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| Pain Review for an Individual Who is Non-verbal |

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| 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.  |

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| Symptoms: | I | D | S |  | Symptoms: | I | D | S |  | Symptoms: | I | D | S |
| **Agitation** |  |  |  |  | **Guarding** |  |  |  |  | **Facial Appearance** |  |  |  |
| Restlessness |   |   |   |  | Self-bracing |   |   |   |  | Wincing |   |   |   |
| Draws up legs |   |   |   |  | Splinting |   |   |   |  | Grimacing |   |   |   |
| Stretches |   |   |   |  | Guarding Limbs |   |   |   |  | Grinding Teeth |   |   |   |
| Disrobes |   |   |   |  | Scooting |   |   |   |  | Tightening of Facial Muscles |   |   |   |
| Repetitive Movements |   |   |   |  | Rigidness |   |   |   |  | Rapid Blinking |   |   |   |
| Wringing Hands |   |   |   |  | Stays in One Position |   |   |   |  | Closes Eyes |   |   |   |
| Rocking |   |   |   |  | Gait Changes |   |   |   |  | Wrinkles Brows |   |   |   |
| Rubbing a Body Area |   |   |   |  | Refuses to Walk |   |   |   |  | Flushed  |   |   |   |
| Tapping Feet |   |   |   |  | Refuses to Move |   |   |   |  |  |  |  |  |
| Anxious |   |   |   |  | Sliding |   |   |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Symptoms: | I | D | S |  | Symptoms: | I | D | S |  | Symptoms: | I | D | S |
| **Verbalizations** |  |  |  |  | **Aggression**  |  |  |  |  | **Resistance to Care** |  |  |  |
| Points to Area  |   |   |   |  | Striking Out |   |   |   |  | Holds onto Bed Rails |   |   |   |
| Yelling |   |   |   |  | Pinching |   |   |   |  | Grabs Staff |   |   |   |
| Moaning |   |   |   |  | Hitting |   |   |   |  | Pushes Staff Away |   |   |   |
| Groaning |   |   |   |  | Biting |   |   |   |  | Not Receptive to Care |   |   |   |
| Swearing |   |   |   |  | Scratching |   |   |   |  | Refuses to Move |   |   |   |
| Crying |   |   |   |  | Pulling on Staff’s arms, clothes, shoulders, etc. |   |   |   |  | Stiffens when Moved or Touched |   |   |   |
| Screaming  |   |   |   |  |  |  |  |  |  | Refuses to Speak |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Symptoms: | I | D | S |  | Symptoms: | I | D | S |  |
| **Sociable Behavior** |  |  |  |  | **Other** |  |  |  |  |
| Not Receptive to Attending Activities |   |   |   |  | Difficulty Sleeping  |   |   |   |  |
| Self-Imposes Isolation |   |   |   |  | Difficulty Breathing |   |   |   |  |
| Not Receptive to Communicating in Social Situations |   |   |   |  | Vital Sign(s) Changes |   |   |   |  |
| Not Receptive to Eating in Dining Room |   |   |   |  | Perspires Heavily |   |   |   |  |
| Not Receptive to attending Outings |   |   |   |  | Decreased Eating |   |   |   |  |
|  |  |  |
| Completed by: |       | Date: |       | Time: |       |