|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | | **Time:** | **Time:** | **Time:** | **Time:** | **Time** | **Time:** |
| **VOCALISATION**  *Crying, groaning, whimpering* | Absent 0  Mild 1  Moderate 2  Severe 3 |  |  |  |  |  |  |
| **FACIAL EXPRESSION**  *Looking tense, frowning, grimacing, looking frightened* | Absent 0  Mild 1  Moderate 2  Severe 3 |  |  |  |  |  |  |
| **CHANGE IN BODY LANGUAGUE**  *Fidgeting, rocking, guarding part of body, withdrawn* | Absent 0  Mild 1  Moderate 2  Severe 3 |  |  |  |  |  |  |
| **BEHAVIOURAL CHANGES**  *Increasing confusion, change in sleep pattern, not eating, reluctant to move or receive care* | Absent 0  Mild 1  Moderate 2  Severe 3 |  |  |  |  |  |  |
| **PHYSIOCOLOGICAL CHANGES**  *Temperature, pulse or blood pressure outside normal limits, flushing or pallor* | Absent 0  Mild 1  Moderate 2  Severe 3 |  |  |  |  |  |  |
| **PHYSICAL CHANGES**  *Pressure sore, previous injuries, contractures, skin tears, arthritis* | Absent 0  Mild 1  Moderate 2  Severe 3 |  |  |  |  |  |  |
| **TOTAL SCORE** | |  |  |  |  |  |  |
| **EVALUATION OF PAIN MANAGEMENT** | |  |  |  |  |  |  |
| **Print initials & sign** | |  |  |  |  |  |  |

**KEY:** 0 - 2 No pain (no intervention needed); 3 - 7 Mild; 8 - 13 Moderate; 14+ Severe