

Abbey Pain Scale

The Abbey Pain Scale is for use with people with dementia or who cannot verbalise

How to use scale: While observing the resident, score questions 1 to 6.

Name of patient :

Name and designation of person completing the scale:

Date and Time :

Last pain relief given was : at: hrs.

Q1. Vocalisation, e.g. whimpering, groaning, crying Score
Absent = 0 Mild = 1 Moderate = 2 Severe = 3 Q1

Q2. Facial Expression, e.g. looking tense, frowning, grimacing, looking frightened
Absent = 0 Mild = 1 Moderate = 2 Severe = 3 Q2

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 Change in body language e.g. fidgeting, rocking, guarding part of body, withdrawn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

Q4. Behavioural changes e.g. increased confusion, refusing to eat, alteration in usual patterns
Absent = 0 Mild = 1 Moderate = 2 Severe = 3 Q4

Q5. Physiological change e.g. temperature, pulse, or blood pressure outside of normal limits, perspiring
Absent = 0 Mild = 1 Moderate = 2 Severe = 3 Q5

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

Add Scores for questions 1 to 6 and record here ➔ **Total Pain Score:**

Now **circle** the box that matches the **Total Pain Score:**

0 – 2	3 – 7	8 – 13	14 +
No Pain	Mild	Moderate	Severe

Finally **circle** the box that matches the **type of pain:**

Chronic <i>(persisting for a long time or constantly recurring)</i>	Acute <i>(present or experienced to a severe or intense degree)</i>	Acute on Chronic <i>(both)</i>
---	---	--