

# Abbey Pain Scale

**For measurement of pain in people with dementia who cannot verbalise**

Name: \_\_\_\_\_ (person being assessed)

Completed by: \_\_\_\_\_ (name and designation)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Latest pain relief given was \_\_\_\_\_ at \_\_\_\_\_

**Enter pain score for each of the following six areas:**

Absent 0, mild 1, moderate 2, severe 3

1. **Vocalisation** (e.g. whimpering, groaning, crying)

2. **Facial expression** (e.g. looking tense, frowning, grimacing, looking frightened)

3. **Change in body language** (e.g. fidgeting, rocking, guarding part of body, withdrawn)

4. **Behavioural change** (e.g. increased confusion, refusing to eat, alteration in usual patterns)

5. **Physiological change** (e.g. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor)

6. **Physical changes** (e.g. skin tears, pressure areas, arthritis, contractures, previous injuries)

**Add scores for 1–6 and record the total pain score**

Tick the box that matches the total pain score

0–2 no pain       3–7 mild       8–13 moderate       14+ severe

Tick the box that matches the type of pain

Chronic       Acute       Acute on chronic