



## Nonverbal Indicators of Pain

Assessing pain in the long-term care resident can be difficult. There are no objective tests available to measure pain as pain is a subjective experience. We all have heard “pain is whatever the person says it is.” The most accurate and reliable evidence of the presence and intensity of pain is the resident’s self-reporting. But what if residents are unable to adequately express their pain or the level of pain verbally, in written form, or using the Wong-Baker FACES Pain Rating Scale? How can the nurse know if they are in pain?

There are many nonverbal indicators of pain, which can be easily overlooked, if one is not aware or incorporating into the pain assessment. Some of these non-verbal signs can also be indicators of resident behavioral issues and certain psychoactive medications may mask pain.

The following tools can be used to assess pain in the nonverbal or cognitively impaired resident. Although there are no clear cut cutoff scores in the first tool to indicate actual severity of pain, any of the behaviors present may be signs of pain and merit further assessment and possible intervention and/or treatment. The second tool is based on a pain scale of 1-10 and is intended to be a guide, when assessing nonverbal pain and not a definitive pain intensity rating scale.

If you have any questions, please do not hesitate to contact your Remedi Pharmacist or Account Manager for more information.

### References:

Feldt KS. The checklist of nonverbal pain indicators (CNPI). *Pain Manag Nurs*. 2000 Mar;1(1):13-21.

<http://www.annalsoflongtermcare.com/article/checklist-nonverbal-indicators-chronic-pain-elderly-residents>. Accessed 11-23-2015.



## Nonverbal Pain Indicators Checklist

Behavior Observed		At Rest	With Movement
<b>Vocal Nonverbal Complaints</b>	Groans, moans, cries, whines, gasps, sighs		
<b>Limited Verbal Complaints</b>	Words expressing discomfort or pain (e.g., "ouch," "that hurts"), cursing or abusive language during movement, exclamations of protest (e.g., "stop," "that's enough"), complaining, screaming		
<b>Facial Expressions</b>	Grimaces, wincing, furrowed brow, sad worried look, frightened and/or distorted expression, narrowed eyes, rapid blinking, tightened lips, clenched teeth and/or jaw		
<b>Bracing</b>	Holding on to furniture (side rails, bed, etc.) or equipment (walkers, canes, etc.), changes in gait, favoring affected area on movement, clutching, tense, guarding, muscle rigidity		
<b>Restlessness</b>	Constant shifting or changing of position, rocking, inability to keep still, intermittent or constant hand motions/fidgeting, pacing		
<b>Rubbing</b>	Rubbing or massaging affected areas with or without vocal complaints		
<b>Behavioral Disturbances</b>	Agitation, irritability, confusion, resistive behavior, insomnia, combativeness, anger, depression, withdrawal, changes in appetite, usual activities, interpersonal interactions or ability to perform ADLs		
<b>Subtotal Scores</b>			
<b>Total Score</b>			

Scoring:

Score 0 if behavior is not observed and 1, if behavior observed- even briefly at rest or with movement.

The number of indicators is totaled for all the behavior observed at rest and with movement.



## Nonverbal Pain Assessment Scale

Verbal		Body Movement		Facial		Touching	
<b>0</b>	Positive comments	<b>0</b>	Moves easily	<b>0</b>	Smiling	<b>0</b>	No touching
<b>2-4</b>	Whimper/moan	<b>5</b>	Neutral, shifting, pacing	<b>2-4</b>	Neutral	<b>5</b>	Rubbing/patting
<b>5-7</b>	Repetitive comment, crying	<b>10</b>	Tense not moving	<b>5-7</b>	Frown, grimace	<b>10</b>	Clenched tight muscles
<b>8-10</b>	Screaming			<b>8-10</b>	Clenched teeth, depressed brow line		