

Abbey Pain Scale

Name of resident _____

For measurement of pain in people with dementia who cannot verbalise

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

Name/designation of person completing the scale _____

Date _____

Time _____

Latest pain relief given was _____ at _____ hours

Q1 Vocalisation

eg. whimpering, groaning, crying

Absent 0 Mild 1 Moderate 2 Severe 3

Q2 Facial expression

eg. looking tense, frowning, grimacing, looking frightened

Absent 0 Mild 1 Moderate 2 Severe 3

Q3 Change in body language

eg. fidgeting, rocking, guarding part of body, withdrawn

Absent 0 Mild 1 Moderate 2 Severe 3

Q4 Behavioural change

eg. increased confusion, refusing to eat, alteration in usual patterns

Absent 0 Mild 1 Moderate 2 Severe 3

Q5 Physiological change

eg. temperature, pulse or blood pressure outside of normal limits, perspiring

Absent 0 Mild 1 Moderate 2 Severe 3

Q6 Physical changes

eg. skin tears, pressure areas, arthritis, contractures, previous injuries

Absent 0 Mild 1 Moderate 2 Severe 3

Add scores for 1–6 and record here

Total pain score

Now tick the box that matches the total pain score

0–2 No pain	3–7 Mild	8–13 Moderate	14+ Severe
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Finally, tick the box that matches the type of pain

Chronic	Acute	Acute on chronic
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