

Abbey Pain Scale

For measurement of pain in people with dementia who cannot verbalise

Name: _____ (person being assessed)

Completed by: _____ (name and designation)

Date: _____ Time: _____

Latest pain relief given was _____ at _____

Enter pain score for each of the following six areas:

Absent 0, mild 1, moderate 2, severe 3

1. **Vocalisation** (e.g. whimpering, groaning, crying)

2. **Facial expression** (e.g. looking tense, frowning, grimacing, looking frightened)

3. **Change in body language** (e.g. fidgeting, rocking, guarding part of body, withdrawn)

4. **Behavioural change** (e.g. increased confusion, refusing to eat, alteration in usual patterns)

5. **Physiological change** (e.g. temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor)

6. **Physical changes** (e.g. skin tears, pressure areas, arthritis, contractures, previous injuries)

Add scores for 1–6 and record the total pain score

Tick the box that matches the total pain score

0–2 no pain 3–7 mild 8–13 moderate 14+ severe

Tick the box that matches the type of pain

Chronic Acute Acute on chronic