

Recommendations for Assessing Pain in Cognitively Intact Older Adults

1. Take into account the older adult's history, interview information and results of physical examinations.
2. Determine the presence of any sensory (e.g., hearing, eyesight) deficits and check sensory assistive devices (e.g., hearing aids) to make sure that they are working properly.
3. Make adjustments to accommodate the older adults' sensory deficits (e.g., provide written and oral instruction, use enlarged type and bold figures, and ensure adequate lighting).
4. Determine ability to complete the pain interview and to use available pain scales.
5. Provide clear, simple instructions on the use of the pain scales each time administered to assure understanding.
6. Identify an assessment tool that the individual can easily use. Institutions should have several tool options available for use with older adults. If the use of a numeric rating scale (NRS) is questionable or the NRS is not the institution standard, the verbal descriptor scale (VDS) or pain thermometer have been shown to be the most preferred and easiest to understand tools and are recommended for those older adults who are literate. The Faces Pain Scale-R (FPS-R) is another alternative that is useful for some older adults, particularly in African-American and Asians.
7. Use the same tool consistently with each assessment and standardize the conditions (e.g., medication use, function/activities being performed) and time of assessment. It is imperative that reassessments of pain and effectiveness of treatments be conducted using the same tool as in the original assessment. Pain tools are not interchangeable and do not represent comparable findings.
8. Documentation concerning the older adult's report of pain must be kept in an accessible location. For assessment data to be useful, they must be communicated across providers and care settings. Documentation procedures that facilitate monitoring and communication are recommended.
9. Where brief assessment tools are needed, the VDS and the NRS are, generally, recommended for the assessment of pain intensity among older adults who are cognitively intact and can self-report (able to indicate their own pain level, may be verbally or via physical gesture, such as eye blink, pointing, etc)..
10. Where a more detailed self-report assessment of functional impact is possible, the Brief Pain Inventory or the Geriatric Pain Measure should be considered. For detailed assessment of pain qualities, the McGill Pain Questionnaire should be used for cognitively intact, older adults who are literate.
11. Specialized tools for neuropathic pain should be considered for older adults capable of verbal communication that are suspected of having neuropathic pain.

12. Use an individualized approach collecting baseline scores for each unique older adult.
 13. Where possible supplement the self-report information with observations of pain-related behaviors during the assessment.
 14. A comprehensive pain assessment should also include evaluations of impact of pain on related aspects of the older adult's functioning (e.g. associated symptoms, sleep disturbance, appetite changes, physical activity changes, concentration, and relationships with others).
 15. Use synonyms for pain (i.e., hurt, aching, discomfort) to ensure that the older adult understands the question being asked and to encourage appropriate pain self report.
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¹ Self-report of pain is defined as the ability to indicate presence and/or severity of pain verbally, in writing, or by other means such as finger span, pointing, head movement, or blinking eyes to answer yes or no questions.