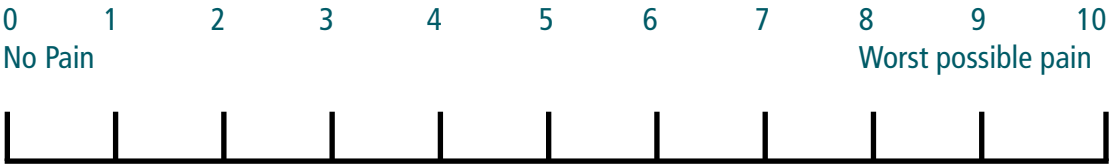
Appendix E: Tools for Assessment of Pain

The following tools, the Visual Analogue Scale (VAS), the Numeric Rating Scale (NRS), the Verbal Rating Scale (VRS), the Facial Grimace & Behaviour Checklist Flow Charts and the McGill Pain Questionnaire are provided as examples of validated tools that can be used by nurses for assessing pain.

Visual Analogue Scale (VAS)

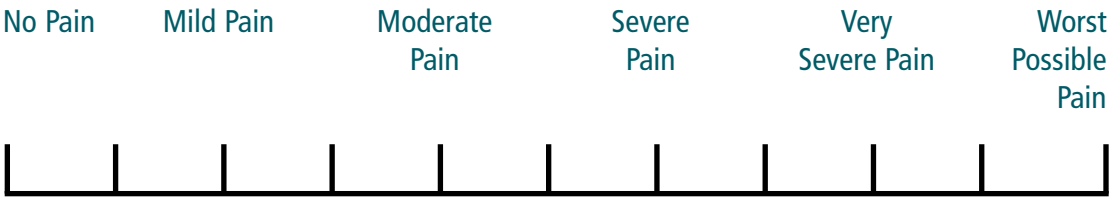
The client indicates intensity of pain on a 10 cm. line marked from "no pain" at one end to "pain as bad as it could possibly be" at the other end.

Numeric Rating Scale (NRS)



The client rates pain on a scale from 0 to 10.

Verbal Rating Scale (VRS)



The client rates the pain on a Likert scale verbally, e.g., "none", "mild pain", "moderate pain", "severe pain", "very severe pain" or "worst possible pain".

Facial Grimace & Behaviour Checklist Flow Charts

Name: _____ Active ❑ Resting ❑ Time: _____

0 no pain | 2 mild | 4 discomforting | 6 distressing | 8 horrible | 10 excruciating

Regular pain medication: _____ Rescue/PRN medication _____

Month:

Date or Time														
FACIAL SCORE														
10														
8														
6														
4														
2														
0														
PRN medication														

Facial Grimace Score: The facial grimace scale scores the level of pain (from 0-10 on the left) as assessed by the caregiver observing the facial expressions of the resident. Assessment is done once daily or more (14 days are indicated above). This assessment of the degree of discomfort should be done at the same time every day and during the same level of activity. **Note if rescue/PRN medication is given; yes (y), no (n) or dose.**

Behaviour Checklist

10 – always 8 – mostly 6 – often 4 – occasionally 2 – rarely 0 – never

Date or Time														
BEHAVIOUR														
eats poorly														
tense														
quiet														
indicates pain														
calls out														
paces														
noisy breathing														
sleeps poorly														
picks														
PRN medication														

Behaviour Checklist: Behaviour changes can be used to assess pain or distress, and thereby evaluate the efficacy of interventions. At the top of the scoring graph, when the specific behaviour has been observed, it can be rated from 10 (always) to 0 (never). The behaviours being rated and scored over 24 hours are listed down the left column. This chart scores 9 different behaviours over 14 days. The caregiver can expand on the checklist, i.e., rocking, screams, etc. **Note if rescue/PRN medication given. Both tools may be adapted for individual use.**