**Pain Assessment Tools (3, 16)**

**A large number of pain assessment tools exist and their content varies. These examples are not exhaustive and alternative assessment methods may be used.**

Pain severity has historically been assessed using a basic scale as outlined below. The patient is asked to rate their pain between 0-10, with 0 representing no pain and 10 representing the worst pain imaginable. The pain scores broadly equate to mild, moderate or severe pain and can be used to guide analgesic choice. However, because pain has complex mechanisms, different approaches to pain assessment including the use of more in depth multidimensional assessment tools should be considered, these provide a fuller assessment of the patients’ pain and treatment effectiveness.

**Pain Rating Scale**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No pain | Mild pain | Moderate pain | Severe Pain | Worst pain |

**Multidimensional pain assessment tools,** measure the intensity, nature, and location of pain, and in some cases, the impact that pain is having on a patient’s activity or mood; multidimensional scales are useful in complex or persistent pain. Examples are:

 [The Pain Rating Scale](https://www.britishpainsociety.org/static/uploads/resources/files/pain_scales_eng.pdf) Produced by the British Pain Society and [Brief Pain inventory¹⁶](http://www.npcrc.org/files/news/briefpain_short.pdf) which allow patients to rate the severity of their pain and the degree to which their pain interferes with common dimensions of feeling and function.

 The McGill Pain Questionnaire can be used to evaluate a person experiencing significant pain. It can be used to monitor the pain over time and to determine the effectiveness of any intervention.

**For patients who do not speak English as their first language:** The British Pain Society has produced a series of pain scales in multiple languages. These can be downloaded and printed for free from their website¹⁷.

**For patients with poor cognitive function:** Observed non-verbal pain assessment scales may be needed. These require that the patient is observed at rest, on movement and for behavioural changes that may indicate pain. Therefore appropriate use will necessitate input from carers or family and variable amounts of training. Further guidance on the assessment of pain older people⁽¹⁸⁾ has been produced by the British Pain Society in collaboration with the British Geriatrics Society and Royal College of Physicians.

**Examples are:**

* **Checklist of non-verbal pain indicators (CNPI)**

This considers vocalization, facial expression, stimulus, friction, agitation and verbal complaints. These are marked as "present" or "absent" under two conditions: movement and at rest.

* **Doloplus 2**

This assesses the progression of the pain experience and consists of 10 items, divided into three groups, namely, somatic reaction, psychometric reaction and psychosocial reaction.

**Pain Assessment Tool for chronic pain opioid use**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name** |  | **DOB** |  |
| **Date** |  | **No. of weeks after starting therapy:** |  |

|  |
| --- |
| **Current Opioid regime:** |
| **Total dose of morphine equivalent a day**: (is it less than 120mg/day?) |

|  |  |
| --- | --- |
| **Analgesia** | **Activities of daily living** |
| *If 0 indicates “no pain” and 10 indicates “very bad pain”:*  | *Please circle patients function with current opioid therapy*  |
| What was your level of pain on average in the past week?0 1 2 3 4 5 6 7 8 9 10  | Physical Functioning: Better / Same / WorseSocial Relationships: Better / Same / WorseMood: Better / Same / WorseSleep Pattern: Better / Same / WorseOverall function: Better / Same / Worse |
| Since being on the medication what percentage do you think your pain has REDUCED by? (from 0-100%) |
| Do you feel this medication has made a difference to your quality of life?Yes / No  |

|  |
| --- |
| Have you experienced any side effects from your medication? (eg Nausea, vomiting, constipation, itching, drowsiness etc) |

|  |
| --- |
| **Doctor’s assessment:**Is your overall impression that this patient is benefiting from opioid therapy for their chronic pain? (is the pain at least 30% improved and is it helping their daily function?)  e.g. Include previous pain score and current score |

|  |  |
| --- | --- |
| Specific Plan:* Continue current regimen
* Adjust dose of current regimen
* Add further opioid therapy
* Discontinue/taper off opioid therapy
 | Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Doctor completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreed by Prescribing Clinical Network: April 2018 Review date: April 2021