



Pain Management

Fast Facts-5 Minute Inservice

Assessing Pain in the Nonverbal or Cognitively Impaired

ADULTS

The most accurate and reliable evidence of the presence and intensity of pain is the patient's self-report. Even patients with mild to moderate cognitive impairment can often be assessed with simple pain intensity scales (e.g., 0-10, mild-moderate-severe). Assess for pain in patients with severe cognitive impairments, using nonverbal or verbal pain behaviors, or recent changes in function (e.g., changes in gait, withdrawn or agitated behavior, moaning, groaning, crying). At UWHC we recommend the following instrument as an option to assess and document pain in an adult with cognitive impairment.

Checklist of Nonverbal Pain Indicators (CNPI)

	With Movement	Rest
1. Vocal complaints: Non-verbal (Expression of pain, not in words, moans, groans, grunts, cries, gasps, sighs)		
2. Facial Grimaces/Winces (Furrowed brow, narrowed eyes, tightened lips, jaw drop, clenched teeth, distorted expressions)		
3. Bracing (Clutching or holding onto side rails, bed, tray table, or affected areas during movement)		
4. Restlessness (Constant or intermittent shifting of position, rocking, intermittent or constant hand motions, inability to keep still)		
5. Rubbing (Massaging the affected area)		
6. Vocal complaints: Verbal (Words expressing discomfort or pain, "ouch", "that hurts", cursing during movement, or exclamations of protest: "stop", "that's enough")		
Subtotal Scores		
Total Score		

The CNPI is designed to measure pain behaviors in cognitively impaired elders. The tool includes six pain behavioral items commonly observed in older adults including nonverbal vocalizations, facial grimacing or wincing, bracing, rubbing, restlessness, vocal complaints. Each item is scored on a dichotomous scale (1 = present, 0 = not present, both at rest and on movement, for a possible range of scores from 0 to 6 points for each situation and a total of 12 points. No interpretation of total score is provided, but changes in the score over time may be helpful to evaluate efficacy of interventions.

Like many aspects of pain management an individualized approach should be utilized. Involve the family if possible to identify specific behaviors in their family member that may indicate pain. Observe and document behaviors and response to analgesics and comfort measures. An in-depth critique of the existing nonverbal pain assessment tools as well as copies of tools (when available) or contact information for accessing is posted at the City of Hope website <http://coh.org/prc/elderly.asp> [listed under Elderly section, Guidelines and pathways, item # 5].

CHILDREN

Use the *UW Children's Hospital Pain Scale for Preverbal and Nonverbal Children* developed and tested on preverbal children (less than 3 years old) and cognitively impaired children to assess pain. This instrument is for pediatric patients and is **NOT** appropriate for adults.

References

Feldt, KS. Checklist of Nonverbal Pain Indicators. *Pain Management Nursing* 2000; 1(1):13-21.

Herr K et al. Tools for assessment of pain in nonverbal older adults with dementia: a state-of-the-science review. *Journal of Pain and Symptom Management* 2006;31(2):170-192.

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