

Patient Who Can Express Their Pain:

Use: 0-10, **FACES** or **Color scale** **Reference:** Wong-Baker, Color-Analog Scale (CAS), Universal pain screening with a 0–10 pain intensity numeric rating scale (NRS) has been widely implemented in primary care

Patients Who are Awake, Alert But Are Unable To Communicate Their Pain:

Use: **Face, Legs, Activity, Cry, Consolability (FLACC)** **Reference:** Merkel S, Voepel-Lewis T, Zanotti, J, Dammeyer, J. "Reliability and Validity of the Face, Legs, Activity, Cry, Consolability Behavioral Tool in Assessing Acute Pain in Critically Ill Patients". American Journal of Critical Care 19 (1): 55–61

Patients Who Are Cognitively Impaired:

Use: **Pain Assessment in Advanced Dementia Scale (PAINAD)** **Reference:** Warden, V., Hurley, A.C., & Volicer, L Pain Assessment in Advanced Dementia. Journal of the American Medical Directors Association, 4(1), 9-15. Development and psychometric evaluation of the pain assessment in advanced dementia (PAINAD) Scale.

WE WANT TO UNDERSTAND YOUR PAIN SO WE CAN EFFECTIVELY TREAT THE PAIN.

ENGLISH	NO PAIN (0)	MODERATE PAIN (4-6)	VERY SEVERE PAIN (9-10)
Chamorro	Ti puti	Puten-naihon	Atdet puti-hu
Tagalog	Walang Sakit	Konting Sakit	Sobrang Sakit
Chuukese	Ese metek	Ekis metek	Fakkun metek
Japanese	Itaku nai	Itaku sukoshi	Itaku omotai
Korean	Ah pun deh ubsuh yo	Jehogkum apa yo	Mahn i apa yo
Chinese	Tong wu	Yi she tong	Yen jong tong

Pain Assessment: Assessed at each visit

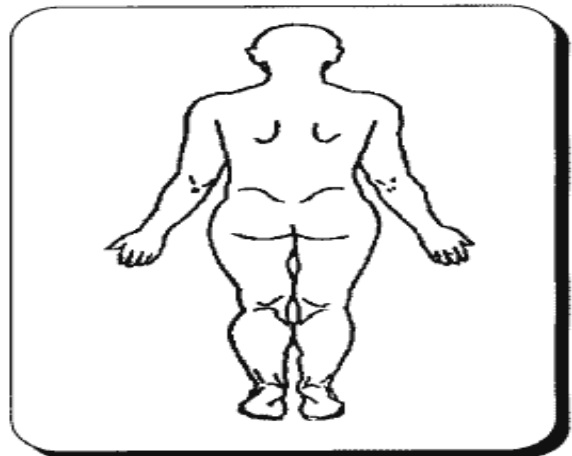
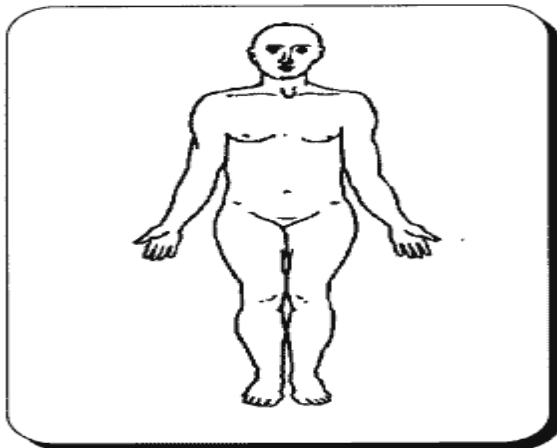
The scale used is: **FACES/NUMERICAL/COLOR**

At present, I rate my pain at _____/10

In the past 72 hrs, the worst pain level was _____/10

The level of pain I am able to tolerate is _____/10

Where is your pain located? (RN, PT or MA use only)



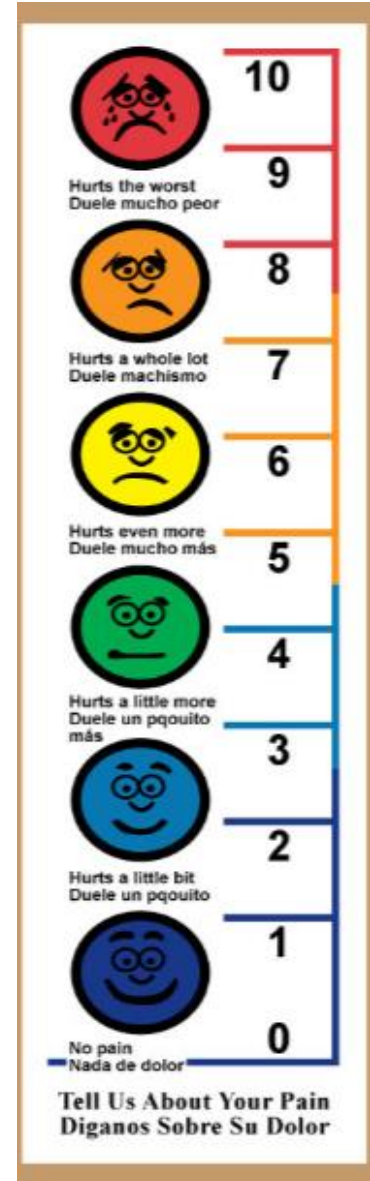
Patient Name:

Patient ID:

FLACC SCALE				
ITEMS	0	1	2	SCORE
FACE	No particular expression or smile; disinterested	Occasional grimace or frown, withdrawn	Frequent to constant frown, clenched jaw, quivering chin	
LEGS	No position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up	
ACTIVITY	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid, or jerking	
CRY	No crying (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints	
CONSOLABILITY	Content, relaxed	Reassured by occasional touching, hugging, or talking to, distractible	Difficult to console or comfort	

USED BY ALL CLINICIANS FOR ALL SERVICES

Verbal / Subjective Response:
Faces, Numerical Or Color Scale



Each of the five categories (F Face; L) Legs; (A) Activity; (C) Cry; (C) Consolability is scored from 0-2, which results in a total score between 0-10

PAIN AD SCALE				
ITEMS	0	1	2	SCORE
BREATHING INDEPENDENT OF VOCALIZATION	Normal	Occasional labored breathing. Short period of hyperventilation.	Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respirations	
NEGATIVE VOCALIZATION	None	Occasional moan or groan. Low level speech with a negative or disapproving quality.	Repeated troubled calling out. Loud moaning or groaning. Crying.	
FACIAL EXPRESSION	Smiling or inexpressive	Sad. Frightened. Frown.	Facial grimacing.	
BODY LANGUAGE	Relaxed	Tense. Distressed pacing. Fidgeting.	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out.	
CONSOLABILITY	No need to console	Distracted or reassured by voice or touch.	Unable to console, distract or reassure.	
TOTAL SCORE:				

**Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items), with a higher score indicating more severe pain (0="no pain" to 10="severe pain").

Patient Name:	Patient ID:
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