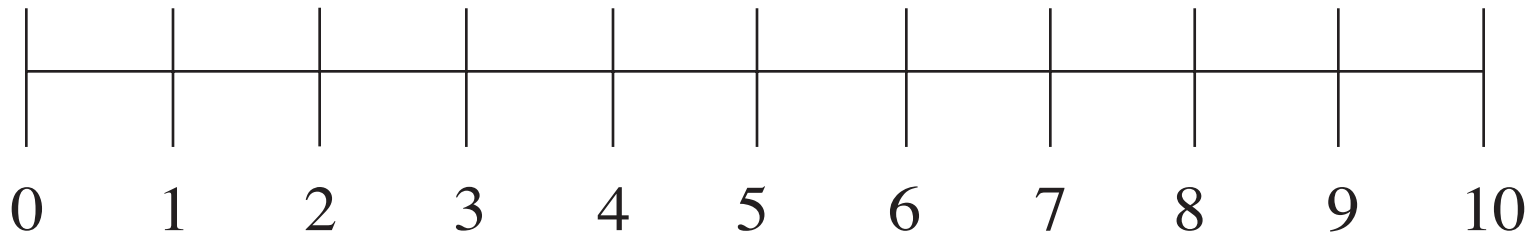




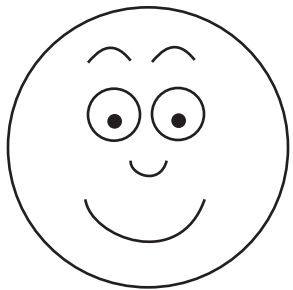
Pain Rating Scales



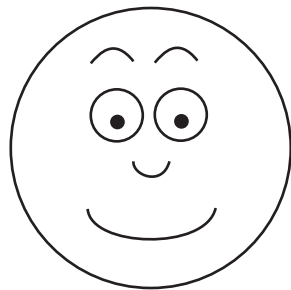
No pain

Moderate pain

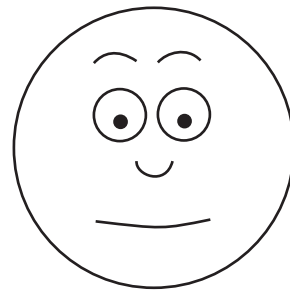
**Worst possible
pain**



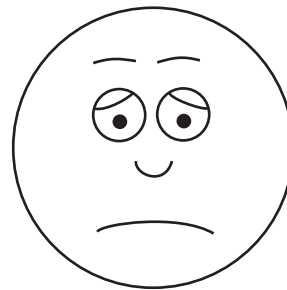
0



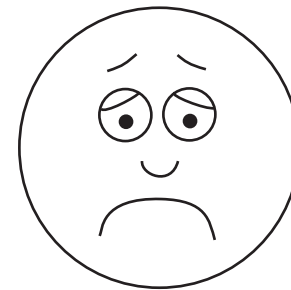
2



4



6



8



10

Please rate your pain by pointing to the scale or telling me the one number that tells how much pain you have right now.

Considerations for assessment of pain in elderly patients:

- Older persons feel pain the same as younger persons and require treatment for that pain
- Most elderly patients can self report pain
- Some elderly patients may have stoic attitudes that impact their report of pain and intake of medications
- Discuss slowly, using the patient's synonyms for pain (hurt, discomfort, ache, stiffness)
- Speak at a level appropriate to the patient's hearing
- Be patient in allowing time for answers or rephrasing questions
- In patients with dementia, ask questions in present tense due to lack of recall – assess pain at time of complaint
- Offer materials with large print

Considerations for assessment of pain in patients that are unable to communicate (severe cognitive impairment, ventilated, unconscious):

- Assume the patient is in pain if the disease or injury would result in pain.
- Observe for behavioral indicators of pain
 - Facial cues (ie, grimace)
 - Increase or decrease in movement (ie, guarding, rubbing, splinting)
 - Restlessness
 - Vocalizations (cry, moaning)
 - Agitation
 - Altered vital signs (20% increase in HR and/or BP from baseline)
- Involve the family to identify specific behaviors in their family member which may indicate pain
- Observe and document the patient's response to analgesic and comfort measures