

## **ABBEY PAIN SCALE**

Hospital: .....

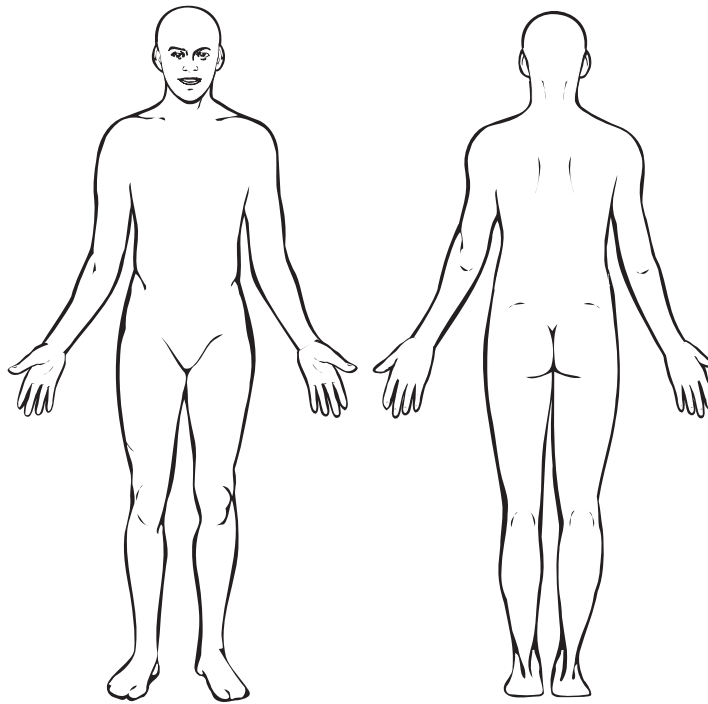
Ward: .....

The Abbey Pain Scale is a tool to support the interpretation of pain in patients who are unable to communicate their pain e.g. cognitive impairment, confusion or withdrawal and should not be used in isolation. A person centred approach to pain assessment should be used that includes history from relatives/carers on the patients pain, pain management, type of pain and the usual behaviour of the patient that suggests they may be in pain.

- The Abbey Pain Scale is to be used for patients with severe cognitive impairment, or confusion. If patient is able to communicate about pain use Generic Pain Assessment Scale. Gold standard is self report but interpret with caution if patient inconsistent.

### **INSTRUCTIONS FOR USING ABBEY PAIN SCALE**

- If Carers are available carry out and record pain history using ABBEY PAIN SCALE on admission. Also include how the patient would normally behave in pain. Ask Carers whether they feel patient is currently experiencing pain. If YES, complete Abbey Pain Scale.
- Any patient with severe cognitive impairment who is unable to self report pain and any of the following criteria apply, should have an NHS GGC Abbey Pain Scale commenced:
  - Pain highly suspected from patient's medical history OR
  - Pain highly suspected from patient's family/carer communication OR
  - Pain highly suspected from observations of patient's behaviours referring to the 'Getting to know me' document if available
- Where possible Page 2 of the Abbey Pain Scale should be completed with relatives/carers.
- Where possible record a summary of the patients behaviour after activity, if the presence of pain is suspected or the patient has exhibited changes in behaviour. A team approach to managing pain is advantageous.
- It is important to exclude the presence of other problems e.g. depression, anxiety, hallucinations, infection, constipation and treat as appropriate.
- If behavioural changes persist promote trial of analgesia, and continue to re-assess.
- Every patient is an individual, don't compare scores with other patients.
- Be aware of the limitations of the Abbey Pain Scale highlighted below:
  - The tool is only one piece of the jigsaw - assessments are crucial for potential causes of pain.
  - Continual assessments by the multidisciplinary team highlighting patterns in patients behaviours are better than one snapshot in time.



Patient's Name:		
Initial assessment completed by:		
Date:		
Where appropriate, please gather the following information from carer's/casenotes		
<input type="checkbox"/> CHRONIC	<input type="checkbox"/> ACUTE	<input type="checkbox"/> ACUTE ON CHRONIC
1. Summary of pain/s history including investigations, surgery, radiotherapy, chemotherapy and any previous pain medications		
2. Where does patient have pain? - <b>Please mark on body chart</b>		
3. Summary of behaviours when patient is in pain?		
4. What makes patient's pain better?		
5. What makes patient's pain worse?		
6. Aims of pain management?		

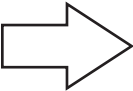
# ABBEY PAIN SCALE

Name:

Address:

CHI number:

(Apply patient label if available)

Date							
Time							
Questions	Pain Score	Pain Score	Pain Score	Pain Score	Pain Score	Pain Score	Pain Score
<b>1. Vocalisation</b> E.g. whimpering, groaning, crying Absent 0 Mild 1 Moderate 2 Severe 3							
<b>2. Facial expression</b> E.g. looking tense, frowning, grimacing, looking frightened Absent 0 Mild 1 Moderate 2 Severe 3							
<b>3. Change in body language</b> E.g. fidgeting, rocking, guarding part of body, withdrawn Absent 0 Mild 1 Moderate 2 Severe 3							
<b>4. Behavioural change</b> E.g. increased confusion, refusing to eat, alteration in usual patterns Absent 0 Mild 1 Moderate 2 Severe 3							
<b>5. Physiological change</b> E.g. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor Absent 0 Mild 1 Moderate 2 Severe 3							
<b>6. Physical changes</b> E.g. skin tears, pressure areas, arthritis, contractures, previous injuries Absent 0 Mild 1 Moderate 2 Severe 3							
<b>Pain Score Totals</b>							
Using the table below please indicate the level of the pain experienced: if Pain Score 5 then Write Mild							
Now look at the box that matches the Total Pain Score 	<b>0 - 2 No Pain</b> Continue to assess. Ensure analgesia prescribed PRN according to local analgesic guidelines.	<b>3 - 7 Mild</b> Administer prescribed analgesia according to local analgesic guidelines. Continue to assess.	<b>8 - 13 Moderate</b> Administer prescribed analgesia according to local analgesic guidelines. Continue to assess. Seek medical advice if pain is not responding to treatment.	<b>14+ Severe</b> Administer prescribed analgesia according to local analgesic guidelines. Continue to assess. Seek medical advice if pain is not responding to treatment.			

## ABBEY PAIN SCORE EVALUATION

Date	Time	Total Pain Score	Intervention	Evaluation/Comments	Signature

Abbey J, De Bellis A, Piller N, Easterman A, Giles L, Parker D, Lowcay B. The Abbey Pain Scale. Funded by the JH & JD Gunn Medical Research Foundation 1998-2002. (This document may be reproduced with this acknowledgement retained).

This document was produced by NHS GGC Acute Shortlife Working Group  
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