

Evaluating Pain in Non-communicative Persons

Clinical wisdom:

1. Before using one of the tools below, follow these steps, in the order listed:
 - a. Attempt to obtain self-report from the person. People with mild-to-moderate cognitive impairment are often able to verbally report pain. A show-and-tell approach using a screening tool such as the Iowa Pain Thermometer, the Faces Scale-R or Verbal Descriptor Scale is helpful.
 - b. Search for a potential cause of pain. If pain is possible, treat it.
 - c. Observe for pain-related behaviors
 - d. Obtain reports from family or staff (surrogate reporting)
 - e. Attempt an analgesic trial

(Herr K et al. (2006). *Pain Manage Nurs.*7(2):44-52.; Hadjistavropoulis et al. Interdiscip Expert Consensus Statement. *Clin J Pain*, 2007)

2. Remember that affect is often blunted in people with persistent pain. Affect is also blunted with dementia. Patients often will not look in pain. Look for subtle changes in behavior, activity, mood, mobility, sleep patterns, appetite etc.
3. Understand that the tools listed below measure changes in behavior or activity and do NOT provide a measure of pain intensity. Results using these tools increase suspicion that pain may be a problem, but numeric scores on a behavioral assessment tool should not be documented as pain intensity ratings.
4. Select a tool for the clinical setting based on patient population, specific clinical setting and documentation systems. For best results, tools should be readily available, easy to use for staff and patients, and integrated as an expected part of initial and ongoing patient assessment.
5. Resources
 - a. Herr et al. (2006). Tools for assessment of pain in nonverbal older adults with dementia: A state-of-the-science review. *J Pain Symp Manag* 31: 170-192.
 - b. Herr et al. (2006). Pain assessment in the non-verbal patient: Position statement with clinical practice recommendations. *Pain Manage Nurs.* 7(2):44-52.

Examples of Tools for Evaluating Pain in Non-communicative Persons

Access to these tools and an evaluation of the reliability and validity of each is located at the Pain Resource Center, City of Hope Medical Center web site at <http://prc.coh.org>

- Abbey scale (Abbey J. et al.)
- Assessment of Discomfort in Dementia (ADD) Protocol - Renamed the Serial Trial Intervention (Kovach CR et al.)
- Certified Nurse Assistant Pain Assessment Tool (CPAT) (Cervo et al.)

- Checklist of nonverbal pain indicators (CNPI)(Feldt K)
- Critical Care Pain Observation Tool (CPOT) (Gelinas et al.)
- Disability Distress Assessment Tool (Dis DAT) (Regnard D et al.)
- Discomfort Behavior Scale (DBS) (Stevenson K)
- Discomfort Scale - Dementia of the Alzheimer's Types (DS-DAT) Hurley A et al.)
- Dolophus 2 (Wary B)
- Elderly Pain Caring Assessment 2 (EPCA 2) (Morello R et al.)
- Mobilization-Observation-Behavioral -Dementia Pain Scale (MOBID) (Husebo BS et al.)
- Nursing Assistant Administered Instrument to Assess Pain in Demented Individuals (NOPPAIN) (Snow AL et al)
- Pain assessment checklist for seniors with limited ability to communicate (PACSLAC) (Fuchs-Lacelle SK et al.)
- Pain assessment in advanced dementia (PAINAD) (Warden V et al.)
- Pain Assessment in Non-communicative Elderly Persons (PAINE) (Cohen-Mansfield J et al.)
- Pain assessment tool in confused older adults (PATCOA)
- Pain Behavior for Osteoarthritis Instrument for Cognitively Impaired Elders (PBOICIE) (Tsai P et al.)

Published Guidelines and Statements

- AGS Panel on Pain in Older Persons. (2002) The management of persistent pain in older persons. JAGS 50:S205-S224.
- Chou R et al. (2009). Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Noncancer Pain. Journal of Pain. 10(2): 113-130.
- Hadjistavropoulis T et al. (2007). An interdisciplinary expert consensus statement on assessment of pain in older persons. 23(1): S1-S43.
- Herr K et al. (2006). Pain assessment in the nonverbal patient: Position Statement with clinical practice recommendations. Pain Management Nursing. 7(2): 44-52.