

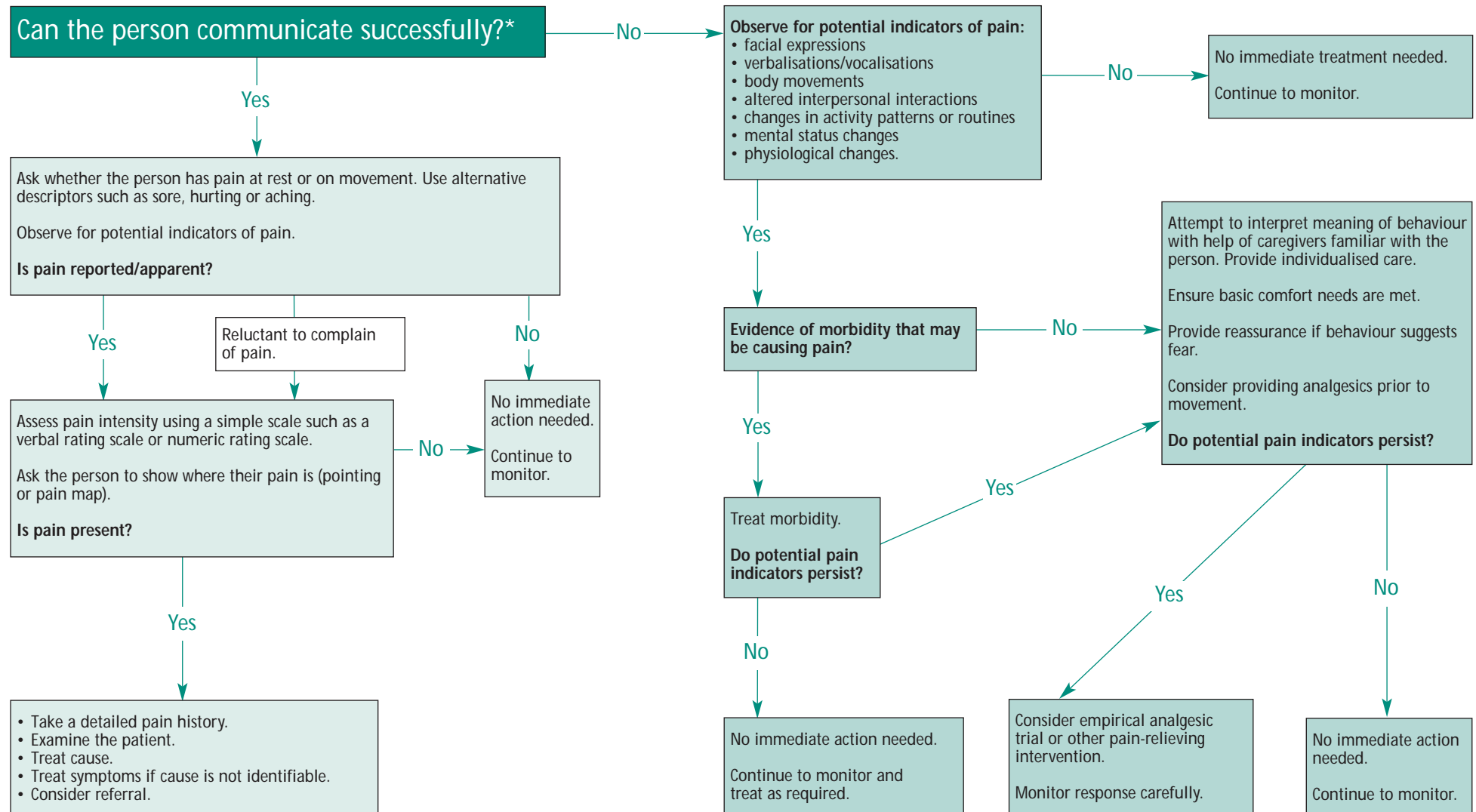
## SUMMARY OF THE GUIDELINES

<i>Recommendation</i>	<i>Grade</i>	<i>Recommendation</i>	<i>Grade</i>
<p><b>1 Pain awareness</b></p> <p>All healthcare professionals should be alert to the possibility of pain in older people, and to the fact that older people are often reluctant to acknowledge and report pain.</p>	C	<p><b>4 Communication</b></p> <p>Every effort should be made to facilitate communication particularly with those people with sensory impairments (use of hearing aids, glasses etc).</p> <p>Self-report assessment scales should be offered in an accessible format to suit the strengths of the individual.</p>	C
<p><b>2 Pain enquiry</b></p> <p>Any health assessment should include enquiry about pain, using a range of alternative descriptors (eg sore, hurting, aching).</p>	C	<p><b>5 Assessment in people with impaired cognition/communication</b></p> <p>People with moderate to severe communication problems should be offered additional assistance with self-report through the use of suitably adapted scales and facilitation by skilled professionals.</p> <p>In people with very severe impairment, and in situations where procedures might cause pain, an observational assessment of pain behaviour is additionally required.</p> <p>Pain behaviours differ between individuals, so assessment should include insights from familiar carers and family members to interpret the meaning of their behaviours.</p>	C
<p><b>3 Pain description</b></p> <p>Where pain is present, a detailed clinical assessment of the multidimensional aspects of pain should be undertaken including:</p> <ul style="list-style-type: none"> <li>• <i>sensory dimension</i>: the nature, location and intensity of pain</li> <li>• <i>affective dimension</i>: the emotional component and response to pain</li> <li>• <i>impact</i>: on functioning at the level of activities and participation.</li> </ul>	C	<p><b>6 Cause of pain</b></p> <p>Careful physical examination should be undertaken to identify any treatable causes. However, staff should be aware that pain can exist even if physical examination is normal.</p>	C
<p><b>3.1 Pain location</b></p> <p>An attempt to locate pain should be made by:</p> <ul style="list-style-type: none"> <li>• asking the patient to point to the area on themselves</li> <li>• the use of pain maps to define the location and the extent of pain.</li> </ul>	C	<p><b>7 Re-evaluation</b></p> <p>Once a suitable scale has been identified, serial assessment should be undertaken using the same instrument to evaluate the effects of treatment.</p>	C
<p><b>3.2 Pain intensity</b></p> <p>Pain assessment should routinely include the use of a standardised intensity rating scale, preferably a simple verbal descriptor scale or a numeric rating scale, if the person is able to use these.</p>	C		

Source: Royal College of Physicians, British Geriatrics Society and British Pain Society. *The assessment of pain in older people: national guidelines*. Concise guidance to good practice series, No 8. London: RCP, 2007.

# Algorithm for the assessment of pain in older people

CAN BE PHOTOCOPIED FOR STAFF USE



\*If there is doubt about ability to communicate, assess and facilitate as indicated in Recommendations 4 and 5 of the Guidelines (overleaf).