alzheimer's association

Pain Assessment

Date of Assessment ___/___/___

Non-Verbal Pain Indicators

Write 0 if the behavior was not observed, and write 1 if the behavior occurred even briefly during activity or rest.

	Rest	With Movement
Vocal complaints: moans, groans, grunts, cries, gasps, sighs	_____	_____
Facial Grimaces/Winces: furrowed brow, narrowed eyes, Tightened lips, dropped jaw, clenched teeth, distorted expression	_____	_____
Bracing: clutching or holding onto side rails, bed, tray stand, or affected area during movement	_____	_____
Restlessness: constant or intermittent shifting of position, rocking, intermittent or constant hand motions, inability to keep still	_____	_____
Rubbing: massaging affected area	_____	_____
Vocal complaints: any expression of pain – "ouch", "that hurts", cursing during movement, or exclamations of protest – "stop", "that's enough"	_____	_____

Total pain score: _____ Nursing Assessment _____
(i.e., site/location of pain)

Please fax a copy of this tool to the physician. In addition please contact the physician.
Notified MD/NP on ___/___/___
MD/NPs: Please fill in a one to two word assessment and plan, then fax back to nurses.
This is not an order!
Assessment:

_____
(cause)

Plan:

_____
(e.g., medications, non-pharmacological measures)

MD/NP signature: _____
Reassessed: ( ) Yes Date __/__/__ ( ) No