





Programme: Erasmus+ Action: Strategic Partnerships

## PAIN ASSESSMENT - MEASURING PAIN IN CONSCIOUS ADULT PATIENTS USING THE VISUAL ANALOGUE SCALE

The Visual Analogue Scale (VAS) is a unidimensional measure of pain intensity, which has been widely used in

diverse adult populations [5].

	erse adult populations [5].	Concept				D
<b>PD</b>	EPARATION					I
1	Examine the patient's medical records:		l			
1	<ul> <li>Check the report on previous screening results</li> <li>Check for any pain medications</li> </ul>					0 1 3
2	Disinfect the hands or put on clean medical gloves (only in the case of tegumentary lesions of the nurses' hands or of a high infectious potential of the patient), as part of standard precautions.	standard precautions				0 1 3
3	Close the door and Ensure a private space for changing the position of the patient, if relevant (curtains, screen, occupied-signal etc.)	YES - NO -				0 1 3
4	Rapid evaluation of the presence of vital signs (the presence of consciousness, movements, speech, breathing)  Hello. My name is I am a nurse and will measure your pain	Vital functions preserved □; cardiorespiratory arrest □ (initiating medical measures - basic life support) - initiating the discussion				0 2 5
5	Could you, please, tell me your name? And your date of birth Thank you.	Conformity with the observations sheet for: Name: □ Date of birth: □	ESSENTIAL			
6	If relevant, put the bed in working position (appropriate height) and do the side rails down	YES - NO -				0 1 3
PE	RFORMANCE OF PAIN MEASUREMENT					
8	Explain the VAS-scale:  0 (mm) 100 (mm) Not At All Severe  Extremely Severe	We explain to the patient WHAT WE WILL DO  Tell the patient WHAT HE/SHE HAS TO DO	ESSENTIAL		L	
9	Ask the patient to score his/her current pain sensation on the VAS-scale	YES □ NO □				0 1 3
10	If relevant, restore height of the bed and position of the side rails	YES - NO -				0 1 3





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Ref. no.: 2014-1-RO01-KA203-002940

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(score according to column P)

AFTERCARE								
11	Provide alarm system within easy reach	YES 🗆	NO 🗆		0 1 3			
12	Turn off occupied signal	YES 🗆	NO 🗆		0 2 5			
14	Measure the VAS-score by using a ruler, according to local policy in cm or mm, and document the pain score in the patient record	YES 🗆	NO 🗆		0 4 9			
15	If the screening is performed for the first time, and it demonstrates mild pain (5–44 mm), moderate pain (45–74 mm), or severe pain (75–100 mm), immediately inform the attending physician and ask to prescribe pain management.	YES 🗆	NO 🗆		0 2 5			
16	In case of a negative change/evolution of the pain scores, immediately inform the attending physician and ask to revise the current pain management. It is advisable to use the SBAR-method to communicate your message.	YES 🗆	NO 🗆		0 2 5			
Total score: 50					%			
					%			
					%			
Lege	Legend: O- unfulfilled criterion; O- partially fulfilled criterion; O- completely fulfilled criterion							

## **VAS-score** interpretation

A higher score indicates greater pain intensity. Based on the distribution of pain VAS scores in postsurgical patients (knee replacement, hysterectomy, or laparoscopic myomectomy) who described their postoperative pain intensity as none, mild, moderate, or severe, the following cut points on the pain VAS have been recommended: no pain (0 - 4 mm), mild pain (5 - 44 mm), moderate pain (45-74 mm), and severe pain (75-100 mm) [4].

## **Selective references:**

- 1. Huskisson, E. C. (1974). Measurement of pain. Lancet, 2, 1127-1131
- 2. Gillian A. Hawker, Samra Mian, Tetyana Kendzerska and Melissa French. Measures of adult pain: Visual Analog Scale for Pain (VAS Pain), Numeric Rating Scale for Pain (NRS Pain), McGill Pain Questionnaire (MPQ), Short-Form McGill Pain Questionnaire (SF-MPQ), Chronic Pain Grade Scale (CPGS), Short Form-36 Bodily Pain Scale (SF-36 BPS), and Measure of Intermittent and Constant Osteoarthritis Pain (ICOAP). Arthritis Care & Research, 2011; Volume 63, Issue Supplement S11: Pages S240–S252. DOI 10.1002/acr.20543
- 3. Breivik H, Borchgrevink PC, Allen SM, Rosseland LA, Romundstad L, Breivik Hals EK, Kvarstein G, Stubhaug A. Assessment of pain. Br J Anaesth, 2008; 101 (1): 17-24. DOI: <a href="https://doi.org/10.1093/bja/aen103">https://doi.org/10.1093/bja/aen103</a>
- 4. Jensen MP, Chen C, Brugger AM. Interpretation of visual analog scale ratings and change scores: a reanalysis of two clinical trials of postoperative pain. J Pain, 2003;4:407–14.
- 5. McCormack HM, Horne DJ, Sheather S. Clinical applications of visual analogue scales: a critical review. Psychol Med 1988;18:1007–19.

