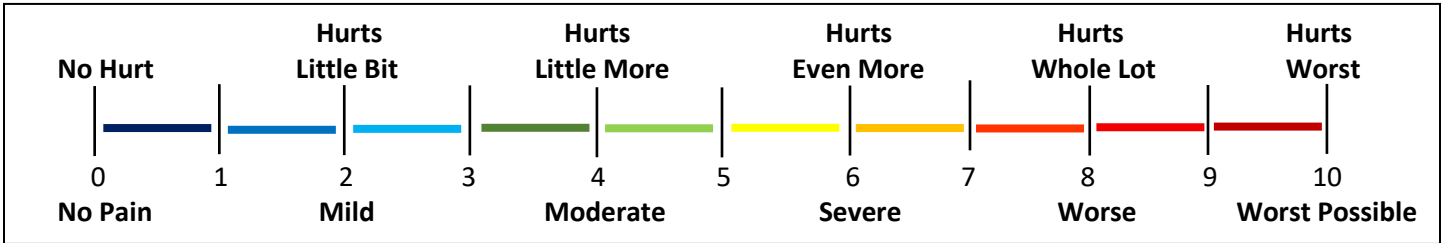
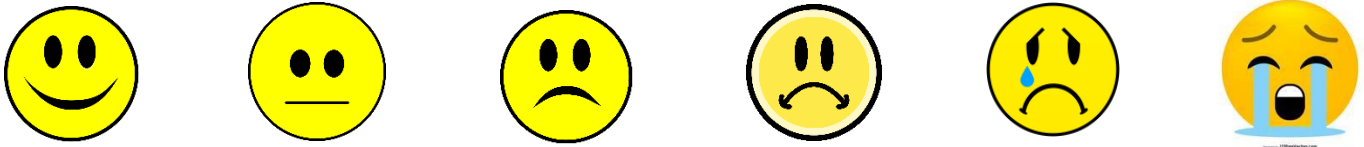


## Pain Intensity Rating Scale *(used by providers at Dartmouth-Hitchcock)*



## Behavioral Pain Assessment Scale

*For patients unable to provide a self-report of pain. Scored 0-10 Clinical Observations.*

<b>FACE</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Face Score</b>
	Facial muscle relaxed	Facial muscle tension, Frown, grimace	Frequent to constant frown, clenched jaw	
<b>RESTLESSNESS</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Restless Score</b>
	Quiet, relaxed appearance, normal movement	Occasional restless movement, shifting	Frequent restless movement may include extremities or head	
<b>MUSCLE TONE*</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Muscle Tone Score</b>
	Normal muscle tone, Relaxed	Increased tone, flexion of fingers and toes	Rigid tone	
<b>VOCALIZATION**</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Vocalization Score</b>
	No abnormal sounds	Occasional moans, cries, whimpers or grunts	Frequent or continuous moans, cries, whimpers or grunts	
<b>CONSOLABILITY</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>Consolability Score</b>
	Content, relaxed	Reassured by touch or talk Distractible	Difficult to comfort by touch or talk	
<b>BEHAVIORAL PAIN ASSESSMENT SCALE TOTAL (0-10)</b>				<b>/10</b>

**\*Assess muscle tone in patients with spinal cord lesion or injury at a level above the lesion or injury. Assess patients with hemiplegia on the unaffected side. \*\*These items cannot be measured in patients with artificial airways.**

**How to use the Pain Assessment Behavioral Scale:**

Observe behaviors and mark appropriate number for each category

Total the numbers in the Pain Assessment Behavioral Score column

**Zero = no evidence of pain. Mild pain = 1-3 Moderate pain = 4-5 Severe uncontrolled pain is ≥ 6.**

**Considerations:**

Use the standard Pain Scale whenever possible to obtain the patient’s self-report of pain. Self-report is the best indicator of the presence and intensity of pain.

Use this scale for patients who are unable to provide a self-report of pain.

In addition, a “Proxy pain evaluation” from family, friends, or clinicians close to the patient may be helpful to evaluate pain based on previous knowledge of patient response.

When in doubt, provide an analgesic. “If there is reason to suspect pain, an analgesic trial can be diagnostic as well as therapeutic.” (AHCPR) Acute Pain Management Guidelines Panel 1992b., p.41