The Abbey Pain Scale (adapted)

For Measurement of Pain in people with Cognitive Impairment

Document to be used in conjunction with EWS chart and Pain Management - Core Care Plan

For Reference Only

1. **This document is to be used for all patients with cognitive impairment**
   - This tool should be put in the patients nursing notes and used as a reference only
   - Add up score using the Tool below and document score on EWS chart as 0 - 3 (See Tool for conversion)
   - If converted score is 1 or more then complete Pain Management Care Plan
   - Complete this assessment at least once per shift

How to use scale: While observing the patient, score questions 1 to 6

Q1. Vocalisation			
e.g. whimpering, groaning, crying			
Absent 0	Mild 1	Moderate 2	Severe 3
Q2. Facial expression			
e.g. looking tense, frowning, grimacing, looking frightened			
Absent 0	Mild 1	Moderate 2	Severe 3
Q3. Change in body language			
e.g. fidgeting, rocking, guarding part of body, withdrawn			
Absent 0	Mild 1	Moderate 2	Severe 3
Q4. Behavioural change			
e.g. increased confusion, refusing to eat, alteration in usual patterns			
Absent 0	Mild 1	Moderate 2	Severe 3
Q5. Physiological change			
e.g. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor			
Absent 0	Mild 1	Moderate 2	Severe 3
Q6. Physical changes			
e.g. skin tears, pressure areas, arthritis, contractures, previous injuries			
Absent 0	Mild 1	Moderate 2	Severe 3

Now Calculate and Document Score

0-2 No Pain	**3-7 Mild**	**8-13 Moderate**	**14+ Severe**
0	**1**	**2**	**3**

Document this score on the Trust EWS chart

Use Pain Care Plan

Abbey J, De Bellis A, Piller N. Esterman A, Giles L, Parker D, Lowcay B. The Abbey Pain Scale.
Funded by the JH & JD Gunn Medical Research Foundation 1998-2002.

Use of the Abbey Pain Scale for people with cognitive impairment (June 2011)

Introduction

- All of us have pain at some time in our lives. Hopefully we can articulate our pain and ensure we have appropriate treatment for it.
- People who have cognitive impairment need to rely on others around them to recognise and help alleviate their pain. E.g. the Patient with a learning Disability, the Patient with Dementia.
- Accurate assessment is the first vital step in management of pain.
- In order to promote dignity and well being, we must ensure that we achieve this for all our patients.
- Pain assessment and appropriate management is a fundamental aspect of patient care and is an Essence of Care Standard

What is The Abbey Pain Scale?

The Abbey pain scale was developed by Abbey et al (2004) to help in pain assessment for people with late-stage dementia. They propose that it offers an efficient, effective tool that can be used by a variety of care staff as part of the pain assessment process.

How is it used?

- There are 6 components of pain, each with a numerical scale of 0 -3, based on severity.
- The assessment takes place and the scores are added together to offer a total score.
- This total score is then matched against boxes offering guidance to the overall severity of the pain.
- Document the converted score in the pain section on the bottom of the Trust Early Warning Score Chart.
- Document on the Patients Pain Care plan that the Abbey Pain tool is in use.
- Evaluate the effectiveness of pain management and reassess the pain score.

The effectiveness of this scale is dependant upon the pain assessor ensuring prescribed analgesia is given or that appropriate steps are taken to relieve the patient's pain.

Evaluation of the treatment given is monitored by repeating the scoring system. If the score has not reduced or has increased then you must ensure that pain relief and management is reviewed by the prescriber and by other relevant members of the health care team.

Where required for the needs of your patient contact the Acute Pain Service and the appropriate Liaison Team. Contact details below:

For the Acute Pain Service contact GRH, Bleep 2107. CGH Bleep 1240.
Normal working hours are Monday to Friday 08.00 – 18.00.

For the Patient with a learning Disability refer at time of presenting, to the Learning Disability Liaison Team: 08454 224985 or 08454 224953.

For the Patient with Dementia or altered cognition consider referral to Mental Health Liaison Team for further advice or support: 08454 225493.

For Patients known to Palliative Care please contact team: GRH ext 5179 bleep 2125 / 2124
CGH ext 3447 bleep 1629 / 1437