

Pain Review for an Individual Who is Non-verbal

Name of Individual: _____

Directions: Circle any symptoms that you observe in this individual. Indicate if this behavior has:
Increased (I), Decreased (D) or Remained the Same (S) since the individual was last observed.

| Symptoms: | I | D | S |
|----------------------|---|---|---|
| Agitation | | | |
| Restlessness | | | |
| Draws up legs | | | |
| Stretches | | | |
| Disrobes | | | |
| Repetitive Movements | | | |
| Wringing Hands | | | |
| Rocking | | | |
| Rubbing a Body Area | | | |
| Tapping Feet | | | |
| Anxious | | | |

| Symptoms: | I | D | S |
|-----------------------|---|---|---|
| Guarding | | | |
| Self-bracing | | | |
| Splinting | | | |
| Guarding Limbs | | | |
| Scotting | | | |
| Rigidity | | | |
| Stays in One Position | | | |
| Gait Changes | | | |
| Refuses to Walk | | | |
| Refuses to Move | | | |
| Sliding | | | |

| Symptoms: | I | D | S |
|------------------------------|---|---|---|
| Facial Appearance | | | |
| Wincing | | | |
| Grimacing | | | |
| Grinding Teeth | | | |
| Tightening of Facial Muscles | | | |
| Rapid Blinking | | | |
| Closes Eyes | | | |
| Wrinkles Brows | | | |
| Flushed | | | |
| | | | |
| | | | |

| Symptoms: | I | D | S |
|-----------------------|---|---|---|
| Verbalizations | | | |
| Points to Area | | | |
| Yelling | | | |
| Moaning | | | |
| Groaning | | | |
| Swearing | | | |
| Crying | | | |
| Screaming | | | |

| Symptoms: | I | D | S |
|---|---|---|---|
| Aggression | | | |
| Striking Out | | | |
| Pinching | | | |
| Hitting | | | |
| Biting | | | |
| Scratching | | | |
| Pulling on Staff's arms, clothes, shoulders, etc. | | | |
| | | | |

| Symptoms: | I | D | S |
|--------------------------------|---|---|---|
| Resistance to Care | | | |
| Holds onto Bed Rails | | | |
| Grabs Staff | | | |
| Pushes Staff Away | | | |
| Not Receptive to Care | | | |
| Refuses to Move | | | |
| Stiffens when Moved or Touched | | | |
| Refuses to Speak | | | |

| Symptoms: | I | D | S |
|---|---|---|---|
| Sociable Behavior | | | |
| Not Receptive to Attending Activities | | | |
| Self-Imposes Isolation | | | |
| Not Receptive to Communicating in Social Situations | | | |
| Not Receptive to Eating in Dining Room | | | |
| Not Receptive to attending Outings | | | |

| Symptoms: | I | D | S |
|-----------------------|---|---|---|
| Other | | | |
| Difficulty Sleeping | | | |
| Difficulty Breathing | | | |
| Vital Sign(s) Changes | | | |
| Perspires Heavily | | | |
| Decreased Eating | | | |

Completed by: _____ Date: _____ Time: _____