Pain rating scales instructions

Subjective pain score
All patients are to have a functional activity score recorded in addition to the chosen subjective score.

Visual analogue scale (VAS)
Instruct the patient to point to the position on the line between the faces to indicate how much pain they are currently feeling. The far left end indicates **'No pain'** and the far right end indicates **'Worst pain ever'**.

Numerical rating scale (NRS)
Instruct the patient to choose a number from 0 to 10 that best describes their current pain. 0 would mean **'No pain'** and 10 would mean **'Worst possible pain'.**

Faces rating scale (FRS)
Adults who have difficulty using the numbers on the visual/numerical rating scales can be assisted with the use of the six facial expressions suggesting various pain intensities. Ask the patient to choose the face that best describes how they feel. The far left face indicate **'No hurt'** and the far right face indicates **'Hurts worst'**. Document number below the face chosen.

Behavioural rating scale
The behavioural pain assessment scale is designed for use with non-verbal patients unable to provide self-reports of pain.
- Rate each of the five measurement categories (0,1or 2).
- Add these together.
- Document the total pain score out of 10.

Functional activity score
This is an activity-related score. Ask your patient to perform an activity related to their painful area (for example, deep breathe and cough for thoracic injury or move affected leg for lower limb pain).

Observe your patient during the chosen activity and score A, B or C.

A – No limitation meaning the patient's activity is unrestricted by pain.

B – Mild limitation means the patient's activity is mild to moderately restricted by pain.

C - Severe limitation means the patient ability to perform the activity is severely limited by pain

Relative to baseline refers to any restriction above any pre–existing condition the patient may already have.

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Treat Pain

Relief of pain and suffering is a human right

Every one deserves to live pain free and in dignity

- Everyday through out the world, millions of people suffer pain.
- Pain is treatable, but unfortunately, pain is often poorly treated, resulting in suffering.
- 60-80% of patients with HIV/AIDS in the last phases of illness experince significant pain (Green (2008), Foley (2003). Chronic and severe pain is common in HIV/AIDS as well as in other conditions.
- 60-90% patients with advanced cancer experince moderate to severe pain (Everdingen 2007). Pain is certainly the most feared symptom in cancer patients.
- Cancer pain can be well controlled in 95% of patients.
- A patient free of pain is better placed to face his/her illness.
- Unrelieved pain can destroy a persons' quality of life by interfering in relationships, ability to work and physical activity.
- In some cases, severe pain can destroy the will to live.
- The physical effect of chronic pain and the psychological strain it causes can even influence the course of disease and pain can kill (WHO (2002)

Therefore, treatment of pain is paramount

- Assess the patient's pain adequately
- Treat the patient's pain appropriately

Aim of Pain Management

Achieve a level of pain control acceptable to individual

WHO's pain management golden rules

The World Health Organization (WHO) step ladder for pain management is recommended for managing moderate to severe pain.

By the mouth:

The oral route is preferred for all steps of the analgesic 'ladder' unless there is a clinical reason why absorption of drugs given orally will not be effective.

By the clock:

Use regular analgesia at appropriate dose intervals

By the Ladder:
This three-step approach of administering the right drug in the right dose at the right time is inexpensive and 80-90% effective.

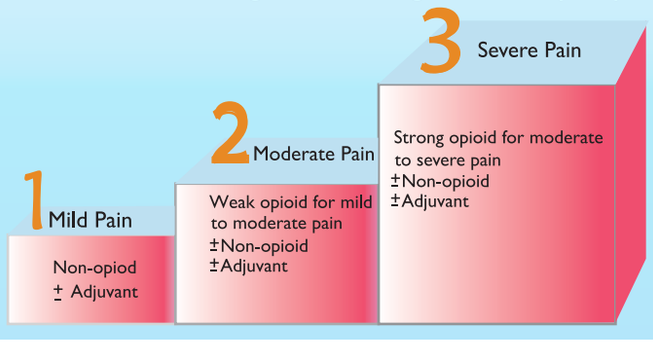
Strong opioids: Morphine syrup, morphine slow release tablets, fentanyl, morphine injection, methadone

Weak Opioids: Codeine, DF 118, tramadol

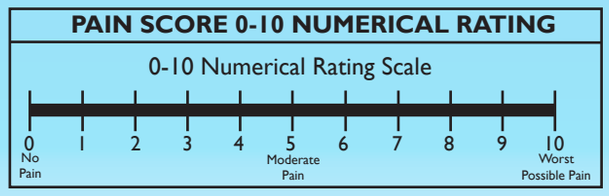
NSAIDS: Diclofenac (inj., tablets & suppositories) & ibuprofen, paracetamol (tablets & suppositories)

Adjuvant Analgesics: Carbamazepine, amitriptyline, dexamethsone, gabapentine, pyridoxine etc.

World Health Organisation Analgesic Ladder (1990)



Numerical rating scale (NRS)



Wong-Baker Faces scale

Behavioural rating scale

For patients unable to provide a self-report of pain: scored 0-10 clinical observation

Face	0 Face muscles relaxed	1 Facial muscle tension, frown, grimace	2 Frequent to constant frown, clenched jaw	Face Score:
Restlessness	0 Quit, relaxed appearance, normal movement	1 Occasional restless movement shifting position	2 Frequent restless movement may include extremities or head	Restlessness score:
Muscle tone*	0 Normal muscle tone	1 Increased tone, flexion of fingers and toes	2 Rigid tone	Muscle tone score:
Vocalisation**	0 No abnormal sounds	1 Occasional moans, cries, whimpers and grunts	2 Frequent or continuos moans cries, whimpers or grunts	Vocalisation score:
Consolability	0 Content, relaxed	1 Reassured by touch, distractible	2 Difficult to confort by touch or talk	Consolability score:
Behavioural pain assessment scale total (0-10)				/10

- Assess muscle tone in patients with spinal cord lesion or injury at a level above the lesion injury. Assess patients with hemiplegia on the unaffected side
- This item cannot be measured in patients with artificial airways.