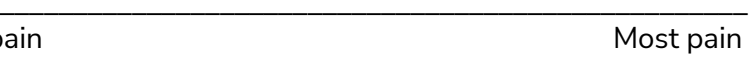
Best Practices in Clinical Record Keeping: Clinical Assessment of Pain Intensity

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. Heraya Health 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.herayahealth.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.