

THE USE OF PAIN SCALES IN RESIDENTIAL CARE FOR THOSE WHO CANNOT VERBALISE

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Aims

The aim of this paper is to report results relating to the use of pain scales in Australian Residential Aged Care Facilities (RACFs) for people unable to verbalise. A recent report from the Australian Pain Society and Australian Pain Relief Association¹ indicated that 'there is a growing international concern over the apparent inadequacy of current pain assessment and management techniques in the residential care sector and particularly in those with dementia and impaired communication skills'. In 2005, the Australian Pain Society tested the Abbey pain scale and the Pain Assessment IN Advanced Dementia scale (PAINAD) indicating they were both reliable and valid instruments for this population.

Method

Surveys were distributed to 2,523 RACFs throughout Australia.

Results

A total of 598 surveys were returned, a response rate of 28%. The most commonly used pain assessment tools were the Abbey Pain Scale (65.4%) and Checklist of Non-Verbal Indicators (32.2%). The PAINAD was only used by 5% of respondents. All questions for the Abbey scale were rated as helpful in particular change in facial expression (90.6%), body language (88.3%) and behavioural change (88.3%). All questions in the PAINAD scale were rated as helpful in particular change in facial expression (89.5%) and body language (89.6%).

While these results only represent a small sample of RACFs it is evident that pain scales for residents unable to verbalise are used in practice with the Abbey pain scale most popular.

¹ Gibson S, Scherer S and Goucke R 2004 Australian Pain Society and Australian Pain Relief Association Pain Management Guidelines for Residential Care. Stage 1 – Preliminary field testing and preparations for implementation.