Pain Management Update

Pain Scales - Key Points

- Self-report of pain is the gold standard and should be used first whenever possible.
- Patients unable to self-report are at higher risk for the under treatment of pain.
- Self-report scales, including the numeric and Faces Pain Scale-Revised (FPS-R) scales provide a pain intensity score or pain rating.
- Behavior-based pain assessment scales do NOT report pain intensity but rather the potential that pain is present. These behaviors may or may not be specific to pain for an individual patient; behaviors may indicate other forms of distress or discomfort.
- Pain scales are selected based on patient age, ability of the patient to understand the pain scale, and medical condition.
- The same pain scale should be used consistently unless there is a change in patient condition or patient preference.

Approved Pain Scales

The following 12 pain assessment scales have been approved for use at Ascension Wisconsin:

- Numeric 0-10 Pain Scale
- Faces Pain Scale – Revised (FPS-R)
- Assume Pain Present (APP)
- Neonatal Infant Pain Scale (NIPS)
- Neonatal Pain, Agitation, and Sedation Scale (NPASS)
- Faces, Legs, Activity, Cry and Consolability (FLACC) Scale
- Revised Faces, Legs, Activity, Cry and Consolability (rFLACC) Scale
- Comfort Behavior (Comfort-B) Scale
- Checklist of Nonverbal Pain Indicators (CNPI)
- Critical-Care Pain Observation Tool (CPOT)
- Pain Assessment in Advanced Dementia (Pain-AD)
- Coping with Labor Algorithm

Assume Pain Present (APP)

- If a patient is unable to self-report, you can assume pain is present if any of the following conditions are present:
  - Pathologic condition(s) or procedure(s) that usually cause pain
  - Behaviors that may be indicative of pain
  - Report of pain from others close to the patient
- APP is commonly used for the following patient populations, but not limited to:
  - Patients undergoing procedures
  - Infants/preverbal toddlers
  - Unconscious patients
  - Critically ill patients
  - Mechanically ventilated and

To use APP:

- If the patient cannot self-report, determine if an appropriate behavior-based pain assessment scale can be used.
- If no scale is appropriate for the patient’s circumstances, assess if there are conditions present that predispose the patient to pain.
- If conditions are present, trial an intervention, nonpharmacologic and pharmacologic, as indicated by patient condition and reassess patient's response.

Providing pre-emptive treatment prior to pain producing procedures and activities such as therapy and wound care is an appropriate application of APP.

Pain assessment is more than a number; assessment should include all physical, social, psychological, and spiritual aspects related to the etiology and impact of pain.

For questions regarding the clinical use of the pain scales, contact:

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This pain update provides key points regarding evidence-based pain scales approved for use at Ascension Wisconsin.