

Abbey Pain Scale

For measurement of pain in people with dementia or those who cannot verbalise

Name of resident:.....

DoB:.....

| Question | | Date: | Date: | Date: | Date: | Date: | Date: | Date: | Date: | |
|------------------------|--|---------------------|-------|-------|-------|-------|-------|-------|-------|--|
| | | Time: | Time: | Time: | Time: | Time: | Time: | Time: | Time: | |
| 1 | Vocalisation (whimpering, groaning, crying) | Absent - 0 | | | | | | | | |
| | | Mild - 1 | | | | | | | | |
| | | Moderate - 2 | | | | | | | | |
| | | Severe - 3 | | | | | | | | |
| 2 | Facial Expression (looking tense, frowning, grimacing, looking frightened) | Absent - 0 | | | | | | | | |
| | | Mild - 1 | | | | | | | | |
| | | Moderate - 2 | | | | | | | | |
| | | Severe - 3 | | | | | | | | |
| 3 | Change in Body Language (fidgeting, rocking, guarding part of body, withdrawn) | Absent - 0 | | | | | | | | |
| | | Mild - 1 | | | | | | | | |
| | | Moderate - 2 | | | | | | | | |
| | | Severe - 3 | | | | | | | | |
| 4 | Behavioural Change (increased confusion, refusing to eat, alteration in usual patterns) | Absent - 0 | | | | | | | | |
| | | Mild - 1 | | | | | | | | |
| | | Moderate - 2 | | | | | | | | |
| | | Severe - 3 | | | | | | | | |
| 5 | Physiological Change (temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor) | Absent - 0 | | | | | | | | |
| | | Mild - 1 | | | | | | | | |
| | | Moderate - 2 | | | | | | | | |
| | | Severe - 3 | | | | | | | | |
| 6 | Physical changes (skin tears, pressure areas, arthritis, contractures, previous injuries) | Absent - 0 | | | | | | | | |
| | | Mild - 1 | | | | | | | | |
| | | Moderate - 2 | | | | | | | | |
| | | Severe - 3 | | | | | | | | |
| | | Total Score | | | | | | | | |
| Type of Pain | Chronic | | | | | | | | | |
| | Acute | | | | | | | | | |
| | Acute on Chronic | | | | | | | | | |
| Analgesia Given | | (State Time) | | | | | | | | |

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