Best Practices in Clinical Record Keeping: Clinical Assessment of Pain Intensity

Pain is an individually experienced phenomenon producing widely different sensory effects that cannot be measured by objective physical examination. The importance of clinical pain assessment of pain however has led to the development of a number of validated clinical tools designed to measure the self-expression of a member's pain level. These self-reporting tools are the gold standard of pain assessment and can be used to evaluate the severity of the pain, its effect on physical functions and the effect of treatment when measured over time.

The experience of pain is a complex of psychophysiological processes. Current neurophysiological research is beginning to truly "objectify" the pain experience. Through experimental quantification from diagnostic imaging and electroencephalograpy, objective measures of pain are increasingly available, but relevant primarily in a research setting. Pain assessment in clinical practice however must rely on the lower tech approach of self-reportings. These "semi-objective" measures can be useful in care planning and outcomes assessment.

Among the most commonly used and well known are the Visual Analog Scale (VAS) and Numeric Pain Scale (NPS). The VAS uses an unmarked horizontal line of precisely 100mm on which the member marks their pain level ranging from no pain to most pain (Figure 1).

No pain Most pain

Figure 1. Visual Analog Scale (VAS) for pain severity measurement.

The NPS uses a horizontal line with a segmented scale of numbers marked from 0-10 where the member is asked to place their mark rating their pain (Figure 2). The length of the line is not essential for this scale.

No pain										Most pain
0	1	2	3	4	5	6	7	8	9	10

Figure 2. Numeric Pain Scale (NPS).

These tools can be expanded to include multiple measures of pain, e.g., Quadruple VAS (QVAS) where pain is rated 1) present 2) average or typical 3) at worst 4) at best.

Another pain measuring tool that is often combined with a numeric pain scale and physical or functional capacity is the pictographic or Faces Pain Scale (FPS). This employs pictures of faces expressing levels of pain from no pain to most pain and was originally developed to assess the intensity of children's pain. The CHP Group has developed a vertical pictographic FPS with an

associated numeric pain level, verbal description of pain, physical capacity and Spanish language translation (see attached, other languages available on our website www.chpgroup.com).

These scales can also be adapted to other physical symptoms, e.g., discomfort, stiffness, perception of breathing capacity for asthmatics.

When implementing these instruments, an initial evaluation of a new member or existing member with a new problem is appropriate and at intervals thereafter consistent with the type of condition and the member's response to care. For example, a more acute condition would likely see more rapid progress and re-measuring in days is reasonable compared to a chronic condition where change may occur more slowly and re-measuring in weeks may be more appropriate. Similarly, these numbers can be used to set treatment goals, e.g., reduce pain by 50% in 2 weeks.

Best Practices in Clinical Record Keeping: Face Pain Scale

Tell Us About Your Pain / Háblenos de su dolor...

0-1

I have no pain and nothing hurts.

No tengo dolor y nada duele.

2-3

My pain is hardly noticeable.

Annoying
Uncomfortable
Can do all activities

Mi dolor es apenas perceptible.

Molesto
Incómodos
Puede hacer todas las actividades

4-5

My pain can be ignored most of the time.

Nagging
Can do most activities
Movement is guarded

Mi dolor se puede ignorar la mayor parte del tiempo.

Persistente
Se puede hacer la mayoria de las actividades
Movimento esté vigilado

6-7

My pain is constant, distracting and I cannot ignore it.

Miserable
Limits some movements & activities
Sleep often disturbed

Mi dolor es constante, distraccíon y no puedo ignorarlo.

Desdichado
Limita algunos movimientos y actividades
Dormir menudo perturbado

8-9

My pain is constant, intense, and interferes with my daily activities.

Agonizing
Can barely talk
Hard to move

Mi dolor es constante, intenso, e interfiere con mis actividades diarias.

Agonizante
Apenas puede hablar
Es dificil de mover

10

My pain is the worst possible and I am unable to move. I need immediate care for my pain.

Mi dolor es el peor posible y soy incapaz de moverse. Necesito atención inmediata para mi dolor.