference Card: Abbey Pain Scale

FOR MEASUREMENT OF PAIN IN PEOPLE WITH DEMENTIA OR 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
Absent 0 Mild 1 Moderate 2 Severe 3
Q1 ☐

Q2. Facial expression
eg looking tense, frowning, grimacing, looking frightened
Absent 0 Mild 1 Moderate 2 Severe 3
Q2 ☐

Q3. Change in body language
eg fidgeting, rocking, guarding part of body, withdrawn
Absent 0 Mild 1 Moderate 2 Severe 3
Q3 ☐

Q4. Behavioural Change
eg increased confusion, refusing to eat, alteration in usual patterns
Absent 0 Mild 1 Moderate 2 Severe 3
Q4 ☐

Q5. Physiological change
eg temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor
Absent 0 Mild 1 Moderate 2 Severe 3
Q5 ☐

Q6. Physical changes
eg skin tears, pressure areas, arthritis, contractures, previous injuries
Absent 0 Mild 1 Moderate 2 Severe 3
Q6 ☐

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

Finally, tick the box which matches the type of pain ⇒

Chronic	Acute	Acute on Chronic

Abbey, J; De Bellis, A; Piller, N; Esterman, A; Giles, L; Parker, D and Lowcay, B.
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For use by medical practitioners and qualified RACF staff
For details see Clinical Information Sheet: Pain
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