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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: | | |  | |